



ST HELENA GOVERNMENT

JOB APPLICATION FORM

(CONFIDENTIAL)

Part A: Personal Details and Equalities

Monitoring Data¹

PERSONAL DETAILS (Please use block capitals if you are submitting a handwritten copy. You are advised to complete all sections of this form). **PLEASE DO NOT ATTACH A CV.**

POST TITLE/GRADE APPLIED FOR...	REFERENCE:	DATE:

Title (Mr/ Ms /Mrs/Miss/ etc): _____

Date Of Birth: _____

First Name: _____

Last Name: _____

Home Address:

Tel. (Home)	
Tel. (Work)	
Fax No.	
Email Address.	

¹ The information requested in Part A of the form is required for monitoring purposes only, this Part will be detached prior to sifting/selection procedures.

Do you consider yourself to have a disability, within the following definition?

Do you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities?

Yes ☐ No ☐

If yes, please tick/list any of the following that you have difficulty with.

Moving	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Hearing	<input type="checkbox"/>
Eyesight*	<input type="checkbox"/>
Learning	<input type="checkbox"/>
Other (please specify)	

*If this is corrected by spectacles, this is not usually considered to be a disability

Are there any arrangements that would need to be made to allow you to attend an interview?

Yes ☐ No ☐

Do you have St Helena Status?

Yes ☐ No ☐

Gender

M ☐ F ☐

I hereby certify that the information given in parts A, B and C of this form is true to the best of my knowledge and I understand that any job offer is subject to references, checks on relevant qualifications, employment eligibility and criminal convictions, a probationary period and a medical report, all of which must be deemed satisfactory.

Signed

Date

The application form should be signed at interview if it has been submitted electronically.
