



# APPLICATION FOR EMPLOYMENT

NLM's aim is to provide housing for those in need, at rents that are affordable and to give the community an opportunity to participate fully in the provision of social housing.

**PLEASE COMPLETE THIS APPLICATION FORM ELECTRONICALLY AND DO NOT ATTACH CV'S AS THEY WILL NOT BE CONSIDERED WITH THE APPLICATION.**

If you require help in completing any aspect of this application form please contact Human Resources on 020 8815 4200  
Monday to Friday 9:30am to 5:00pm

## PART 1 POST DETAILS

Name:	Position applied for:
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*(if you are successful you must provide evidence of your right to work in the UK before you take up the post)*

From where/whom did you hear about this vacancy?	Please return this form to: <a href="mailto:recruitment@nlmha.com">recruitment@nlmha.com</a>
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NLM's Office Address: **15B – 15C Urban Hive, Theydon Road, London E5 9BQ**

### *For office use only*

Post Reference Number: Applicant Reference Number:	Date application Received:
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Regret:	1st Interview:	2nd interview:	Appoint:

This form enables us to give careful consideration to your application and you are asked to answer all questions fully with the assurance that we shall observe the strictest confidence.

**PART 2 PERSONAL DETAILS**

First Name(s):		Surname:	
Permanent Address:		Present Address (if different):	
Post code:		Post code:	
Home Telephone Number:		Mobile Number:	
Email address:		National Insurance Number:	
Are you a member of any professional organisation or association? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If YES please name:	Membership Status:	Date Awarded :	
Have you any convictions other than spent convictions under the Rehabilitation of Offenders Act 1974? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If YES please give full details: <i>(continue on a separate sheet if necessary)</i>			
Are you connected to a member of: NLMHA's Staff* YES <input type="checkbox"/> NO <input type="checkbox"/> If yes please give their name			
A Board Member* YES <input type="checkbox"/> NO <input type="checkbox"/> If yes please give their name			
Are you a shareholder of the North London Muslim Housing Association? **			YES <input type="checkbox"/> NO <input type="checkbox"/>
<b><i>(If YES please give full details on a separate sheet)</i></b>			
<i>*Please note that if you fail to declare that you are related or connected to any existing Board Member or member of staff, and you are subsequently offered employment, that employment may be terminated.</i>			
<i>**Please note that in the event you are successful, you would need to surrender your Shareholding prior to the commencement of your employment.</i>			
Please list any languages that you speak:		Level of competency:	

**PART 3 EDUCATION DETAILS****Secondary Education Duration**

Secondary School Attended:	Subjects passed:	Grades:
College /University Attended:	Major Subjects Studied & Qualification Gained:	

Job Related Training Courses (please also list name of organisation providing the training):	Subject:	Date

**PART 4 EMPLOYMENT DETAILS****Present / Last Employer (whether paid, voluntary or work experience)**

Date From:	Date To:	Name Address & Telephone Number of Employer:	Position Held:	Final Salary:

Reason for Leaving:

Period of Notice Required:

**Previous employment (whether paid, voluntary or work experience)**

Date From:	Date To:	Name Address & Telephone Number of Employer:	Position Held:	Reason for Leaving:

**Please use this section to explain in detail how you meet all the entry-level requirements listed in the person specification and your suitability for the post. This should include all aspects of your education / training / professional membership and experience, including paid or unpaid work, which are relevant to this position. Your supporting statement should be no longer than 3-sides of A4 and should use the following headings:**

*(Please only use size 12 Font)*

Previous Experience  
Education/Training/ Professional Membership  
Abilities/Skills/Knowledge  
Other information

*(Please continue on the next sheets, if needed.)*

Empty rectangular area for providing additional information.

Empty rectangular area for providing additional information.

**PART 6 DISABILITY DETAILS**

If you consider yourself to be disabled (whether registered or not) and you are selected for an interview are there any adjustments / facilities that may assist you in attending the interview?


**PART 7 REFERENCES**

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Name:		Name:	
Position:		Position:	
Address:		Address:	
Email address:		Email address:	
Tel no:		Tel no:	

Please sign below if you give NLMHA your consent to contact the above people for the purpose of obtaining a reference.

Signature:	Date:

Can we approach your current employer before an offer of employment is made? YES  NO

**PART 8 DECLARATION**

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal.

I understand these details will be held in confidence by NLMHA, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 2018. We attach a privacy notice for your attention in respect of this application and the information you give us.

Signature:	Date: