

Candidate No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application for Employment:**

# **Section 1 - PERSONAL INFORMATION**

|  |  |
| --- | --- |
| **Name:**  **Address:** | **Email:**  **Home Telephone No:**  **Daytime Telephone No:**  **Mobile:** |

**DO YOU KNOW ANYONE WITHIN THE WELCOMING ASSOCIATION?**

If you are related to, or have a business relationship with, a Board member or employee of the Association, you are required to advise us. This allows us to judge whether they need to take any steps to ensure non-involvement in the recruitment process. The provision of this information will **not** affect your application.

**Board Member/Employee (delete as appropriate)**

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

|  |  |
| --- | --- |
| References Please give the names, addresses and daytime telephone numbers of two people willing to act as referees on your behalf. Both should be able to comment on your work experience and at least one should be able to refer to your present (or most recent) employment. Please provide emails for both your referees. | |
| **1:**  **Name:**  **Job title:**  **Work relationship to you:**  **Address:**  **Telephone number:**  **Email:** | **2:**  **Name:**  **Job title:**  **Work relationship to you:**  **Address:**  **Telephone number:**  **Email:** |
| **May we contact these referees prior to interview? 1: 2:** | |
| **DECLARATION: I verify that to the best of my knowledge, the information supplied by me on this application form, and on any additional sheets, is correct.**   * **YES** | |

#### Section 2 - EDUCATION AND TRAINING

**Please give details of secondary & further / higher education starting with the most recent.**

**Add extra rows if required.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date**  **From To** | | **Educational establishment attended** | **Subjects studied** | **Qualifications/**  **certificates gained (including grade)** |
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| **Please give details of any other qualifications or training courses you have attended which you think may be relevant to this application.** |

**Section 3 - EMPLOYMENT**

**(Starting with your present / most recent employer)  
Please continue on another sheet/s if necessary, however please ensure they are attached securely to the main application form and that your name (surname and initial only) is clearly marked on each additional sheet.**

**Add extra rows if required.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date**  **From To** | | **Paid/**  **Unpaid** | **Employer** | **Job title and main responsibilities** | **Final salary & reason for leaving** |
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| **Notice Required by Current Employer:** |

**Section 4 – PERSONAL STATEMENT**

Please outline the experience, qualifications, knowledge, understanding, skills and abilities that you have, which are most relevant to this post. You should give examples and outline achievements that show how you meet the ‘Person Specification’ for this post. Important: Please DO NOT attach a Curriculum Vitae in place of this section as it will not be considered when short-listing applicants for interview. You may continue on another sheet/s as necessary (max 800 words).

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**Section 5 – GENERAL**

**Unspent Convictions**

You must complete this section.

|  |  |
| --- | --- |
| Yes |  |
| No |  |

Do you have any unspent convictions? If you have crossed yes, please provide details below.

All unspent convictions and admonishments must be disclosed.  Please provide details of any unspent convictions and admonishments here:-

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Court | Offence | Disposal |
|  |  |  |  |
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**Disability**

**The Equality Act 2010** definesa disabled person as a person with a disability. A person has a disability for the purposes of the Act if he or she has a physical or mental impairment and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. A long-term effect of impairment is one which has lasted at least 12 months or where the total period for which it lasts, from the time of the first onset, is likely to be at least 12 months.  The Act statesthat a person who has cancer, HIV infection or multiple sclerosis (MS) is a disabled person. This means that the person is protected by the Act effectively from the point of diagnosis.

Do you consider yourself to have a disability according to the above definition?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  | Prefer not to say |  |

**Section 6 – INTERVIEW**

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| We will be carrying out the interviews for this post in the **week commencing 9th November 2020**. |

**Guidance notes:**

* If you are successful at interview you may be asked to provide evidence of your qualifications, proof of your right to work in the United Kingdom and any other documentary evidence required for the post.
* **Please submit your application by email to** [**chris@thewelcoming.org**](mailto:chris@thewelcoming.org) **by Friday 23rd October 2020, 5pm.**