

Confidential Application Form



**National Lottery
Commission**

Please complete this form in black ink or type.

NLC aims to be an Equal Opportunity employer. No account will be taken of age, sex, marital status, sexual orientation, race, disability, religious belief, nationality or ethnic origin when assessing this application.

Please indicate the post which you are applying for.

TITLE OF POST

PERSONAL DETAILS

Surname

Forenames

Title (Dr, Mr, Mrs, Ms etc)

Any other names by which you have been known?

Place of birth

Nationality at birth

Present nationality

Have you ever possessed any other nationality or citizenship?

YES NO

Have you ever possessed any other nationality or citizenship?

YES NO

If YES, give full details with dates

Are you subject to immigration control?

YES NO

Are you free to remain and take up employment in the UK?

YES NO

Permanent address

Postcode

Email address

Telephone number (home)

(work)

(mobile)

Address for letters (if different)

Postcode

National insurance number

EDUCATION, PROFESSIONAL QUALIFICATIONS AND OTHER TRAINING

Details of Secondary School(s) attended

Name(s) and address(es) of Schools	Dates		Exam GCSE, GCE, A Level, AS Level etc	Subject	Grade
	From	To			

Details of any Further and Higher Education

University, College or Polytechnic	Dates		Subjects in final Examination	Full title of degree with class and division	Date awarded/ expected
	From	To			

Details of any Post-Graduate and/or Professional Qualifications

University, College or Polytechnic	Dates		Subjects studied or thesis title	Title of qualification	Date awarded/ expected
	From	To			

Please give details of your membership of any professional bodies.

MONITORING INFORMATION

cont

4. Do you have a disability?

YES

NO

We thought it might help you to answer this question if we provided a list of examples. It is not exhaustive and is provided for guidance only.

Examples

Visual: registered blind or partially sighted. (If you wear corrective lenses this is not normally considered a disability).

Co-ordination, dexterity or mobility: polio, spinal cord injury, severe back problems, difficulty with fine motor skills, amputation, need for a cane, crutches, braces, wheelchair, prosthesis or other assistive mechanical devices.

Mental health: schizophrenia, depression, severe phobias, severe stress.

Speech: difficulty in speaking, speech impairment, difficulty being understood, communicating without speech.

Learning difficulties: dyslexia, reading or writing difficulty.

Hearing: deaf, hard of hearing.

Other physical or mental condition: diabetes, epilepsy, arthritis, cardiovascular condition, asthma, cancer, facial disfigurement.

5. We are happy to make provisions for people with disabilities. Is there any special help you would like us to provide for you to do this job, or at the selection stage?

YES

NO

If yes, what help would you like?

ADDITIONAL INFORMATION

Please provide any relevant information not covered elsewhere on this form (continue on a separate sheet if necessary).

EVIDENCE OF SUITABILITY FOR THE POST

Please supply evidence of your experience or skills, providing specific examples to demonstrate how you satisfy each of the criteria for this post.
Please continue on a separate sheet if necessary.

Prior to a confirmed offer of employment, the successful applicant will be subject to a criminal record check as part of the recruitment process.

Please state where you saw this vacancy advertised.

EVIDENCE OF SUITABILITY FOR THE POST

I declare that the information I have given in support of my application is, to the best of my knowledge and belief, true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, any application may be disqualified or if I have been appointed, I may be dismissed.