



EXPRESSION OF INTEREST FORM

VACANCY: _____

Office Use Only - Referred By

Name: _____

Organisation: _____

ATTENTION: This form is to enable local people to **express an interest** to work on any local projects that Lendlease are successful in securing. **This is not a job application form.** The construction industry has opportunities not just in the traditional trades but also in non-traditional trades such as business administration, finance and commercial, surveying, design management, architecture and many others and we are keen to raise the profile of this sector and the wide range of careers available to local people.

By completing, signing and submitting this form you are agreeing, under the terms of the GDPR legislation, that we may share this information with potential employers and agencies in connection with your recruitment. Your data will not be used for marketing or passed to any organisation not related to your potential employment. Please ensure you have the most up to date copy of your CV before completing the form as you will need to attach it when you submit the form.

EQUALITY MONITORING: Please complete the Equality questions. You are not required to, but providing this information will help us monitor the effectiveness of our services. Information gathered will not identify individuals but will only be used to measure equality.

Please Note: All fields that begin with a * must be completed.

Please write in BLOCK CAPITALS

PERSONAL DETAILS			
TITLE:	MR MRS MISS MS OTHER	*DATE OF BIRTH:	
*NAME:		CURRENT AGE:	
*ADDRESS:		NATIONAL INSURANCE NO:	
		DO YOU HAVE A VALID FULL UK DRIVING LICENCE?	YES <input type="checkbox"/> (NO. OF POINTS IF ANY) No <input type="checkbox"/>
EMAIL:		GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MOBILE NUMBER:		*HOME No:	
LONE PARENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PREFER NOT TO SAY	ETHNICITY:	
ARE YOU A CARE LEAVER?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PREFER NOT TO SAY	*DO YOU REQUIRE A WORK PERMIT?	YES <input type="checkbox"/> No <input type="checkbox"/>

<p>*HAVE YOU BEEN CONVICTED OF ANY CRIMINAL OFFENCES, WHICH ARE NOT YET SPENT UNDER REHABILITATION? (OFFENDER ACT 1974)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO (*PLEASE PROVIDE DETAILS BELOW IF YOU ANSWERED 'YES') NB: TICKING 'YES' DOES NOT MEAN YOUR APPLICATION WILL BE EXCLUDED.</p>
<p>DO YOU HAVE A DISABILITY THAT AFFECTS YOUR ABILITY TO CARRY OUT NORMAL DAY TO DAY ACTIVITIES?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PREFER NOT TO SAY</p>
<p>IF YOU WISH TO COMMENT FURTHER ON ANY OF THE INFORMATION ABOVE, PLEASE DO SO HERE. THIS COULD INCLUDE ADDITIONAL SUPPORT REQUIRED FOR DISABILITY ACCESS, TRANSLATION OF MATERIAL ETC.</p>	

EMPLOYMENT/UNEMPLOYMENT STATUS AND INFORMATION

<p>EMPLOYMENT STATUS:</p>	<p><input type="checkbox"/> EMPLOYED EDUCATION <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> TRAINING <input type="checkbox"/> FULL/PART TIME</p>		
<p>*IF YOU'RE IN RECEIPT OF BENEFITS, WHICH MAIN BENEFIT DO YOU CLAIM?</p>		<p>*IF YOU ARE UNEMPLOYED, HOW LONG HAVE YOU BEEN UNEMPLOYED FOR?</p>	
<p>IF YOU ARE CURRENTLY ON ANY EMPLOYMENT OR TRAINING RELATED PROGRAMME PLEASE PROVIDE THE DETAILS HERE:</p>	<p>COURSE TITLE</p>		
	<p>COLLEGE/TRAINING PROVIDER:</p>		
	<p>TOTAL HOURS PER WEEK</p>		
	<p>START AND END DATE</p>		
<p>ARE YOU INTERESTED IN A JOB OR AN APPRENTICESHIP?</p>	<p><input type="checkbox"/> JOB <input type="checkbox"/> APPRENTICESHIP</p>		

WHAT QUALIFICATIONS DO YOU CURRENTLY HAVE?

<p>DO YOU HAVE A VALID CSCS (CONSTRUCTION SKILLS CERTIFICATE SCHEME) CARD?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>CSCS CARD NUMBER:</p>	
<p>DO YOU HAVE A VALID CPCS (PLANT OPERATOR) CARD?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>CPCS CARD NUMBER:</p>	
<p>DO YOU HAVE A VALID CISR (SCAFFOLDERS) CARD?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>CISR CARD NUMBER:</p>	
<p>DO YOU HOLD ANY OTHER (RELEVANT) CARDS OR QUALIFICATIONS?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>Please specify</p>	

1: COMPLETE THIS SECTION FOR CONSTRUCTION RELATED EMPLOYMENT. WHAT CONSTRUCTION AREA(S) ARE YOU INTERESTED IN? – SELECT A MAXIMUM OF 3 ONLY

- Bricklaying
- Carpentry and Joinery
- Construction Administration
- Demolition
- Dry Lining
- Electrical
- Electrical Engineering
- General Labourer
- Groundwork
- Mechanical Engineering

- Painting and Decorating
- Plastering
- Plumbing
- Project Management
- Roofing
- Scaffolding
- Site Supervisor
- Steel Fixer
- Other (**Please specify**)

2: COMPLETE THIS SECTION FOR OTHER JOBS THAT SUPPORT THE CONSTRUCTION OF THIS PROJECT. WHAT SECTOR(S) ARE YOU INTERESTED IN? SELECT A MAXIMUM OF 3 ONLY

- Accounting and Finance
- Administrative and Clerical
- Creative Arts and Design
- Customer Service
- Education and Training
- Environment
- Food Services and Hospitality
- Health and Care
- Human Resources
- Information Technology

- Legal
- Leisure and Tourism
- Logistics and Transportation
- Manufacturing
- Marketing
- Motor Mechanics
- Project Management
- Retail and Sales
- Security and Safety
- Other (**Please specify**)

PLEASE NOTE: COMPLETE THIS SECTION IF YOU ARE INTERESTED IN WORKING FOR COMPANIES CONSTRUCTING THE BUILDING. YOU ARE ALSO REQUIRED TO ATTACH A COPY OF YOUR CV TO THIS FORM – IF YOU DO NOT HAVE ONE AND NEED HELP WITH PREPARING ONE, PLEASE STATE THIS BELOW.

Do you hold any qualifications/experience in the areas you are interested in? YES No

Do you require training? YES No

(If the answer is yes to any of these questions, please give detail below)



PLEASE GIVE A BRIEF DESCRIPTION OF WHY YOU WOULD LIKE TO WORK ON ANY PROJECTS AND ALSO WHAT SKILLS AND/OR QUALITIES YOU CAN BRING.

[Empty response box for project description and skills]

***I consent and agree to you sharing my contact details with other partner organisations and employers that may be able to help me obtain employment or improve my skills.**

Signature:

Date:



When completed please return to:

Email: eateam@birmingham.gov.uk