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| **APPLICATION FORM** |

**St Wilfrid’s Centre and Hallam Diocese are committed to safeguarding and promoting the welfare of vulnerable adults and expect all staff and volunteers to share this commitment.**

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| **Vacancy Details** |
| Job Title: |  |
| Job reference number: |  |
| Location: | St Wilfrid’s Centre |
| **Advertising origin** |
| Where did you hear about this vacancy? |  |

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| **Personal Details** |
| Title: |  |
| First name(s): |  |
| Last name: |  |
| Previous Name (s): |  |
| Address: |  |
| Postcode: |  |
| Contact Number: |  |
| Email address: |  |
| National Insurance Number: |  |

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| **PREVIOUS EXPERIENCE** |

Please list all jobs held, starting with the most recent

**There should be no gaps in your employment and education history. Please indicate where you were and the dates of any gaps you may have.**

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| **Current or Most Recent Post** |
| Name of employer: |  |
| Job Title: |  |
| Salary: |  |
| Date from (dd/mm/yyyy): |  |
| Date to (dd/mm/yyyy) (if applicable): |  |
| Period of notice required (if applicable): |  |
| Reason for leaving: |  |
| Please provide brief details of duties and responsibilities: |  |

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| **Employment History**  |
| Job Title: | Name and Address of employer: | Tel Number: | Date from – Date to (dd/mm/yyyy) | Reason for leaving |
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If there are any periods of time that have not been accounted for, for instance, periods of travel, or caring for others please give details of them here with dates. The information provided must provide a complete chronology from the age of 16; please ensure that there are no gaps in the history of your employment and other experience.

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| **EDUCATION AND TRAINING** |

Apart from giving details of formal education and qualifications, mention any short/non-qualification courses that you may have attended to improve your knowledge and skills, if they are relevant to the job you are applying for. Successful applicants will be required to provide proof of qualifications.

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| EDUCATION (formal qualifications) |
| School/ College / University | Qualification/Result/Grade | Date Obtained |
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| Relevant Training |
| Date | Course Title | Organising Body |
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| **SUPPORTING INFORMATION** |

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| **Skills, Knowledge and Experience** |
| This section of the application form is very important, as this is where you demonstrate your suitability for the job. Read through the job description to get a clear view of what the job involves. The person specification describes the necessary skills, experience and qualifications we are looking for. Pay particular attention to those areas on the person specification described as essential. Make sure that you tell us how you match the requirements of the job and why you would like to work at St Wilfrid’s Centre. Ensure that the information you provide is well organised and relevant.

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| **Eligibility to work in the UK** |
| Current legislation means that it is a criminal offence to employ a person who is subject to immigration control, unless he or she has documentary proof showing an entitlement to work in the UK. If selected for interview you will be asked to provide proof of your work entitlements. |
| Do you have an entitlement to work in the UK? **YES [ ]  NO [ ]**  |

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| Dismissed |
| Have you ever been dismissed from any employment for any reasons other than redundancy? YES [ ]  NO [ ] If YES please give details, including dates, reasons and employer.  |
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| REHABILITATION OF OFFENDERS |

This post involves working with vulnerable adults or is a position of trust and is, therefore, exempt from the provisions of the Rehabilitation of Offenders Act 1974. You must, therefore, disclose details of cautions, bind-overs, reprimands, final warnings and convictions, including ‘spent or subject to sanctions imposed by a regulatory body***.*** Any failure to disclose such information could result in dismissal or disciplinary action by the organisation. Please note that a criminal record will not necessarily be a bar to obtaining a position.

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| **Declaration** |
| Have you at any time received, or do you have pending, a caution, bind-over, reprimand, final warning, conviction or other relevant information? | Yes [ ]  No [ ]  |

If yes, please state;

Do you have any previous offences/s? If so please give details

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| Nature of Offence/s (i.e. Conviction, caution, bind–over, reprimand, warning or allegation) | Offence/s | Date of Offence/s | Disposal (if known) |
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| **REFERENCES** |

Please provide the names and contact details of **at least** two referees who can comment on your suitability for this position. One should be your current or most recent employer.

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| **Current or most recent employer** |
| Referee name: |  |
| Job title (if applicable): |  |
| Organisation: |  |
| Address: |  |
| Postcode: |  |
| Contact Number: |  |
| Email address: |  |
| In what capacity do you know the referee? |  |
| Are you related to, or the partner of this referee: |  |

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| **Previous Employer** |
| Referee name: |  |
| Job title (if applicable): |  |
| Organisation: |  |
| Address: |  |
| Postcode: |  |
| Contact Number: |  |
| Email address: |  |
| In what capacity do you know the referee? |  |
| Are you related to, or the partner of this referee: |  |

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| I confirm that the information contained in this application is correct, I understand that my application may be rejected or that I may be dismissed without notice for withholding, or giving false information. I also give my consent to the processing of data contained or referred to in this application in accordance with the Data protection Act 1998 and subsequent legislation.  |
| Signed: |  |
| Date: |  |

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| **Previous Employer** |
| Referee name: |  |
| Job title (if applicable): |  |
| Organisation: |  |
| Address: |  |
| Postcode: |  |
| Contact Number: |  |
| Email address: |  |
| In what capacity do you know the referee? |  |
| Are you related to, or the partner of this referee: |  |

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| **Disclosure** |

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| **EQUAL OPPORTUNITIES MONITORING** |

It is the Diocese and Centre’s policy to ensure that all appointments are made on merit. To help us monitor this, please provide the details below. This part of the form is for monitoring purposes only. The details supplied by you on this form are confidential but will form part of the personnel record of the successful candidate.

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| **Personal Details** |
| Title: |  |
| First name(s): |  |
| Last name: |  |
| Previous Name (s): |  |
| Date of Birth: |  |

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| **Gender** |
| Male [ ]  Female [ ] Is your gender identity the same as the gender you were assigned at birth?Yes [ ]  No [ ]   |

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| **Ethnic Origin** |
| **White** | British | [ ]  |
|  | Irish | [ ]  |
| Traveller of Irish Heritage | [ ]  |
| Gypsy/Roma | [ ]  |
| Polish | [ ]  |
| Other White European | [ ]  |
| Other White | [ ]  |
| **Mixed** | White and Black Caribbean | [ ]  |
|  | White and Black African | [ ]  |
| White and Indian | [ ]  |
| White and Pakistani | [ ]  |
| White and Bangladeshi | [ ]  |
| Other mixed | [ ]  |
| **Asian or Asian British** | Indian | [ ]  |
|  | Pakistani | [ ]  |
| Bangladeshi | [ ]  |
| Kashmiri | [ ]  |
| Other Asian | [ ]  |
| **Black or Black British** | Caribbean | [ ]  |
|  | African | [ ]  |
| British | [ ]  |
| Somali | [ ]  |
| Other black | [ ]  |
| **Chinese or other** | Chinese | [ ]  |
|  | Other ethnic group | [ ]  |
| Unknown | [ ]  |

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|  **Disability**  |
| The Disability Discrimination Act defines a disabled person as someone with a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities. (ie. Has lasted or is expected to last over 12 months)Do you consider yourself to be disabled according to this definition? Yes [ ]  No [ ] If you answered yes, how would you define this impairment? |
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| Please specify any arrangements we can make to assist you if you are invited for interview/assessment. |
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| **Religion/Belief** |
| Buddhist | [ ]  | Muslim | [ ]  |
| Christian | [ ]  | Sikh | [ ]  |
| Hindu | [ ]  | Other | [ ]  |
| Jewish | [ ]  | No Religion | [ ]  |

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| **Sexual Orientation** |
| Bisexual  | [ ]  | Gay man | [ ]  |
| Heterosexual/Straight | [ ]  | Gay Woman/Lesbian | [ ]  |

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| **Caring Responsibilities** |
| Is there anyone who relies upon you for care and attention AND that you assist with their daily routine?Yes [ ]  No [ ] If yes, please indicate who you provide such care for?Adults (18 over) [ ]  Children [ ]  |