

**Watkin Davies Insurance Consultants Ltd
Application Form**

Confidential Employment Application Form

Please return the completed application form to:

Sue Grant
Watkin Davies Insurance Consultants Ltd
19 Penlline Road
Whitchurch
Cardiff
CF14 2AA
or via e-mail to: sue.grant@watkindavies.com

1. Vacancy Details

Position applied for	
Closing date	
Job Reference Number (If applicable)	
Where did you see this position advertised?	

2. Personal Details

Preferred title (e.g. Mr, Mrs, Miss, Ms, Dr, Prof.)			
Forenames		Surname	
Home Address			
Home Telephone		Mobile Telephone	
Email Address			

Do you have a current right to work in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you require reasonable adjustments to enable your access to an interview, should you be shortlisted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, what reasonable adjustments do you require?

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Application identification number (for office use only):

3. Qualifications, Training and Development

Please list the name of the qualifications, training and development courses you have attended; that are relevant to your application.

Title of qualification or course, including grades if applicable

**Date Awarded/
Completed**

4. Membership of Professional Bodies

Please provide details:

5. Language Skills

I am able to:	Understand	Speak	Read	Write
Welsh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. General

Full Valid Driving Licence

Use of car

7. Current or Most Recent Employment			
Name of employer			
Address of employer			
Job title:		Date appointed to post	
Brief description of duties			
Reason for leaving		Period of notice required:	

8. Employment History		
<p>Please give a summary of all other employment (including previous posts held with your present or most recent employer) starting with the most recent first. Please continue on a separate sheet (s) if necessary.</p>		
Dates From - To	Name & location of employer	a) Job title, b) brief description of duties and; c) reason for leaving

9. Employment Related References

Please provide details of two work related referees who will be able to describe your suitability for this post. The first of these should be your present or most recent employer. All offers of employment are subject to the company being satisfied with the work references received.

*Please refer to section 7 if you are unable to complete this section due to limited working experience.

1 st Referee			
Name			
Address			
Tel		E-mail	
Position held by referee		Employment relationship	

2 nd Referee			
Name			
Address			
Tel		E-mail	
Position held by referee		Employment relationship	

10. Character Reference

If you have not worked before, or if you have recently left full-time education please provide details of someone who can offer a character reference about you.

Referee		
Name		
Address		
Tel	E-mail	
Relationship to applicant		

11. Letter of Application

Please read the job description and person specification for the post. Using the information provided, please complete this section to let us know what skills, talents and abilities you think you can bring to the company and what qualities you have to do the job.

Please note: CV's will not be accepted.

Data protection statement

All of the information collected in this form is necessary and relevant to the performance of the job applied for. We will use the information provided by you on this form, by the referees you have noted, and the educational institutions with whom we may undertake to verify your qualifications, for recruitment purposes only. The Company will treat all personal information with the utmost confidentiality and in line with current data protection legislation. We rely on the lawful basis of legitimate interest to process the information provided by you in this form.

Should you be successful in your application, the information provided, and further information, which will be gathered at the relevant time, will be subsequently used for the administration of your employment and in relation to any legal challenge which may be made regarding our recruitment practices.

For more information on how we use the information you have provided, please see our privacy notice for job applicants which is attached to this form or can be located at www.watkindavies.com/careers.

Declaration

I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment offered. I understand that any offer of employment is subject to the Company being satisfied with the results of series of relevant checks including references, eligibility to work in the UK, criminal convictions, probationary period and a medical report (in line with the operation of the Equality Act 2010).

Signed:

Date:

Diversity Monitoring Form

Our company recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect.

We use this information to review compliance with our policies on equal opportunity in relation to recruitment. We will use this data to inform our statistics on the representation of the categories of individual as shown above. We will treat all personal information in line with current data protection legislation and our data protection policy. For more information on how we use the information you have provided, please see our privacy notice for job applicants which is which is attached to this form or can be located at www.watkindavies.com/careers.

In order for us to process this information and to comply with data protection legislation, we require your consent. You are not required to give your consent; you acknowledge that any consent given is freely given. Your job application is not dependent on your giving consent to our processing of this data.

Including your signature below will signify your consent to our processing of this information. Once you have given consent, you may withdraw it at any time by contacting *[insert contact details]*.

Signature: _____

Date: _____

Personal Details: Please complete all sections

Age	16-24	<input type="checkbox"/>	25-29	<input type="checkbox"/>	30-34	<input type="checkbox"/>	35-39	<input type="checkbox"/>	40-44	<input type="checkbox"/>
	45-49	<input type="checkbox"/>	50-54	<input type="checkbox"/>	55-59	<input type="checkbox"/>	60-64	<input type="checkbox"/>	65+	<input type="checkbox"/>
									Prefer not to say	<input type="checkbox"/>

What best describes your gender?	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
	Prefer	to	self-describe	_____		
	<input type="checkbox"/>					
Is your gender identity the same sex you were assigned at birth?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Are you Married or in a Civil Partnership?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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Sexual Orientation: Please tick against one of the following

Bisexual	<input type="checkbox"/>	Gay Man	<input type="checkbox"/>
Gay Woman / Lesbian	<input type="checkbox"/>	Heterosexual / Straight	<input type="checkbox"/>
Prefer to self-describe	<input type="checkbox"/> _____	Prefer not to say	<input type="checkbox"/>

Religion or belief: Please tick against one of the following

No religion	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Christian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Please state: _____			

Ethnic origin: Please tick against one of the following

Asian/ Asian British;	Bangladeshi	<input type="checkbox"/>
	Chinese	<input type="checkbox"/>
	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Other Asian	<input type="checkbox"/>
Black/African/Caribbean/ Black British;	African	<input type="checkbox"/>
	Caribbean	<input type="checkbox"/>
	Other Black	<input type="checkbox"/>
Mixed/ Multiple Ethnic Groups;	White & Asian	<input type="checkbox"/>
	White & Black African	<input type="checkbox"/>
	White & Black Caribbean	<input type="checkbox"/>
	Other Mixed	<input type="checkbox"/>
Other Ethnic Group;	Arab	<input type="checkbox"/>
	Any Other Ethnic Group	<input type="checkbox"/>
White;	English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/>
	Gypsy or Irish Traveller	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Other White	<input type="checkbox"/>
Prefer not to say		<input type="checkbox"/>

Disability: Please tick against one of the following

Do you consider yourself to have a disability?

You're disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. Conditions covered may include, for example, severe depression, dyslexia, diabetes, epilepsy and arthritis.)

Yes No Prefer not to say

PLEASE NOTE: This information is provided for monitoring purposes only – if you need reasonable adjustments you should arrange these separately.

Do you have caring responsibilities? If yes, please tick all that apply:

- No caring responsibilities
- Primary carer of a child/children (under 18)
- Primary carer of disabled child/children
- Primary carer of disabled adult (18 and over)
- Primary carer of older person
- Secondary carer (another person who assists the primary carer)
- Prefer not to say

Thank you for completing this form.

Application identification number (for office use only):

Equal Opportunities Monitoring Form

Our company recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect.

In accordance with our equal opportunities policy, our company will provide equality of opportunity to all employees and job applicants and will not discriminate either directly or indirectly on the grounds of race, sex, gender identity, marital status, disability, sexual orientation, religion/belief or age.

We have only asked for your name so that monitoring can take place at short listing and appointment stages. The monitoring form does not form part of your application and will therefore be detached from it on receipt, stored separately and will not be available to the selection panel. You can send it separately if you wish.

Personal Details: Please complete all sections

Age	16-24	<input type="checkbox"/>	25-29	<input type="checkbox"/>	30-34	<input type="checkbox"/>	35-39	<input type="checkbox"/>	40-44	<input type="checkbox"/>
	45-49	<input type="checkbox"/>	50-54	<input type="checkbox"/>	55-59	<input type="checkbox"/>	60-64	<input type="checkbox"/>	65+	<input type="checkbox"/>
										Prefer not to say <input type="checkbox"/>

What best describes your gender?	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
	Prefer to self-describe	<input type="checkbox"/>	_____			

Is your gender identity the same sex you were assigned at birth?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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Are you Married or in a Civil Partnership?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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Sexual Orientation: Please tick against one of the following

Bisexual	<input type="checkbox"/>	Gay Man	<input type="checkbox"/>
Gay Woman / Lesbian	<input type="checkbox"/>	Heterosexual / Straight	<input type="checkbox"/>
Prefer to self-describe	<input type="checkbox"/>	_____	Prefer not to say <input type="checkbox"/>

Religion or belief: Please tick against one of the following

No religion	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Christian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Please state: _____			

Ethnic origin: Please tick against one of the following

Asian/ Asian British;	Bangladeshi	<input type="checkbox"/>
	Chinese	<input type="checkbox"/>
	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Other Asian	<input type="checkbox"/>
Black/African/Caribbean/ Black British;	African	<input type="checkbox"/>
	Caribbean	<input type="checkbox"/>
	Other Black	<input type="checkbox"/>
Mixed/ Multiple Ethnic Groups;	White & Asian	<input type="checkbox"/>
	White & Black African	<input type="checkbox"/>
	White & Black Caribbean	<input type="checkbox"/>
	Other Mixed	<input type="checkbox"/>
Other Ethnic Group;	Arab	<input type="checkbox"/>
	Any Other Ethnic Group	<input type="checkbox"/>
White;	English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/>
	Gypsy or Irish Traveller	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Other White	<input type="checkbox"/>
Prefer not to say		<input type="checkbox"/>

Disability: Please tick against one of the following

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Yes No Prefer not to say

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- Primary carer of disabled child/children
- Primary carer of disabled adult (18 and over)
- Primary carer of older person
- Secondary carer (another person who assists the primary carer)
- Prefer not to say

**Thank you for completing this form and enabling us to monitor our
Equality and Inclusion Policy.**

