CAREERS WITH

Caldwell



NAME	
POSITION APPLIED FOR	
DATE	

CALDWELL CONSULTING

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17B Queen Street Londonderry BT48 7EQ

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Surname: Title: Forename(s): Address: Date of Birth: Email: Telephone Mobile No. No. Do you have a clean and current Driving Licence? Yes □ No □ Do you own a car or have access to a car for business use? Yes □ No □ Caldwell Consulting is aware that some people with disabilities may not be able to hold a driving licence. If appropriate please demonstrate how you can fulfil the mobility requirements for the post for which you are applying. Have you ever been convicted of a criminal offence Yes □ No 🗆 which is not yet spent under the Rehabilitation of Offenders Act 1974? If yes - please give details: Medical History - give details of any illness, operation or accident resulting in absence from work exceeding 20 working days in any 12-month period. PROFESSIONAL MEMBERSHIP: Please detail below membership of any professional bodies: **Professional Body** Level / Grade of Membership

PERSONAL DETAILS:

EDUCATION AND TRAINING:

Please list below details of schools, colleges and other places of education and training that you have attended and any grade or qualification obtained, start with the most recent and continue in chronological order:

Establishment	Year	Qualification	Grade			
	1					
Additional skills / qualifications, scholarships, prizes, Health & Safety, CSR, etc.						

COMPUTER SKILLS:

Please complete the list below indicating computer ability, if you are unfamiliar with the software please leave it blank:

Application	Basic	Moderate	Extensive
MS Word			
MS Excel			
MS PowerPoint			
MS Access			
AutoCAD			
Revit			
Amtech			
IES VE			

CAREER HISTORY:

Please schedule	your em	ployment	history	in reverse o	order,	starting	with the	he p	resent o	or la	atest	one:

Name and address of employer	Date from	Date to	Position(s) held and brief descrip	otion of duties
Additional career details				
Length of termination notice				
required by present employer			Current Salary	<u> </u>
			Expected Salary	
SECTOR EXPERIENCE:				
Please indicate work sectors in	n which you h	ave experier	nce:	
Education			ICT	
Apartments / Housing Hotels			Social Housing Industrial	
Hotels Conservation			industriai Sustainability	
Retail			Security	
Healthcare			Religion	
Leisure			Legal	
Offices			Facility Management	

REFERENCES

Please provide the names and addresses of two referees. The referees scheduled should include at least one from a recent employer or education if within the last five years.

Name	
INdille	
Position and/or organisation as applicable	
Address	
Talankana Na	
Telephone No.	
Relationship with Applicant	
Name	
Position and/or organisation as applicable	
Address	
Total and Ma	
Telephone No.	
Relationship with Applicant	
May we contact your present er	mployer for reference prior to interview Yes No
OTHER INFORMATION	
Please add any further informat	tion you consider to be relevant to your application:
DATA PROTECTION	
	contained within this application form, you are consenting to its use for the and monitoring the efficiency of our recruitment and selection procedures.
	is complete and accurate to the best of my knowledge, I agree that the dismiss me should the information given by me prove to be inaccurate or
Signature of applicant	Date
We request that your complunder separate cover.	leted monitoring questionnaire be returned with this Application Form

Yes □ No □

Have you reviewed the job description

MONITORING QUESTIONNAIRE - PRIVATE AND CONFIDENTIAL

EQUALITY OF OPPORTUNITY

Caldwell Consulting is an Equal Opportunities Employer. We do not discriminate on grounds of religious belief or political opinion, disability, gender, marital status, age, race, nationality or ethnic origin. We practice equality of opportunity in employment and select the best person for the job.								
To demonstrate of	our commit	ment to equality of op	portunit	y in employme	nt we need	to monitor our applicar	nts	
and employees.								
Marital Status								
Married		Single		Other				
Gender								
Male		Femal	e 🗆					
Disability								
Have you any disa	abilities you	u would like us to know	w about	? Yes	□ No □	If yes describe:		
If you have a disa	bility what	adjustment, if any, ca	n we ma	ike to assist yo	u in the job	role / interview		
Nationality								
Community and E	thnic Back	ground						
Community Backs	ground							
I am a member of	f the Protes	stant Community						
I am a member of the Roman Catholic Community								
I am a member of nether the Protestant or Roman Catholic Community								
Ethnic Backgroun	ıd							
White		Black Caribbean		Pakistani		Mixed ethnic Group		
Irish Traveller		Black African		Chinese		Other		
Indian		Black other		Bangladeshi				

Note: It is a criminal offence under the legislation for a person to "give false information....in connection with the preparation of the monitoring return".

Please ensure that your questionnaire is placed in the STRICTLY PRIVATE AND CONFIDENTIAL white envelope provided and returned to the Monitoring Officer.