



Leicester Community Islamic School

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Application for Employment

Thank you for applying to us for employment.

The information you are asked to provide will be used to assess your suitability for the position for which you are applying. All information will be treated in the strictest confidence.

Please fill this form in capital letters using black ink. Additional sheets may be inserted wherever necessary. Please send a covering letter, a CV and a passport sized photograph of yourself with this application form.

1. Personal Details	
Title:	Surname:
Forename:	
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:	
	Post Code:
Telephone:	Mobile:
Email:	
Nationality:	
Do you require a work permit to work in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>	
National Insurance Number:	

2. Emergency Contact Details	
Name:	
Address:	
	Post Code:
Telephone:	Mobile:
Relationship to you:	

5. Trainings
Please give details of any trainings you have attended (e.g. course title, length of course, name of organisation etc.):

6. Other Relevant Skills (e.g. computer skills, additional language, etc.)

7. Employment	
Present or most recent employer.	
Name of employer:	
Address of employer:	
	Post Code:
Telephone:	Fax:
Date left (if applicable):	
Reason for leaving (if applicable):	
Period of notice required:	
Brief description of duties:	

8. Previous Employment

Please list previous employment in date order starting with the most recent first.

Name & Address of Employer

Job title:

Brief description of duties:

From :

To:

Reason for leaving:

Name & Address of Employer

Job title:

Brief description of duties:

From :

To:

Reason for leaving:

Name & Address of Employer

Job title:

Brief description of duties:

From :

To:

Reason for leaving:

Name & Address of Employer	
Job title:	
Brief description of duties:	
From :	To:
Reason for leaving:	

Name & Address of Employer	
Job title:	
Brief description of duties:	
From :	To:
Reason for leaving:	

Name & Address of Employer	
Job title:	
Brief description of duties:	
From :	To:
Reason for leaving:	

9. Medical Condition

Do you have a medical condition? Yes No
If yes, please provide details:

Do you have any allergies? Yes No
If yes, please provide details:

10. Criminal Offences / Conviction

Do you have any criminal offences / convictions? Yes No
If yes, please provide details:

11. CRB / List 99 Check

Have you had a CRB / List 99 check done? Yes No

12. Reference

Please provide names and contact details of two referees who are able to provide references regarding your knowledge, skills, attributes and suitability for the post. One of the referees must be your current or last employer. References must not be provided by friends or family members.

Referee 1

Name:

Address:

	Post Code:
Telephone:	Mobile:

Email:

Relationship to you:

How long have you known this person:

Can we approach this referee before the interview? Yes No

Referee 2	
Name:	
Address:	
	Post Code:
Telephone:	Mobile:
Email:	
Relationship to you:	
How long have you known this person:	
Can we approach this referee before the interview? Yes <input type="checkbox"/> No <input type="checkbox"/>	

13. Equal Opportunity Monitoring	
As an equal opportunities employer, the following information is for monitoring purpose only, and is not part of the selection process. The information that you provide will be treated as strictly confidential.	
Disability	
Do you consider yourself to be disabled? (Please specify below)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an unseen disability (e.g. diabetes, epilepsy, etc.)? (Please specify below)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ethnic Origin (Please tick the appropriate box)	
<u>White</u>	
British <input type="checkbox"/>	Irish <input type="checkbox"/> White other <input type="checkbox"/>
<u>Asian or Asian British</u>	
Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Asian Other
<u>Black</u>	
African <input type="checkbox"/>	Caribbean <input type="checkbox"/> Black Other <input type="checkbox"/>
<u>Other</u> <input type="checkbox"/>	Please Specify
Religion (Please write N/A if you prefer not to disclose)	

14. Declaration

The information I have provided is correct to the best of my knowledge. I understand that providing false information may render my application liable for rejection, or if appointed, may make me liable to dismissal. I also hereby agree that my personal details may be held on manual and computerised files and used for recruitment and employment purposes.

Please tick one box only:

I accept the terms set out in this section of the application form.

I ***do not*** accept the terms set out in this section of the application form.

Signature _____ Date _____

Please send this form to the address on the top of this application form.

Office Use Only

Date Received: _____

Received by: _____

CV Covering Letter

Date of Interview: _____