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| **PERSONAL INFO**The information you provide will be treated as **CONFIDENTIAL** and will only be seen by members of the Brigstowe Project who are involved in appointing for this post.  |

Name:
Address:

Mobile Number:

Email Address:

Do you have the right to work in the UK? Yes  No 

DISABILITY

Do you have a disability that you would like to disclose?

[ ]  Yes. [ ] No

If yes, do you require any adjustments to attend an interview?

[ ]  Yes. [ ] No

If ‘yes’, please specify below any information you want to share about your disability and any adjustments to an interview that would be helpful:

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| **REFERENCES** |

Please list two professional references who are not related to you:

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| --- | --- | --- | --- |
| Full Name:  |       | Relationship:  |       |
| Company:  |       |
| Address:  |       |
| Email:  |       |
| Phone:  |      Mobile:        |
|  |
| Full Name:  |       | Relationship:  |       |
| Company:  |       |
| Address:  |       |
| Email:  |       |
| Phone:  |      Mobile:       |

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| **Rehabilitation of Offenders Act 1984** |

Owing to the nature of our work at Brigstowe, applicants are not entitled under the Rehabilitation of Offenders Act 1984 to withhold information about convictions, which for other purposes are ‘spent’ under the Act. You must disclose ALL criminal convictions, cautions, bind-overs or prosecutions pending on this form. Any failure to do so could result in your dismissal from Brigstowe. All information given will be treated in the strictest confidence. If you have no criminal convictions or cautions, please write ‘NONE’ below.

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| **Nature of Conviction**  | **Date**  |
|        |        |
|        |        |
|        |        |

**An enhanced DBS check is required for this post.**

Do you have one currently? Yes  No

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| **DISCLAIMER AND SIGNATURE** |

Applicants may be asked to verify stated qualifications and employment. A false declaration may invalidate any offer of employment.

I declare that the information given above and in any accompanying documentation is accurate and complete. If any of the statements are untrue or misleading I understand my employment may be terminated. I understand the need for mandatory checks (including an Enhanced Disclosure & Barring Service check) in relation to this employment application and give my consent to such checks being undertaken.

By completing and returning this form I understand that Brigstowe will store and process the data contained within it in accordance with the requirements of its Data Protection Policy and in keeping with the Data Protection Act 1998.

**Signed**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dated**       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Registered Charity No 1049945

Company Limited by Guarantee No 3107835

Legal Name: The Brigstowe Project