

FOR OFFICE USE ONLY

|  |
| --- |
| Appl. No: |
| Closing Date: |
|  |

S/List: Yes/NO Refs. Rec’d: Yes/No

Int. Date: Offered: Yes/No

Int. Time: Accepted: Yes/No

Qualifications Certificates Seen –Yes 🗆

**Please complete in black ink**

|  |  |
| --- | --- |
| **Application for the post of**: | |
| **Location:** |  |

### EMPLOYMENT DETAILS

## Present Job(s) (or last job if not currently employed)

*(To include main and any regular secondary employment)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates employed | Employer | Job Title | Salary | No. of HoursWorked Each Week |
|  |  |  |  |  |
| Describe the main duties and responsibilities of your current or most recent job(s) below | | | | |
|  | | | | |
| State reason for leaving (if appropriate) | | | | |
| Period of notice required or earliest date on which you could take up appointment? | | | | |

***PREVIOUS EMPLOYMENT***

**Job History Prior to Above (starting with the most recent), please give reasons for gaps in employment of six months or more** (Please continue on separate sheet if necessary)

| From | To | Employer | Job title | Reason for Leaving |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

***QUALIFICATIONS ACHIEVED***

|  |  |
| --- | --- |
| NOTE: | The originals of your Qualification Certificates will be required for inspection either at interview or before confirmation of appointment |

| Examination taken | School, College, University etc. | Grade | Date obtained |
| --- | --- | --- | --- |
|  |  |  |  |

***JOB RELATED TRAINING COURSES IN THE LAST FIVE YEARS***

| Course Details |
| --- |
|  |

***Current Membership of professional bodies***

| Institute/Body | Grade | By Examination/election |
| --- | --- | --- |
|  |  |  |

***Relevant experience***

| Please use the space below (and extra sheets if necessary) to explain why you are applying for this job and how your experience (whether paid or unpaid) and personal qualities and skills help to make you a suitable candidate. IMPORTANT: If you enclose extra sheets in support of your application you must not include your name, but you should include the application number from the front of this form. |
| --- |
|  |

***OUTSIDE INTERESTS AND HOBBIES ETC***

|  |
| --- |
|  |

***OTHER INFORMATION***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **REFERENCES:** Please give the names of two referees who have agreed to give references and who have knowledge of your work, character and integrity. Ideally, both referees should be senior persons, one from your present employer and the other from your most previous employer. In the case of applicants leaving full time education, or not having worked since doing so, the head of School, College, University, etc should be named as one of the referees.  If you are invited to interview, may we approach your Referee 1 Referee 2  Referees without further reference to you? YES /NO YES/NO | | | | | |
| **1.** | **NAME:** | | **2.** | **NAME:** | |
|  | **POSITION:** | |  | **POSITION** | |
|  | **ADDRESS:** | |  | **ADDRESS:** | |
|  |  | |  |  | |
|  |  | |  |  | |
|  |  | |  |  | |
|  | **Post Code:** |  |  | **Post Code:** |  |
|  | **Tel.code/no** |  |  | **Tel.code/no** |  |
|  | In what capacity do you know the above? | |  | In what capacity do you know the above? | |
|  |  | |  |  | |

|  |
| --- |
| **INTERVIEW DATES** – Please give any dates within the next 2 months when you will not be available for interview |

|  |  |
| --- | --- |
| **THIS FORM SHOULD BE RETURNED TO:** | Gloucestershire Young Carers  7 Twigworth Court Business Centre,  Twigworth, Gloucester  GL2 9PG  By email: [mail@glosyoungcarers.org.uk](mailto:mail@glosyoungcarers.org.uk) |

|  |
| --- |
| 🔒 **GDPR and DATA PROTECTION ACT 2018** – The information supplied on this Form is being collected as part of the Organisation’s recruitment and selection procedures. If you are successful with your application the information will also be used for the determination and payment of salary and to produce a written Statement of Particulars. When you complete this Form you are giving your consent to the Organisation to hold and use personal information for these purposes. The information you provide may also be disclosed to relevant statutory bodies. The application forms of unsuccessful candidates will be retained for six months, after which time they will be destroyed by on site confidential shredding. |



FOR OFFICE USE ONLY

|  |
| --- |
| Appl. No: |
| Closing Date: |
| Post Ref No: |

S/List: Yes/NO Refs. Rec’d: Yes/No

Int. Date: Offered: Yes/No

Int. Time: Accepted: Yes/No

Qualifications Certificates Seen –Yes 🗆

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Recruitment information  All recruitment is based on merit and suitability for the job. Our standards are high and we will make a judgement on such factors as your experience, qualifications and/or other achievements. | | | | | | | | | | | | | | | | |
| IMPORTANT: this section must be completed | | | | | | | | | | | | | (IN bLOCK CAPITALS PLEASE) | | | |
| **Title:** | | | **MR/MRS/MISS/MS** *(please delete where appropriate)* **Other:** | | | | | | | | | | |  | | |
| surname: | | |  | | | | | | | | | | | | |  |
| **Previous Surname(s)** (If any)**:** | | |  | | | | | | | | | | | | |  |
| **Forenames:** | | |  | | | | | | | | | | | | |  |
| **Address:** | | |  | | | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | | | |  |
|  | | |  | | | | | | **Post code:** | | | | | | | |
| **e-mail address:** | | |  | | | | | | | | | | | | |  |
| **Tel** (Code/No.)**:** | | | **home:** | |  | | | | | |  | | | | |  |
|  | | | **Work:** | |  | | | | | | May we contact  you at work? | | | | | YES/NO |
|  | | |  | |  | | | | | |  | | | | |  |
| **IMMIGRATION (RESTRICTIONS ON EMPLOYMENT) ORDER 2004**  If you are not an existing employee of the Gloucestershire Young Carers and you are offered this job, confirmation of appointment will be subject to you providing documentary evidence to confirm that you are eligible to live and work in the United Kingdom. A full list of approved documents deemed acceptable for this purpose is held by us and will be issued to you at the time of the job offer. | | | | | | | | | | | | | | | | |
| How did you become aware of this job – if through an advertisement, in which publication/Website? | | | | | | | | | | | | | | | | |
| Male |  | Female | |  | | (please tick) |  | Age | |  | | D.O.B. | | |  | |

**Please complete in black ink**

|  |  |
| --- | --- |
| CRIMINAL CONVICTIONS | |
| Do you have a criminal conviction which is not “spent”, as defined by the  Rehabilitation of Offenders Act 1974? | YES/NO |
| A conviction is not necessarily a bar to employment with us, but if you have answered ‘YES’ you will, if short listed for interview, be invited to discuss your conviction with the Selection Panel.  Appointments will be subject to the checking procedures undertaken by Disclosure Barring Service before confirmation of an offer of appointment. The procedures relating to this will be explained to successful candidates. | |
|  |  |
| Please note that the ORGANISATION operates a no smoking policy | |
|  | |
| DECLARATION  I certify that the information given by me on this Application Form is true to the best of my knowledge and I understand that if I am appointed and such information is subsequently found to be materially incorrect, the Organisation will be entitled to terminate my employment without notice.  Signed: Date: | |
| PLEASE NOW ENSURE THAT YOU COMPLETE ALL THE APPLICATION FORM | |

## 

|  |  |  |  |
| --- | --- | --- | --- |
| EQUAL OPPORTUNITIES IN EMPLOYMENT To measure the effectiveness of its equal opportunities policies, the Gloucestershire Young Carers needs to monitor its recruitment process. You are asked, as a candidate for appointment, to complete this part of the application form so that we can monitor whether we are, in fact, receiving applications from all sections of the community and also to assist us in checking that candidates receive fair and equal treatment at all stages. **Please be assured that this sheet will be separated from the rest of the application form immediately on receipt and before the selection of candidates for interview takes place.** | | | |
| If you have a disability, please tick the box: All short listed candidates will be invited to advise us if they have a disability and whether they require specific arrangements to be made when called for interview. | | | |
|  | | | |
| What is your ethnic group?  * Choose one section from (a) to (e) then tick the appropriate box to indicate your cultural background: | | | |
| **(a)** | White | **(d)** | Black or Black British |
| 🞎 | British | 🞎 | Caribbean |
| 🞎 | Irish | 🞎 | African |
| 🞎 | Any other White background Please write in below | 🞎 | Any other Black background *Please write in below* |
| **(b)** | Mixed | **(e)** | Chinese or Other ethnic group |
| 🞎 | White and Black Caribbean | 🞎 | Chinese |
| 🞎 | White and Black African | 🞎 | Any other ethnic groupPlease write in below |
| 🞎 | Any other mixed backgroundPlease write in below |  |
| **(c)** | Asian or Asian British | 🞎 | Not Disclosed |
| 🞎 | Indian |  |  |
| 🞎 | Pakistani |  |  |
| 🞎 | Bangladeshi |  |  |
| 🞎 | Any other Asian background  *Please write in below* |  |  |