|  |  |  |  |
| --- | --- | --- | --- |
| Post Applied for: |  | **Post Number:** |  |

|  |
| --- |
| Changing Lives Charity Job Application Form |

|  |  |  |  |
| --- | --- | --- | --- |
| Closing Date: |  | **Interview Date:** |       |

|  |
| --- |
| It is important that you read the guidance notes before completing this application form. Please complete this form fully using black ink or type. C.V.s are not accepted without a completed application form. Applications received after the closing date will not normally be considered. |
| **THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.** |

|  |
| --- |
| Section 1 Personal details |

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: |       | **First Name:** |       |

|  |  |
| --- | --- |
| Address: |       |
|  |       |
|  |       |

|  |  |
| --- | --- |
| Postcode: |       |

 Letters Numbers Letter

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Home Telephone No:** |       | **National Insurance No:** |   |   |   |   |   |   |   |   |   |

|  |  |
| --- | --- |
| **Daytime Telephone No:** |       |

|  |  |
| --- | --- |
| **Mobile Telephone No:** |       |

|  |  |
| --- | --- |
| **E-mail address:** |       |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Can we contact you at work?** | Yes | [ ]  | No | [ ]  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you free to remain and take up employment in the UK with no current immigration restrictions? | Yes | [ ]  | No | [ ]  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| Section 2 Present Employment |
| **Present Employment** (If now unemployed give details of last employer) |

|  |  |
| --- | --- |
| Name of Employer: |       |

|  |  |
| --- | --- |
| Address: |       |
|  |       |
|  |       |

|  |  |
| --- | --- |
| Postcode: |       |

|  |  |
| --- | --- |
| Post Title: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Appointment: |       | **Salary:** |       |

|  |  |
| --- | --- |
| Department / Section: |       |

|  |
| --- |
| **Brief description of duties:** |
|       |
| Continue on a separate sheet if necessary |

|  |  |  |  |
| --- | --- | --- | --- |
| Period of Notice: |       | **Last day of service**(if no longer employed)**:** |       |

|  |  |
| --- | --- |
| **Reason for leaving:** |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Did you receive any redundancy payment or retirement benefit? | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| Section 3 Previous Employment |
| **Previous Employment** (most recent employer first). Please cover the last 10 years and state nature of business  |
|  |

|  |  |
| --- | --- |
| Name of Employer: |       |

|  |  |
| --- | --- |
| Address: |       |
|  |       **Postcode**       |
| **Date to & from:** |  |  |  |  |

|  |  |
| --- | --- |
| Position Held: |       |

|  |
| --- |
| **Summary of duties:** |
|       |

|  |  |
| --- | --- |
| **Reason for leaving:** |       |
|  |

|  |  |
| --- | --- |
| Name of Employer: |       |

|  |  |
| --- | --- |
| Address: |       |
|  |       **Postcode**       |
| **Date to & from:** |  |  |  |  |

|  |  |
| --- | --- |
| Position Held: |       |

|  |
| --- |
| **Summary of duties:** |
|       |

|  |  |
| --- | --- |
| **Reason for leaving:** |       |
|  |

|  |  |
| --- | --- |
| Name of Employer: |       |

|  |  |
| --- | --- |
| Address: |       |
|  |       **Postcode**       |
| **Date to & from:** |  |  |  |  |

|  |  |
| --- | --- |
| Position Held: |       |

|  |
| --- |
| **Summary of duties:** |
|       |

|  |  |
| --- | --- |
| **Reason for leaving:** |       |
| Continue on a separate sheet if necessary |

|  |
| --- |
| Section 4 Education |
| Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first: |

|  |  |  |
| --- | --- | --- |
| **College or University**  | **Course** | **Qualifications and grades obtained** |
|       |       |       |
| **School** | **Subjects** | **Qualifications and grades obtained** |
|       |       |       |
| Continue on a separate sheet if necessary |

|  |
| --- |
| Professional or Management Qualifications |
| Please give details: |

|  |  |
| --- | --- |
| **Professional/Technical/****Management Qualifications** | **Course Details** |
|       |       |
| **Membership of any Professional Associations- Please state level of Membership:**      |
| Continue on a separate sheet if necessary |

|  |
| --- |
| Section 5 Training and Development |
| Please give details of any training and development courses or non-qualifications courses which support yourapplication. Include any on the job training as well as formal courses. |

|  |  |
| --- | --- |
| **Title of Training Programme or Course** | **Duration of Course** |
|       |       |
| Continue on a separate sheet if necessary |

|  |
| --- |
| Section 6 Personal Statement |
| **Abilities, skills, knowledge and experience.**Please use this section to explain in detail how you meet the requirements of the position you have applied for. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used. |

|  |
| --- |
|       |
| Continue on a separate sheet if necessary |

|  |
| --- |
| **Section 7 Rehabilitation of Offenders Act (1974)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have any convictions that are unspent under the rehabilitation of offenders act 1974? | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| If yes, please give details / dates of offence(s) and sentence: |
|       |

|  |
| --- |
| **Section 8 Protecting Adults** |

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| --- |
| The following information will be required for the post you are applying for as a requirement for a Disclosure and Barring Service police check. **(See Guidance Notes).** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Enhanced Checks Only (refer to Job Application Pack)**Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post? | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| **Section 9 Disability Discrimination Act** |

|  |
| --- |
| This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities. **(See Guidance Notes).** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a disability which is relevant to your application? | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| If yes, please give details: |
|       |

|  |
| --- |
| **We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do we need to make any specific arrangements in order for you to attend the interview?** | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| If yes, please give details: |
|       |

|  |
| --- |
| **Section 10 Health** |

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| --- |
| Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed. |

|  |
| --- |
| **Section 11 References** |

|  |
| --- |
| Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are. In addition we also require a personal referee. |

|  |  |  |
| --- | --- | --- |
| **Reference 1** |  | **Reference 2** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | **Name:** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Position (job title): |       | **Position (job title):** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Work Relationship: |       | **Work Relationship:** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation: |       | **Organisation:** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |       | **Address:** |       |
|  |       |  |       |
|  |       |  |       |
|  |       |  |       |
|  | Postcode |       |  | Postcode |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone No: |       | **Telephone No:** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| E-mail: |       | **E-mail:** |       |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you willing for this referee to be approached prior to the interview? | Yes | [ ]  | No | [ ]  | Are you willing for this referee to be approached prior to the interview? | Yes | [ ]  | No | [ ]  |

|  |  |
| --- | --- |
| **Personal Reference**  |  |

|  |  |
| --- | --- |
| Name: |       |

|  |  |
| --- | --- |
| Relationship: |       |

|  |  |
| --- | --- |
| Address: |       |
|  |       |
|  |       |
|  |       |
|  | Postcode |       |

|  |  |
| --- | --- |
| Telephone No: |       |

|  |  |
| --- | --- |
| E-mail: |       |

|  |
| --- |
| **Section 12 Recruitment Monitoring Form** |

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| --- |
| This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes. |

|  |  |
| --- | --- |
| Application for the post of: |       |

|  |
| --- |
| To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM. |

|  |
| --- |
| What is your Ethnic Group? |
| Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background. |

|  |  |  |  |
| --- | --- | --- | --- |
| A. White |  | D. Black or Black British |  |
| White UK | [ ]  | Black Caribbean | [ ]  |
| Irish | [ ]  | Black African | [ ]  |
| White non-UK | [ ]  | Any other Black background(please give details): | [ ]  |
| Any other White background(please give details): | [ ]  |       |  |
|       |
| B. Mixed |  | **E. Chinese or other ethnic group** |  |
| White & Black Caribbean | [ ]  | Chinese | [ ]  |
| White & Black African | [ ]  | Vietnamese | [ ]  |
| White & Asian | [ ]  | Any other ethnic background(please give details): | [ ]  |
| Any other Mixed background(please give details): | [ ]  |       |  |
|       |
| C. Asian or Asian British |  | **F. I do not wish to provide this information** | [ ]  |
| Indian | [ ]  |
| Pakistani | [ ]  |
| Bangladeshi | [ ]  |
| Any other Asian background(please give details): | [ ]  |
|       |

|  |
| --- |
| **Section 12 Recruitment Monitoring Form continued** |

|  |
| --- |
| Gender |
| Male | [ ]  | Female | [ ]  |

|  |
| --- |
| **Disability** |
| Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself disabled? | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| If yes, please give details: |
|       |

|  |
| --- |
| Present Status |
| Internal Applicant | [ ]  | External Applicant | [ ]  |

|  |
| --- |
| Age Group |
| 16-25 | [ ]  | 26-35 | [ ]  | 36-45 | [ ]  |
| 46-55 | [ ]  | 56-65 | [ ]  | 66-70 | [ ]  |
| Over 70 | [ ]  |

|  |
| --- |
| Media |
| Please state where you saw this post advertised |
|       |

|  |
| --- |
|  |

|  |
| --- |
| For Office Use Only: |
| Start Date: |       |
|  |       |

|  |
| --- |
| **Section 13 Declaration** |

|  |
| --- |
| A. Relatives/Other Interests |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you related to or do you have a close personal relationship with anyone associated with Changing Lives Charity? | Yes | [ ]  | No | [ ]  |

|  |  |
| --- | --- |
| If yes, specify name(s), position(s) and relationship(s) |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If appointed, do you have any interests or hold any appointments that may conflict with employment with Changing Lives Charity in the role for which you have applied?If yes, please detail on a separate sheet. **(See Guidance Notes)** | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| B. Statement to be Signed by the ApplicantChanging Lives Charity is committed to an anti-fraud culture and participates in statutory anti-fraud initiatives.Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.**I hereby certify that:*** **all the information given by me on this form is correct to the best of my knowledge**
* **all questions relating to me have been accurately and fully answered**
* **I possess all the qualifications which I claim to hold**
* **I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.**
 |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | **Date:** |  |
|  |

|  |
| --- |
| (NB. Candidates selected for interview will normally be notified within three weeks of the closing date. Unfortunately, applicants who do not hear from must conclude that their application has been unsuccessful on this occasion. Thank you for your interest in this post. If you would like to know if we have received your application form, please enclose a stamped addressed post card.Changing Lives Charity undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc.) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.If you are returning this form by email, you will be asked to sign your application at interview. |

|  |
| --- |
| R E T U R N I N G T H I S F O R M |
|  **By Hand or Post:**Changing Lives CharityUnit 2A Kimberley RoadClevedonBS21 6QJ  | **By E-Mail:**office@changinglives.org.uk **Enquiries:**Telephone: 0127 587 8871    |