

**APPLICATION FORM**

**Post applying for:** \_\_\_\_\_

**CONFIDENTIAL**

PLEASE CONTINUE ON SEPARATE SHEET(S) IF SPACE IS INADEQUATE

**PERSONAL DETAILS**

Title (Mr, Ms Dr etc) -----

Forename(s):

Surname:

Address:

Postcode:

Telephone:

Mobile:

Email

***Please delete as appropriate:***

Do you have a current valid driving licence?

YES

NO

Do you have access to a car?

YES

NO

If you have a driving licence is it:  
HGV

PROVISIONAL

FULL

**How did you learn of this vacancy?**

**Interview dates**

Would you be available for interview on **Thursday 17<sup>th</sup> September 2020?** Y/N

If appointed, would you be available to start work **early October 2020?** Y/N

If no, when would you be available? Please state: \_\_\_\_\_

**DESCRIBING YOU - Why I have applied for this job?**

**Information for Shortlisting -**

Please tell us what skills and personal qualities you have to enable you to work successfully in this role.

Please type in font 12 or print clearly in black.

The **Person Specification** lists the essential criteria necessary for doing this job. **Please show how you meet each requirement**, in the same order as they appear on the person specification. You need to be specific about the experience, skills, or knowledge, giving evidence and actual examples to support your case wherever possible.

Please continue overleaf, and use extra pages if necessary.

## EDUCATION DETAILS

Please give details of all secondary education including examinations taken (with results).

Schools / Colleges Qualifications / Grades obtained Date	Courses / Exams
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State any other achievements

*Please be prepared to provide certificates of pass. etc.*

## FURTHER/HIGHER EDUCATION DETAILS

Please give details of any university course or other further education undertaken (including youth training, technical courses, vocational studies, correspondence courses, etc.)

University / FE College obtained Grade Date	Courses / Exams	Qualifications
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*Please be prepared to provide certificates of pass. etc.*

## PUBLIC OR VOLUNTARY COMMITMENTS

Please give details of membership of any public or voluntary body and indicate the approximate time commitment entailed.

## EMPLOYMENT DETAILS

Please give details of relevant previous employment / key achievements that might help us assess your suitability for the job for which you are applying, starting with the most recent employment and working backwards.

### CURRENT/LAST EMPLOYER

Name:

**Address:**

**Postcode:**

**Contact for reference:**

**Telephone:**

*Please note that we will not contact your present employer for a reference without your permission. However, any job offer made will be subject to receipt of satisfactory references. It is our policy to contact ALL named referees.*

**May we contact your current employer for a reference?  
NO**

**YES**

**Position(s) held:  
Wage:**

**Salary /**

**Outline of duties/key achievements:**

**Reason for leaving:**

**Notice period:**

Does your current contract of employment contain any restrictions that prevent you from competing with your current employer or soliciting its customers after you have left?

YES                      NO

*If YES please supply a copy of your contract of employment*

## **PREVIOUS EMPLOYER (1)**

**Name:**

**Address:  
Postcode:**

**Contact for reference:**

**Telephone:**

**May we contact for a reference:  
NO**

**YES**

**Position(s) held:  
Salary/Wage:**

**Outline of duties/key achievements:**

**Reason for leaving:**

## PREVIOUS EMPLOYER (2)

Name:

Address:

Postcode:

Contact for reference:

Telephone:

May we contact for a reference:

YES

NO

Position(s) held:

Salary/Wage:

Outline of duties/key achievements:

Reason for leaving:

### RIGHT TO WORK IN UK

Are you legally entitled to work in the UK?

YES

NO

*We will require evidence of this prior to commencing employment*

### CRIMINAL RECORD

Have you ever been convicted of a criminal offence?

YES

NO

Declaration subject to the Rehabilitation of Offenders Act 1974

If YES, please give details:

## HEALTH

Do you require any reasonable adjustments for the interview and selection process?

NO

YES

If **YES**, please give details:

## DATA PROTECTION

The Data Protection Act 2018 ("the Act") sets out certain requirements for the protection of your personal information against unauthorised use or disclosure. The Act also gives you certain rights. Except to the extent we are required or permitted by law, the information which you provide in this application form and any other information obtained or provided during the course of your application ("the information") will be used solely for the purpose of assessing your application. If your application is unsuccessful or you choose not to accept any offer of employment we make, the information will not be held for longer than is necessary, after which time it will be destroyed, although relevant information will be retained in the longer term to facilitate our equal opportunity monitoring. If your application is successful, the information will form part of your employment file and we will be entitled to process it for all purposes in connection with your employment. So that we may use the information for the above purposes and on the above terms, we are required under the Act to obtain your explicit consent. Accordingly, please sign the consent section below.

**I CONSENT TO MY PERSONAL INFORMATION BEING USED FOR THE PURPOSES AND ON THE TERMS SET OUT ABOVE.**

Signed:

Date:

## UNDERTAKING

Please read and sign the following undertaking: I confirm that the information I have given on this application form is, to the best of my knowledge and belief, true in all respects. I understand that, should I have deliberately made a false or misleading statement on this form my future employment can be terminated without notice.

Signed:

Date:

**Note: We are an equal opportunities employer and will not tolerate discrimination in any form.**

**Please complete the EQUALITY AND DIVERSITY MONITORING FORM BELOW**

## **EQUALITY AND DIVERSITY MONITORING FORM.**

This form will not be seen by the Interviewer/Panel prior to interview and is not used in any decision making. You do not have to complete this form but doing so enables us to monitor the effectiveness of our Equality and Diversity Policy. We recognise the benefits of a diverse workforce. We are committed to treating all employees with dignity and respect regardless of race, ethnic background, nationality, colour, gender, trans-gender status, pregnancy, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all segments of the community. If you are disabled completing this form enables us to identify any reasonable adjustments you may need for the interview or role you have applied for.

Please state which job you have applied for and the date of your application.

### **Job applied for:**

Date of application: \_\_\_\_\_

**1. Position applied for:** \_\_\_\_\_

**2. Are you:**

- Staff member full time
- Staff member part time
- Volunteer
- Job Applicant
- Job Applicant – from an Agency
- Board member

**3. Gender**

- Male
- Female

Non-binary  
Do not wish to disclose

If you are undergoing the process of gender reassignment, please tick the box that applies to your future gender.

Do you live and work in a gender other than that assigned at birth  
Yes  
No  
Do not wish to disclose

**4. What age group do you belong to?**

18-25  
26-35  
36-45  
46-55  
56 –65  
65+  
Do not wish to disclose

**5. How would you describe your sexuality?**

Heterosexual  
Gay man  
Gay woman / lesbian  
Bi-sexual  
Do not wish to disclose

**6. Do you consider yourself to have a disability?**

The Equality Act 2010 protects people who are disabled including those with long-term health conditions.

Yes  
No  
Do not wish to disclose

If 'Yes' please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.

Physical Impairment   Learning Disability / Difficulty

Sensory Impairment Long-standing Illness  
Mental Health Condition Other

**7. Please indicate which ethnic group you consider yourself to belong to?**

**White**

White – British (to include Northern Ireland, Scotland & Wales)

White – Irish

White - European

Other White

**Black**

Black or Black British – Caribbean

Black or Black British – African

Other Black

**Asian**

Asian or Asian British – Indian

Asian or Asian British – Pakistani

Asian or Asian British – Bangladeshi

Chinese

Other Asian

**Mixed**

Mixed – White & Black Caribbean

Mixed – White & Black African

Mixed – White & Asian

Other Mixed

**Other/unknown**

Ethnic identity not known

Do not wish to disclose

If you have selected 'Other' please state which group you consider yourself to belong to:

**8. Please indicate which religion you consider yourself to belong to?**

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

No religion

Do not wish to disclose

Other religion please state:

**9. Do you have caring responsibilities?**

No caring responsibilities

Primary carer of a child / children (under 18)

Primary carer of disabled child / children (under 18)

Primary carer of disabled adult (18 and over)

Primary carer of older person

Prefer not to say

**Thank you for taking the time to complete this form.**