|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| acosvo-logo-with-straplineApplication Form | | | | | | OFFICE USE ONLY Short list:  Ref req:  Ref rec:  Interview: | |
| Thank you for your interest in the post we are currently recruiting for. Please complete this form and return by email to [office@acosvo.org.uk](mailto:office@acosvo.org.uk)  **The closing date for applications is 12pm on 17th May 2021.**  You should note that the Equal Opportunities Monitoring Form should be returned **unattached** to the rest of the form if sending by post. If returning by e-mail, this form will be detached upon receipt. Your answers to the equal opportunities questions will have no bearing whatsoever on our treatment of your application and will not be seen or divulged to the interview panel.  The following information will be treated in strict confidence.   |  | | --- | | **Privacy Statement** | | We will only use the information you supply to us on this form to process your application and to produce anonymised recruitment statistics. Personal information about unsuccessful candidates will be held for six months after the recruitment exercise has been completed and then destroyed.  If you are successful in your application to work for ACOSVO:  Following our job offer we will contact your employment references using the details you provide on this application form. We will compile a file relating to your employment. The information contained in this will be kept secure and will only be used for purposes directly relevant to your employment. Once your employment with ACOSVO has ended, we will retain the file in accordance with the requirements of our retention schedule and then delete it. | | | | | | | |
| Position applied for: | | **Senior Administrator** | | | | |
|  | | | | | | |
| PERSONAL | | | | | | |
| (Please complete this section in BLOCK CAPITALS) | | | | | | |
| Surname: |  | | First Name(s): | |  | |
| Address: |  | | | | | |
|  | | | | | | |
|  | | | | Postcode: | | |
|  | | | | | | |
| Daytime telephone: | | | Evening telephone: | | | |
| Mobile telephone: | | | E-mail: | | | |
|  | | | | | | |
| How much notice are you required to give to your current employer: | | | | | | |

**EDUCATION**

Please list examination passes achieved at school or in further education

|  |  |  |
| --- | --- | --- |
| Qualification / level | Subject | Grade |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

Please provide details of any higher education undertaken

|  |  |
| --- | --- |
| University or college | Degree or qualification obtained |
|  |  |
|  |  |
|  |  |

Please provide details of any professional qualifications held not listed above

|  |  |
| --- | --- |
| Qualification | Relevant body |
|  |  |
|  |  |
|  |  |

### EMPLOYMENT

Please give details of your past employment, including your present or last employer

|  |  |  |  |
| --- | --- | --- | --- |
| Present or last employer |  | | |
| Position held |  | | |
| Date employment started |  | Date employment ended |  |
| Key responsibilities of post and main achievements  Current salary and benefits package details | | | |
|  | | | |
| Employer |  | | |
| Position held |  | | |
| Date employment started |  | Date employment ended |  |
| Key responsibilities of post and main achievements | | | |
|  | | | |
| Employer |  | | |
| Position held |  | | |
| Date employment started |  | Date employment ended |  |
| Key responsibilities of post and main achievements | | | |
| Employer |  | | |
| Position held |  | | |
| Date employment started |  | Date employment ended |  |
| Key responsibilities of post and main achievements | | | |
|  | | | |
| Employer |  | | |
| Position held |  | | |
| Date employment started |  | Date employment ended |  |
| Key responsibilities of post and main achievements | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Employer |  | | |
| Position held |  | | |
| Date employment started |  | Date employment ended |  |
| Key responsibilities of post and main achievements | | | |

Please copy this sheet if required.

**EXPERIENCE,**

**PERSONAL CHARACTERISTICS AND COMPETENCIES**

The job description for the post you are applying for lists several essential and desirable experiences, personal characteristics and competencies. We would like you to demonstrate whether you satisfy these requirements. For each point, please provide evidence, based on your experience, showing how you meet the requirement.

You will find each point numbered in the person specification for this post. Please set out the detail of your answer alongside the relevant number below.

**Essential**

|  |  |
| --- | --- |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |
| **6** |  |
| **7** |  |
| **8** |  |
| **9** |  |
| **10** |  |
| **11** |  |

**Desirable**

|  |  |
| --- | --- |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |

**ADDITIONAL INFORMATION**

Please use this page to give details of any skills or experience that you have which are not detailed elsewhere and which you think are relevant to this job and help explain why you are applying for this post.

DECLARATION

I declare that the information given in this form is complete and accurate. If possible, please use an electronic signature if applying by e-mail.

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

**REFERENCES**

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

May we approach your current employer before an offer of employment is made? YES/NO

|  |  |
| --- | --- |
| Name: | Name: |
| Position: | Position: |
| Address: | Address: |
|  |  |
|  |  |
|  |  |
| Tel. No.: | Tel. No.: |
| E-mail: | E-mail: |

To apply by post, please sign and return this form by e-mail to [office@acosvo.org.uk](mailto:office@acosvo.org.uk)

**The closing date for all applications is 12pm on 17th May 2021.**

EQUAL OPPORTUNITIES MONITORING FORM

ACOSVO is an equal opportunities employer. We want to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

We would be grateful if you would complete this page of the application form and return it to us. **Please tick all the boxes which apply to you, and write in details where appropriate.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GENDER** | | |  | **RACE/ETHNIC ORIGIN** | | | | | |
| Male |  |  | White Scottish  Other British  Irish  Gypsy/Traveller  Other white ethnic group (please specify) | |  | |  | |
| Female |  |  |  | |
| Intersex |  |  |  | |
|  |  |  | |
| Non-binary |  |  | Mixed/multiple ethnic groupsAny mixed or multiple ethnic groups (please specify) | |  | |  | |
| **Prefer not to say** |  | Asian/Asian Scottish/Asian British Pakistani, Pakistani Scottish or Pakistani British  Indian, Indian Scottish or Indian British  Bangladeshi, Bangladeshi Scottish or Bangladeshi British  Chinese, Chinese Scottish or Chinese British Other (please specify) | |  | |
|  |  |  |
|  |  |
| If you prefer to use your own term, please specify here …………………… | |  |
|  | **African**  African, African Scottish or African British Other (please specify) | |  | |
|  | | | Caribbean or Black Caribbean, Caribbean Scottish or Caribbean British  Black, Black Scottish or Black British  Other (please specify) | |  | |
| **Other ethnic group**  Arab, Arab Scottish or Arab British | |  | |  | |
| **Other** (please specify) | |  | |  | |
|  | | |  | |  |  | | | |
| **AGE** | | | **SEXUAL ORIENTATION** | | | | |
| **16-19** |  |  | Heterosexual |  | | | |
| **20-29** |  | Homosexual |  | | | |
| **30-39** |  | Bisexual |  | | | |
| **40-49** |  | Transsexual |  | | | |
| **50-59** |  | Prefer not to say |  | | | |
| **60-64** |  | If you prefer to use your own term, please specify here …………………… | | | | |
| **65+** |  |
| DISABILITYDo you consider yourself to have a disability or health condition? | | | | | | | | |  | | |  | |
| **Yes** |  | If you answered Yes to this question, please give brief details below of any adjustments you would like us to make to our selection arrangements (including our interview location and facilities) as a result of your disability status. | | | | | | |
| **No** |  |
| **Prefer not to say** |  |  | | | | | | |
|  | | | | | | | | |  | | | |  | |
| For the purposes of compliance with the data protection act 1998, I hereby claim that by completing this form I give my consent to ACOSVO processing the data supplied on this form for the purposes of equal opportunity monitoring.  Signed: Name: Date: | | | | | | | | |