**KEATING CHAMBERS – APPLICATION FORM FOR STAFF ROLES**

(*Please complete all sections as fully as possible*)

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| **JOB ROLE** |
| **Job role applied for:** |  |
| **Date of application:** |  |

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| **PERSONAL DETAILS** |
| **Name:** |  |
| **Address (and post code):** |  |
| **Telephone number home/mobile:** | / |
| **Email address:** |  |

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| **ACADEMIC HISTORY (Secondary Education)** |
| **Secondary school(s) attended:****(name/address)** |  |
| **Dates** | From: |
|  | To: |
|  |  |
|  | From: |
|  | To: |

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| **ACADEMIC ACHIEVEMENTS** |
| **Level (e.g. GCSE, A level etc.)** | **Subject** | **Grade achieved** |
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| **HIGHER EDUCATION (if applicable)** |
| **College/University attended** | **Dates of attendance** | **Qualification achieved** **(and level)** |
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| **NON-ACADEMIC QUALIFICATIONS****(E.g. awards, scholarships, non-academic training qualifications etc.)** |
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| **EMPLOYMENT HISTORY** |
| **Name of organisation:** |  |
| **Job title:**  |  |
| **Dates worked (to/from):** |  |
| **Description of duties:** |  |
| **Reason for leaving:** |  |
|  |  |
| **Name of organisation:** |  |
| **Job title:** |  |
| **Dates worked (to/from):** |  |
| **Description of duties:** |  |
| **Reason for leaving:** |  |
|  |  |
| **Name of organisation:** |  |
| **Job title:** |  |
| **Dates worked (to/from):** |  |
| **Description of duties:** |  |
| **Reason for leaving:** |  |
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| **REFEREES** **(*Please give the name, position and contact details of two referees. Preferably these should both be former or existing employers and at the very least one of them*)** |
| **Referee 1**(name, organisation, position in organisation and contact details) |  |
| **Referee 2**(name, organisation, position in organisation and contact details) |  |

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| **Please state the primary reasons behind your application for the role being applied for** |
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| **Please state why you feel you are suitable for the role being applied for** |
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| **Personal interests and achievements** |
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| **Any other details relevant to application (please include details of any assistance or reasonable adjustments you may require to be made for the application process, or for the interview process)** |
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**DECLARATION:**

I confirm that the information provided in this application is both truthful and accurate. I have not omitted any facts that could affect my employment. I understand that any false misleading statements could place any subsequent employment in jeopardy. I understand that any employment entered into is subject to documentary evidence of my right to work in the UK and satisfactory references. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the post and understand that it may form the basis of any subsequent personnel file.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Keating Chambers is required under the Code of Conduct for Barristers Chambers to carry out equality monitoring on all staff applications by gender, ethnic group and disability.**

**Please complete the following:**

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| **Gender - What is your gender?** |  |
| Male |  |
| Female |  |
| Prefer not to say |  |
|  |  |
| **What is your ethnic group?** |  |
| Asian/Asian British  |  |
| Bangladeshi |  |
| Chinese |  |
| Indian |  |
| Pakistani |  |
| Any other Asian background (please enter) |  |
| **Black/ African/ Caribbean/ Black British** |  |
| African |  |
| Caribbean |  |
| Any other Black/ Caribbean/ Black British (please enter) |  |
| **White** |  |
| British/English / Welsh / Northern Irish / Scottish |  |
| Irish |  |
| Gypsy / Irish Traveller |  |
| Any other White background (please enter) |  |
| **Other ethnic group** |  |
| Arab |  |
| Any other ethnic Group (please enter) |  |
| Prefer not to say |  |
|  |  |
| **Disability**The Equality Act 2010 defines a disabled person as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on the person’s ability to carry out normal day-to-day activities. Where a person has such impairment but its effects are controlled by treatment (for example medication, a physical aid or counselling), the effects of the impairment are to be assessed as though the treatment were not being provided.  |  |
| **Do you consider yourself to have a disability according to the definition in the Equality Act?** |  |
| Yes |  |
| No |  |
| Prefer not to say |  |