



**3. REFEREES (ONE SHOULD BE YOUR PRESENT/LAST EMPLOYER)**

<b>NAME:</b>  <b>ADDRESS inc postcode:</b>    <b>RELATIONSHIP TO YOU:</b> <i>(ie Manager etc)</i> <b>TELEPHONE:</b>  <b>POSITION:</b>	<b>NAME:</b>  <b>ADDRESS inc postcode:</b>    <b>RELATIONSHIP TO YOU:</b> <i>(ie Manager etc)</i> <b>TELEPHONE:</b>  <b>POSITION:</b>
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**7. DECLARATION**

<p><b>I DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE:</b></p> <p><b>SIGNED:</b> _____</p> <p><b>DATED:</b> _____</p>
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<b>For office use only:</b>			
<b>Date of Interview</b>		<b>Date commenced</b>	

**PLEASE RETURN THIS APPLICATION FORM, TOGETHER WITH ENCLOSURES (if applicable) AND ANY OTHER RELEVANT DOCUMENTS BY THE DATE OF THE DEADLINE GIVEN FOR THIS POST, TO:**

**ELLIE BLACKWELL**  
**Operations Manager**



**3 KINGSWELL STREET**  
**NORTHAMPTON NN1**  
**1PP**

## RECRUITMENT MONITORING

**THE LOWDOWN** is committed as part of its Equal Opportunities Employment Policy to attempt to ensure that no job applicant or employee receives less favourable treatment on the grounds of race; gender; sexuality; ability; mobility; status or whether a person is or is perceived to be disadvantaged for whatever reason. Procedures will be regularly reviewed to ensure that individuals are recruited, promoted and trained on the basis of their merits and abilities.

One means of monitoring recruitment practice is by analysing data obtained from applicants for employment with **the lowdown**. Your co-operation in providing the information requested below will be appreciated, but is optional - You do not have to return this form. Please be assured that this form will be filed separately before your application is looked at and will be treated confidentially. If you do choose to return this form it will contribute to the development of future recruitment practice aimed at equality. Thank you.

*You do not have to complete the whole form if you prefer not to*

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**GENDER:** Male / Female / Transitional

**AGE:**

**SEXUALITY:**

**ETHNIC ORIGIN (Please tick):**

White  
Black  
Duel Heritage  
Asian  
Other (Please specify)

**ARE YOU REGISTERED DISABLED (Please circle) :** YES NO

**ARE YOU A WHEELCHAIR USER (Please circle) :** YES NO

**PLEASE SAY WHERE YOU SAW THIS POST ADVERTISED:**

**HAD YOU HEARD OF THE LOWDOWN PRIOR TO THIS ADVERTISEMENT?**

(Please circle) : YES NO

**IF YES, HOW (Please tick):**

FRIEND	WORK
RELATIVE	PUBLICATIONS
SCHOOL/COLLEGE	GP
OTHER (Please Specify)	SOCIAL SERVICES

*Thank you for completing this form. If you are happy to return it, please put in envelope marked 'A' and return with your completed application form.*