**CONFIDENTIAL**

**Job application form**

|  |  |
| --- | --- |
| Position applied for: | Location: |
|  |  |

Please note that PARTS 1 and 8 will be detached from your application form upon receipt, and will not be seen by the short-listing panel.

**PART 1 – PERSONAL DETAILS**

Personal information will be treated in confidence and will not be made available for short-listing purposes.

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | Forename(s): | Surname: | Email: |
|  |  |  |  |
| Address: | Mobile number: |
|  |  |
| Work telephone number: |
|  |
| May we telephone you at work |
| Yes [ ]  | No [ ]  |
| NI number | Date of birth |
|  |  |

How did you hear about the vacancy?

[ ]  Local Newspaper

[ ]  Online (JobsToday.com/RotherhamAdvertiser.com)

[ ]  Company website

[ ]  Facebook

[ ]  Twitter

[ ]  Recruitment Agency

[ ]  Email

[ ]  Other (please specify) ……………………………………………………………………………………………………………………………………

**PART 2 – WORK EXPERIENCE**

This includes paid and voluntary work

Please give details of your present or most recent employment

|  |  |  |
| --- | --- | --- |
| Job title: | Date from: | Date to: |
|  |  |  |
| Employers name | Reason for leaving |
| Address | Notice period required (if currently employed) |
|  |
| Salary | Per |
| £ |  |
| Main duties/ responsibilities |
|  |

**Previous employment – 1**

|  |  |  |
| --- | --- | --- |
| Job title: | Date from: | Date to: |
|  |  |  |
| Employers name | Reason for leaving |
| Address |  |
|  | Salary | Per |
| £ |  |
| Main duties/ responsibilities |
|  |

**Previous employment – 2**

|  |  |  |
| --- | --- | --- |
| Job title: | Date from: | Date to: |
|  |  |  |
| Employers name | Reason for leaving |
| Address |  |
|  | Salary | Per |
| £ |  |
| Main duties/ responsibilities |
|  |

Please give details of any paid and voluntary work experience NOT listed above over the last ten years.

Please use additional paper if required.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job title | Employers name and address | Dates from/to | Duties | Reason for leaving |
|  |  |  |  |  |

**PART 3 – EDUCATION**

Please give details of any qualifications you have gained starting with the most recent.

If you are currently studying or awaiting qualification please indicate this in the space below.

**Most recent**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subject (inc. type e.g. BA, NVQ etc) | Course Provider | Grade attained | Date from | Date to |
|  |  |  |  |  |
| List any applicable skills or training | Still studying? |
|  | Yes [ ]  | No [ ]  |

**Previous education – 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subject (inc. type e.g. BA, NVQ etc) | Course Provider | Grade attained | Date from | Date to |
|  |  |  |  |  |
| List any applicable skills or training |
|  |

**Previous education – 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subject (inc. type e.g. BA, NVQ etc) | Course Provider | Grade attained | Date from | Date to |
|  |  |  |  |  |
| List any applicable skills or training |
|  |

If you have undertaken any kind of training relevant to the requirements of the job for which you are applying, please give details below.

Please use additional paper if required.

|  |  |  |
| --- | --- | --- |
| 1. Training title
 | Training Provider | Date(s) of course |
|  |  |  |
| Details of course |
|  |

|  |  |  |
| --- | --- | --- |
| 1. Training title
 | Training Provider | Date(s) of course |
|  |  |  |
| Details of course |
|  |

|  |  |  |
| --- | --- | --- |
| 1. Training title
 | Training Provider | Date(s) of course |
|  |  |  |
| Details of course |
|  |

**PART 4 – JOB SUITABILITY**

Please use this part of the form to describe how you meet the criteria for the job that are set out in the person specification. Make sure that you include all relevant skills and knowledge – this may have been gained from your current or previous jobs, from voluntary work or from working in the home or in the community.

Give specific examples wherever possible. Consider all the relevant skills and knowledge you have and make sure you tell us about it.

Please use additional paper if required.

|  |
| --- |
|  |

**PART 5 – CRIMINAL OFFENCES**

|  |  |
| --- | --- |
| Have you ever been convicted of a criminal offence? | Do you have any unspent criminal convictions? |
| Yes [ ]  | No [ ]  | Yes [ ]  | No [ ]  |
| *(Declaration subject to the provisions of the Rehabilitation of Offenders Act 1974)* |
| If you answered yes to either of the above, please give details: |
|  |

**PART 6 – REFERENCES**

Please give names and addresses of two referees to whom we may apply for references. One should be your current employer and where applicable the second referee should also have been your employer. These referees must be able to comment on your ability to meet the demands of the job for which you are applying

|  |  |
| --- | --- |
| **Referee 1 (current employer):** | **Referee 2** |
| Name: | Name: |
|  |  |
| Job Title: | Job Title: |
|  |  |
| Address: | Address: |
|  |  |
| Tel. Number: | Tel, Number: |
|  |  |
| Email address: | Email address: |
|  |  |
| Relationship to you: | Relationship to you: |
|  |  |
| May we contact your referee prior to your interview? | May we contact your referee prior to your interview? |
| Yes [ ]  | No [ ]  | Yes [ ]  | No [ ]  |

**PART 7 – DECLARATION**

|  |  |  |
| --- | --- | --- |
| Are you related to any staff or board members of YWCA Yorkshire | Yes [ ]  | No [ ]  |
| If so, please give details: |
|  |

*I declare that to the best of my knowledge the information on this form is true and complete. I understand that any wilful mis-statement or omission may render an offer of employment invalid and lead to termination of employment.*

|  |  |
| --- | --- |
| Signed: | Date: |
|  |  |

YWCA Yorkshire is registered with the Information Commissioner in accordance with the Data Protection Act 1988. We endeavour to collect only the information that is required to enable us to make an informed decision on the suitability of the applicant. All information is treated in confidence and stored securely. YWCA Yorkshire is the trading name of Sheffield YWCA. Sheffield YWCA is a charity, a company limited by guarantee and an independent satellite of the YWCA of Great Britain. Company No. 3866756. Charity No. 1080111

**PART 8 – MONITORING**

Responses will be treated in the strictest confidence and will be separated from your application form upon receipt. No information will be used in the appointment process.

Please provide the following personal details by placing an X in the appropriate box.

1. **Ethnic Origin**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| White (British) [ ]  | White (Irish) [ ]  | White (Other) [ ]  | Black (African) [ ]  | Black (Caribbean) [ ]  |
| Black (Other) [ ]  | Asian (Indian) [ ]  | Asian (Pakistani) [ ]  | Asian (Bangladeshi) [ ]  | Asian (Other) [ ]  |
| Mixed (White/ Black Caribbean) [ ]  | Mixed (White/Black African) [ ]  | Mixed (White/Asian) [ ]  |
| Mixed (White/Other) [ ]  | Chinese [ ]  | Other (please describe) [ ]  |

1. **Disability**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself to be a disabled person? | Yes [ ]  | No [ ]  |
| Are you registered blind? | Yes [ ]  | No [ ]  |
| Are you registered as disabled? | Yes [ ]  | No [ ]  |

If you have answered yes to any of the above questions, please tick the box(es) alongside any of the statements below that you feel apply to you:

|  |  |
| --- | --- |
| I am a person with dyslexia | [ ]  |
| I am blind/ visually impaired | [ ]  |
| I am deaf/ hearing impaired | [ ]  |
| I am a wheelchair user/ have mobility impairment | [ ]  |
| I need personal assistance/ support at work | [ ]  |
| I am a mental health system user | [ ]  |
| I have an unseen disability (e.g. diabetes, epilepsy, asthma) | [ ]  |
| I am a person with learning difficulties | [ ]  |
| I have a disability not listed above | [ ]  |

1. **Sex**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male [ ]  | Female [ ]  | Transgender [ ]  | Other [ ]  | Not Specified [ ]  |

1. **Marital Status**

|  |  |
| --- | --- |
| Married [ ]  | Not Married [ ]  |

1. **Age**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 16 – 19 [ ]  | 20 – 29 [ ]  | 30 – 39 [ ]  | 40 – 49 [ ]  | 50 – 59 [ ]  |
| 60 + [ ]  |  |  |  |  |

1. **Sexual Orientation**

|  |  |  |  |
| --- | --- | --- | --- |
| Heterosexual [ ]  | Lesbian [ ]  | Gay [ ]  | Bisexual [ ]  |

1. **Carer**

|  |  |  |
| --- | --- | --- |
| Would you describe yourself as a carer i.e. someone who has a commitment to care for another e.g. child or relative? | Yes [ ]  | No [ ]  |

**NOTES**

1. Ethnic origin – Whilst we appreciate that some people, including those of mixed race, may not be happy with the classifications used, we have used those currently recommended by the Commission for Racial Equality.
2. Disability – To monitor our compliance with the Disabled Persons Acts.
3. Sex – This is as recommended by the Equal Opportunities Commission
4. To monitor under Marital status – the Sex Discrimination Acts.
5. Age – We are committed not to discriminate on the grounds of age. We need to monitor this commitment.
6. Sexual Orientation – We appreciate that some people may find the question to be an extremely personal one and would therefore re-iterate that you are under no obligation to answer it.
7. Carer – We are committed not to discriminate against those with a commitment as a Carer. We need to monitor this commitment.