



# ARCANA

hair, beauty & specialist treatment centre

## Job Application Form (please write clearly)

Title of Post  
Applied for:

Date:

## PERSONAL DETAILS (BLOCK CAPITALS PLEASE)

Surname:  
(Mr/Mrs/Ms/Miss)

Forenames:

Address:

Nationality:

Date of Birth:

Tel No. (Home):

E-mail address:

Mobile No:

National Ins. No:

## EDUCATION & PROFESSIONAL QUALIFICATIONS

(THERE IS NO NEED TO COMPLETE THIS SECTION IF THE DETAILS APPEAR ON YOUR C.V)

Secondary Schools; Colleges; University	Dates		Examinations taken	Date	Result
	From	To			

Professional Qualifications currently held: where obtained, grade and date completed

Other relevant Educational or Training Coursers, with dates:

## PRESENT POST

Current Post:	Salary/Pay Rate:
Name & Address of Employer:	Nature of Business:
	Date Commenced:
	Date ended (if applicable)
Please outline your responsibilities/job description	
Reason for leaving or wishing to leave:	
Period of notice required to terminate present employment:	

## PREVIOUS EMPLOYMENT

(THERE IS NO NEED TO COMPLETE THIS SECTION IF THE DETAILS APPEAR ON YOUR C.V)

Name & Address of Employers	Position held	Dates		Reason for leaving and final salary
		From	To	

## OTHER INFORMATION

What activities outside work interest you? Hobbies/Commitments?

Do you hold a current driving licence? YES/NO

Do you own a car? YES/NO

### HEALTH

Please state the number of days sickness absence in the last 2 years:

(NB: Successful candidates will be required to complete a full medical questionnaire)

### DISABILITY DISCRIMINATION ACT 1995

Are there any adjustments which you think we could make to overcome a disability in relation to the essential requirements of this job? YES/NO

If Yes, please provide further details (use a continuation sheet if necessary):

## REFERENCES

Names and addresses of two referees, one of whom should be your current or most recent employer:

Tel No:

Email Address:

Tel No:

Email Address:

Please indicate if we may contact them prior to interview

YES/NO

Please state maiden name if applicable

## FURTHER INFORMATION

Anything further we should know?

## DECLARATION

I declare that the information given is true and correct. I give my consent to my referees being contacted as indicated and for details of any sickness absence over the last 2 years to be obtained.

Signed ..... Date ..... Name .....

Thank you for completing this application. Please return to:

**Debbie Elderton, Arcana, 54 Egerton Gate, Shenley Brook End, Milton Keynes, Bucks, MK5 7HH**



## Recruitment Monitoring Form (Confidential)

Arcana are committed to Equal Opportunities in Employment. In order to ensure the effectiveness of this policy, all applicants are asked to provide the following information. Any information given will be treated in the strictest confidence, and will be used solely for the purpose of monitoring. If you would rather complete this section AFTER your initial interview please return the form blank.

1. NAME: ..... APPLICATION DATE: .....

2. POST TITLE: .....

Please tick the appropriate box

3. GENDER: Male  Female

4. AGE: 16-20  21-30  31-40  41-50  51-60  61-65

5. ETHNIC ORIGIN\* I would describe my ethnic origin as:

(a) WHITE  
British  Irish  Any other white background (please specify): .....

(b) MIXED  
White & Black Caribbean  White & Black African  White & Asian   
Any other mixed background (please specify): .....

(c) ASIAN OR ASIAN BRITISH  
Indian  Pakistani  Bangladeshi   
Any other Asian background (please specify): .....

(d) BLACK OR BLACK BRITISH  
Caribbean  African  Any other black background (please specify) .....

(e) CHINESE OR OTHER ETHNIC GROUP  
Chinese  Other

6. RELIGION: If applicable please state your religion .....

\* Ethnic origin questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic group. UK citizens can belong to any of the groups indicated.