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**Project Officer: Application Form**

Please complete the statement section with no more than 500 words. Tell us what experience, skills, knowledge, personal qualities, values and strengths you have related to the job description and person specification.

If you need it in large print, or help with completing the questions if English is not your first language, then please contact us and we will provide a format that works for you.

You can complete your application electronically and email it to us, or send it by post. It needs to arrive by 5pm Thursday 4th July 2024.

If you are shortlisted, interviews are planned for week beginning 15th July in Bristol, face to face. We use values-based recuitment (An example is enclosed in the application pack ) and we operate a blind selection of candidates for interview.

Please return this completed application, and Diversity Monitoring Form by email to: mnvp@bnssg.co.uk or send by post c/o Healthwatch Bristol, North Somerset and South Gloucestershire, Unit 21, Middle Floor, Union Gallery, The Galleries, Bristol BS1 3XD

APPLICATION FORM

#### POST

|  |  |
| --- | --- |
| **Title of post as advertised:** | **Project Officer**  |
| **Where you heard about this vacancy:** |  |

# PERSONAL DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **Title:** |  |
| **First names in full:** |  |
| **Preferred first name:** |  |
| **Address:** |  |
|  |  **Postcode:**  |
| **Telephone Number(s):** |  |
| **Email:** |  |
| **NI number** |  |
| **Please list any other employment you would continue with if you were successful in obtaining this position** |  |
| **Are you related to any member of the Healthwatch staff team/ Board of Directors or current MVP posts/ state connection.** |  |

# QUALIFICATIONS AND EDUCATION

|  |
| --- |
| **Professional and education qualifications gained.** *(please include where attended, grades and dates)*: |

# EMPLOYMENT

# Please give details of your present employment *(or most recent employment)*

|  |
| --- |
| **Name, address and telephone number of employer:** |
| **Title of your position:** |  |
| **Nature of employment, duties and responsibilities:** |
| **Date appointment started:** |  |
| **Date terminated:** |  |
| **Reason for leaving:**  |

**PREVIOUS EMPLOYMENT**

**Please give details of previous employment**

***(use additional sheet if necessary)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates From …. To** | **Name and address of Employer** | **Job title, brief details of duties /responsibilities** | **Reason for leaving.** |

# SUPPORTING STATEMENT *(use additional sheet if necessary) max 500 words.*

|  |
| --- |
|  |
| **Outline any voluntary experience, groups or charities you have been involved with, and what your role was.** |
| **Have you had any criminal convictions? YES / NO** ***(declaration subject to the Rehabilitation of Offenders Act)*****If yes, please provide details:**  |

# Asylum, Immigration and Settlement

# If you have been granted settled or pre-settled status you can apply for work in the UK. We can not sponsor skilled foreign workers who are in the UK under the Skilled Worker visa route. Asylum seekers granted ‘leave to remain’ have unrestricted access to work in the UK.

|  |
| --- |
| Please state details of any restrictions regarding your right to work in the UK?  |

# PROFESSIONAL REFERENCES

|  |  |
| --- | --- |
| **Name:**  | **Name:**  |
| **Address:****Telephone Number:** **Email:** | **Address:****Telephone Number:** **Email:** |
| Tick if **not** to be taken up before interview [ ]  | Tick if **not** to be taken up before interview [ ]  |

# DECLARATION

I declare that the information I have given on this form is true and accurate. I understand that any false statement made may be sufficient cause for rejection or, if employed, dismissal.

I consent to the use of the information provided information for considering my application and understand that it will be always treated confidentially; if I am successful, it will form part of my company records; if I am unsuccessful the information will be destroyed after one year to comply with GDPR regulations.

|  |  |
| --- | --- |
| **Signature:** | **Date:** |

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

Now email it to mnvp@bnssg.co.uk