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| **Application Form** |  |

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| Title of post applied for: |  |

Before completing this form, please read the accompanying guidance notes. Please write clearly in black ink or type.

**Confidential**

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| **1. PERSONAL DETAILS** (BLOCK CAPITALS PLEASE)   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Surname: | |  | | | First Name or Initials: |  | | Former surnames if different: | |  | | | Preferred Name or Title (Optional): |  | | Address: | | | | | Tel No (home): |  | | Tel No (business): |  | |  | | | | | Tel No (mobile): |  | |  | | | | | Nat. Insurance No: |  | | Postcode | | |  | | Email address: |  | | Nationality: |  | | | If you are not a British passport holder or a European Citizen, or you do not have the permanent right to remain in the UK, you will require a work permit. | | | | Do you need a work permit to be employed in the UK? | | | Yes  No | If you already have a work permit, when does it expire?  (Please note that your current work permit may not be valid for this post.) | | | | Where did you see the post advertised? | | | |  | | | |

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| **2. EDUCATION AND PROFESSIONAL QUALIFICATIONS**  (Original documents as proof of qualification will be required at interview)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Secondary School / College / University | Dates | | Examinations taken | Date | Result | | From | To | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |

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| |  | | --- | | Professional Qualifications currently held: how obtained, grade and date |  |  | | --- | | Other relevant Educational or Training Courses, with dates | |

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| **3. PRESENT POST**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Title of Post: | |  | | | Salary/Grade: | |  | | Name of Employer: | |  | | | Business of Employer: | |  | | Address: | | | | | Date Commenced: | |  | | Date Ended (if applicable): | |  | |  | | | | |  | |  | |  | | |  | |  | |  | | Postcode |  | | | | | Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable): | | | | | | | | | Reason for leaving or wishing to leave: | | | |  | | | | | Period of notice required to terminate present employment: | | | | | |  | | |

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| **4. PREVIOUS EMPLOYMENT**  (Please use continuation sheet if necessary.)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Full Name and Address of Employers | Position held | Reason for leaving | Final grade/salary | DATES | | From/to: | |  |  |  |  |  | | Description of duties: | | | |  | |  | | | |  | |  |  |  |  |  | | Description of duties: | | | |  | |  | | | |  | |  |  |  |  |  | | Description of duties: | | | |  | |  | | | |  | |  |  |  |  |  | | Description of duties: | | | |  | |  | | | |  |   Has any of your previous work (paid or unpaid) involved working with children or young people or adults at risk? Please provide details. We will need to obtain a separate reference from an employer where you have previously worked with children. |

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| **5. RELEVANT SKILLS, ABILITIES, KNOWLEDGE, EXPERIENCE AND YOUR REASONS FOR APPLYING FOR THIS JOB** |

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| **6. OTHER INFORMATION**   |  |  |  |  | | --- | --- | --- | --- | | What activities outside work interest you? (State any positions held you consider relevant.) | | | | | Do you hold a current driving licence? | Yes  No | Do you have access to a car? | Yes  No |  |  |  | | --- | --- | | **Disabilities** | | | If selected for interview, do you require any special arrangements to be made on account of a disability? | Yes  No | | If “yes”, please give brief details of the effects of your disability on your day-to-day activities, and any other information that you feel would help us to accommodate your needs during your interview and fulfil our obligations under the Equality Act 2010: | |  |  |  | | --- | --- | | **Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975** | | | Have you any convictions that are not spent under Rehabilitation of Offenders Act? | Yes  No | | If Yes, please provide further details: [Spent convictions do not have to be declared] | | |

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| **7. REFERENCES**  Please give the details of **two** Employer references – see guidance sheet for further information. Offers of Employment are subject to receipt of 2 suitable references   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Referee 1** | | | **Referee 2** | | | Title (Mr, Mrs etc): |  | | Title (Mr, Mrs etc): |  | | Full Name: |  | | Full Name: |  | | Job Title: |  | | Job Title: |  | | Organisation: |  | | Organisation: |  | | Address: | | | Address: | | |  | | |  | | |  | |  |  | | | Tel No: |  | | Tel No: |  | | E-mail address: |  | | E-mail address: |  | | Please state what capacity they are known to you: | | | Please state what capacity they are known to you: | | |
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| **8. DECLARATION**   |  |  |  |  | | --- | --- | --- | --- | | I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating my employment. | | | | | Signature: |  | Date: |  | | Name: |  |  | | | The information provided by you on this form may be processed for purposes permitted by the General Data Protection Regulation (2018) . You have, on written request, the right of access to personal data held about you. The company treats personal data collected during the recruitment process in accordance with our Data Protection Policy. | | | | |

**Please return your Application Form to:**

**Gill Evans, Admin Officer**

**Carers’ Centre, The Woodlands, Lower Bristol Road, Bath BA2 9ES**

**or email to** [**gill.evans@banescarerscentre.org.uk**](mailto:gill.evans@banescarerscentre.org.uk)

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| **Diversity Monitoring Form CONFIDENTIAL** |  |

This information will be stored anonymously and confidentially.

|  |  |
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| Post applied for/Date: |  |
| Where did you hear about this position? |  |

Please answer the following questions by ticking the appropriate box.

**Gender** Which of the following best describes your gender?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Female |  | Male |  | Prefer not to say |  |
| Intersex |  | Non-binary |  |  |  |

If you prefer to use your own term, please provide this here:

……………………………………………………………………………………………..

**Trans status** Do you identify as trans?

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

**Disability** Do you consider yourself to be disabled?

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

**Sexual Orientation** Which of the following best describes your sexual orientation?

|  |  |  |  |
| --- | --- | --- | --- |
| Bi |  | Heterosexual/straight |  |
| Lesbian or gay |  | Prefer not to say |  |
| If you prefer to use your own term please specify here | | | |

**Age**

|  |  |
| --- | --- |
| 16 – 24 | 45 – 54 |
| 25 –34 | 55 – 65 |
| 35 –44 | 65 + |
| Prefer not to say |  |

**Ethnicity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White** | **Mixed/ multiple ethnic groups** | **Asian/**  **Asian British** | **Black/African/**  **Caribbean/**  **Black British** | **Other ethnic group** |
| English | White & Black Caribbean | Indian | African | Arab |
| Welsh | White & Black African | Pakistani | Caribbean | Prefer not to say |
| Scottish | White & Asian | Bangladeshi | Prefer not to say | Other |
| Northern Irish | Prefer not to say | Chinese | Other |  |
| Irish | Other | Prefer not to say |  |  |
| British |  | Other |  |  |
| Gypsy or Irish traveller |  |  |  |  |
| Prefer not to say |  |  |  |  |
| Other |  |  |  |  |

**Religion and Belief**

|  |  |  |  |
| --- | --- | --- | --- |
| Buddhist |  | Muslim |  |
| Christian |  | Non-religious |  |
| Hindu |  | Sikh |  |
| Jewish |  | Prefer not to say |  |
|  |  | Other |  |

**Caring responsibilities** If you have caring responsibilities, please tick all that apply.

|  |  |  |  |
| --- | --- | --- | --- |
| None |  | Primary carer of a child  children (under 18) |  |
| Primary carer of  an adult |  | Primary carer of an  older person |  |
| Secondary carer  (another person  carries out the  main caring role) |  | Prefer not to say |  |

Please return this form to   
**Gill Evans, Admin Officer, B&NES Carers Centre, The Woodlands, Lower Bristol Road, Bath BA2 9ES**

**or email to** [**gill.evans@banescarerscentre.org.uk**](mailto:gill.evans@banescarerscentre.org.uk)