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| Application for the post of |  |

**Section A - About You**

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| --- | --- |
| **Last name:** |  |
| **Other names:** |  |
| **Home address:** |  |
|  |
|  |
|  |
| **Preferred telephone contact number:** |  |
| **Email address:** |  |

**Driving**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you hold a full current driving license (if applicable to the post)? | Yes |  |  | No |  |
| Do you have any endorsements? | Yes |  |  | No |  |
| If yes please give details: | | | | | |
|  | | | | | |

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| --- | --- | --- | --- | --- | --- |
| Have you ever been refused motor insurance? | Yes |  |  | No |  |

**Conflicts of Interest**

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| --- | --- | --- | --- | --- | --- |
| Do you know anyone who currently works at or is a Trustee of Salford CVS? | Yes |  |  | No |  |
| If yes, who is it and in what capacity do you know them? | | | | | |
|  | | | | | |

Salford CVS staff are not permitted to volunteer for voluntary, community or social enterprise organisations based and / or active in Salford. This is to ensure that we are seen as impartial as the local infrastructure organisation for the VCSE sector in Salford and that our staff do not encounter any prejudicial conflicts of interest.

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| Please confirm you are will resign any voluntary role should you be offered the position. | Yes |  |  | No |  |

**References**

Please give us the names and addresses of two people who are willing to give references, one of whom should normally be your current or most recent employer. Your referees will only be contacted if you are offered the post.

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| **Referee 1** | | **Referee 2** | |
| **Name:** |  | **Name:** |  |
| **Address:** |  | **Address:** |  |
| **Phone number:** |  | **Phone number:** |  |
| **Email:** |  | **Email:** |  |
| **Relationship to you:** |  | **Relationship to you:** |  |

**Rehabilitation of Offenders Act**

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| This post is exempt from the Rehabilitation of Offenders Act. Please list below any convictions, cautions or pending court cases, including dates and sentence awarded. If you have no convictions or pending cases, please simply write ‘none’ |
|  |

**Specific Arrangements**

Address In order to make sure that we comply with all our obligations under the Equalities Act 2010, please let us know if you think you need any specific arrangements for interview. We will contact you separately if you are shortlisted to make the necessary arrangements:

**I do/do not require any specific arrangements for interview** (delete as applicable)

**Important Declaration**

In signing this form, you understand that:

a) To the best of your knowledge, the information in this application is correct and that – if it is found to be untrue – Salford CVS may withdraw any job offer made to you or dismiss you from its employment without notice

b) Salford CVS may check your details with the Disclosure and Barring Service as part of its Child and Adult Protection Policy.

c) In certain circumstances, Salford CVS may wish to have fuller details of your health record, or require you to have a medical examination, as a condition of a job offer.

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| Signed: |  |  |  | |
|  |  |  |  |  |
| Name:  (block capitals) |  |  | Date |  |
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Thank you for completing the form. Please make sure we receive it by the closing date. We acknowledge receipt of email applications within 7 days, but you will only be contacted further if you have been shortlisted for interview. If you require a receipt for a post application, please include a self-addressed envelope with a 1st or 2nd class stamp and we will return this to you.

**Section B - Work History**

Please give details of the **complete** work experience that you have, this could be paid work, voluntary work, school placements, time caring for dependents, or other life experiences.

Please start with the most recent, providing dates and **explaining any gaps in employment**. These tables are a fixed size, please use additional sheets of paper if required.

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| --- | --- | --- | --- | --- |
| **Dates** | | **Employers name and address** | **Job title and main duties** | **Reason for Leaving** |
| **from** | **until** |
|  |  |  |  |  |

**Qualifications**

Please list below any qualifications you have which you think are **relevant** to the job. If you are shortlisted, you will be asked to provide original copies at interview of any qualifications you list on this form.

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| --- | --- | --- | --- |
| **Date** | **Course** | **Qualifications (with grade if appropriate)** | **Institution** |
|  |  |  |  |

**Training**

Please give us details of any **relevant** training or short courses that you have undertaken.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Course** | **Qualifications (with grade if appropriate)** | **Institution** |
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**How you meet what we are looking for**

Please read the guidance section, job description and person specification contained in the application pack and tell us how your skills, knowledge experience and qualities match the requirements of the **person specification,** please only address those elements which we are looking for you to address in the application stage.

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| **Person Specification** |
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**Salford CVS Standard Questions (ALL STAFF)**

*(Please delete as applicable)*

|  |  |  |
| --- | --- | --- |
| A | Able to work flexibly – including unsocial hours as required (early mornings, evenings and weekends) | Yes / No |
| B | Willingness to continue personal and professional development and to undertake relevant training identified with your line manager | Yes / No |
| C | Commitment to adhering to all of Salford CVS’ policies and procedures at all times, including Health & Safety and Equal Opportunities | Yes / No |
| D | Willingness to undertake any other duties as appropriate to the nature and grading of the post | Yes / No |

**Part C - Equal Opportunities Monitoring Form**

**Why are we asking for this information?** Salford CVS is committed to ensuring that our activities, follow good practice in equality and inclusion. The information from this form enables us to monitor the effectiveness of our equal opportunities practice and to ensure that we are open to all.   
  
Any information that you provide will remain anonymous.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sex** | | | | | | |
| Female | | |  | | Male |  |
| Prefer not to say | | |  | | Other (Please state) |  |
| **Gender** | | | | | | |
| **Is your gender identity the same as the gender you were assigned at birth?** | | | | | | |
| Yes |  | No |  | Prefer not to say | |  |

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| **Ethnicity** | | | |
| **White** | | **Black or Black British** | |
| White British |  | Caribbean |  |
| White Irish |  | African |  |
| White Gypsy or Irish Travellers |  | Other Black or Black British background  (*please state*) | |
| White European |  |
| Other White background  (*please state)* | |  |  |
| **Mixed Heritage** | | **Asian or Asian British** | |
| White/Black Caribbean |  | Indian |  |
| White/Black African |  | Pakistani |  |
| White/Asian |  | Bangladeshi |  |
| Other Mixed background |  | Chinese |  |
| Arab - North African/Middle Eastern/Western Asian |  | Other Asian background  (*please state*) | |
| Other Ethnic Background |  | Prefer not to say |  |

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| **Age** | | | |
| Under 18 |  | 45-54 |  |
| 18-24 |  | 55-64 |  |
| 25-34 |  | 65-74 |  |
| 35-44 |  | 75+ |  |

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| Prefer not to say |  |

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| **Sexual Orientation** | | | | |
| Heterosexual | |  | Lesbian |  |
| Bisexual | |  | Gay |  |
| Other | (Please state) | | Prefer not to say |  |

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| **Disability** | | | | | | | |
| The Equalities Act 2010 defines a disability as a ‘physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry our normal daily activities’.  **Do you consider yourself to have a disability? (please tick below)** | | | | | | | |
| Yes |  | No | | | |  | |
| Hearing Impairment |  | Communication Difficulty | | | |  | |
| Visual Impairment |  | Learning Difficulty | | | |  | |
| Multiple Impairment |  | Mobility Impairment | | | |  | |
| Mental Health condition |  | Prefer not to say | | | |  | |
| Other (Please state) |  |  | | | | | |
| Do you consider yourself to have a long-term health condition? Yes | | |  | No |  | |  |

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| **Religion** | | | |
| No religion |  | Muslim |  |
| Christian (all denominations) |  | Sikh |  |
| Buddhist |  | Any other religion |  |
| Hindu |  | Prefer not to say |  |
| Jewish |  |

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| **Dependents** | | | |
| **Do you look after a child as a parent, guardian or foster parent or help an adult to carry out their daily routine?** | | | |
| Yes |  | No |  |
| Carer of Children |  | Carer of Adults |  |

|  |  |
| --- | --- |
| Carer of both |  |

|  |  |  |  |
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| **Employment** | | | |
| Employed – Full Time |  | Unemployed |  |
| Employed – Part Time |  | Prefer not to say |  |
| Self Employed |  | Other (*please state below*) | |
| Retired |  |  | |
| In Education or Training |  |

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| **Advertising** |
| Please tell us where you saw the job advertised: |
|  |