**APPLICATION PACK - NOTES TO APPLICANTS**

Thank you for your interest in Bassetlaw Action Centre. We are a community resource agency offering help and support to individuals and organisations throughout Bassetlaw; promoting the independence of older and vulnerable people and supporting individuals with long-term conditions.

Please complete all sections of the application form in full and enclose a covering letter in your own handwriting stating what attracted you to the post.

Completed applications should be sent by post or email using the details above and marked as confidential.

Please note that CVs or incomplete applications will not be accepted.

All positions require the provision of two satisfactory references and the completion of an enhanced Disclosure and Barring Service (DBS) check.

Bassetlaw Action Centre wholeheartedly supports the principles of equal opportunities in employment and training and opposes all forms of unlawful or unfair discrimination on the grounds of Age, Disability, Gender Reassignment, Marriage & Civil Partnership, Pregnancy & Maternity, Race, Religion or Belief (including lack of belief), Gender and Sexual Orientation.

Information on this form may be held on computer. Strict confidentiality will be observed and disclosures will only be made for payroll and personnel administration purposes.

Please note that this application pack contains six pages, including this page.

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| **APPLICATION FOR THE POST OF** | | | | | |  | | | | | | | | |
| **PERSONAL DETAILS –** c**omplete in block capitals** | | | | | | | | | | | | | | |
| Title by which you wish to be referred | | | Mr  Mrs  Miss  Other: | | | | | | | | | | | |
| Surname | | |  | | | | | | | | | | | |
| First Name(s) | | |  | | | | | | | | | | | |
| Full Address | | |  | | | | | | | | | | | |
| Daytime Telephone  Number | | | Home  Work | | | | | | | | | | | |
| Mobile Telephone Number | | |  | | | | | | | | | | | |
| Email Address | | |  | | | | | | | | | | | |
| National Insurance Number | | |  | | | | | | | | | | | |
| **EDUCATION/TRAINING/QUALIFICATIONS** | | | | | | | | | | | | | | |
| From | To | School/College/University/Other | | | | | Full/Part-Time/ Correspondence etc. | | | Qualifications | | | Grade | Date |
|  |  |  | | | | |  | | |  | | |  |  |
| **RELEVANT NON QUALIFICATION COURSES ATTENDED** | | | | | | | | | | | | | | |
| Organising Body | | | | | | | Course Details | | | | | | From | To |
|  | | | | | | |  | | | | | |  |  |
| **PRESENT EMPLOYER OR MOST RECENT EMPLOYER**  **(if currently unemployed state “UNEMPLOYED”)** | | | | | | | | | | | | | | |
| Name and Address:  Postcode: | | | | | | | | | | | | | | |
| Job Title | | | |  | | | Grade/Salary | | | |  | | | |
| Date of Appointment | | | |  | | | Responsible to | | | |  | | | |
| Date of Leaving  (if applicable) | | | |  | | | Notice Required  (if applicable) | | | |  | | | |
| Reason for seeking other employment | | | |  | | | | | | | | | | |
| Brief description of duties:    (continue on separate sheet if necessary) | | | | | | | | | | | | | | |
| **PREVIOUS EMPLOYMENT**  (Starting with most recent – continue on separate sheet if necessary) | | | | | | | | | | | | | | |
| Employer | | Job Title | | | Grade/Salary | | From | | To | | | Reason for leaving | | |
|  | |  | | |  | |  | |  | | |  | | |
| **OTHER TYPES OF WORK/VOLUNTARY EXPERIENCE** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION**  **(Continue on a separate sheet if necessary)** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **OUTSIDE HOBBIES/INTERESTS** | | | | | | | | | | | | | | |
| Please give brief details: | | | | | | | | | | | | | | |
| **AVAILABILITY FOR WORK – HOME SUPPORT WORKER POST ONLY** | | | | | | | | | | | | | | |
| Please give brief details of the hours per week required and your availability to work:  Available to work: Monday Tuesday Wednesday Thursday Friday Weekends | | | | | | | | | | | | | | |
| **SPECIAL REQUIREMENTS FOR INTERVIEW** | | | | | | | | | | | | | | |
| Do you require any adjustments to enable you to attend an interview or take up any position offered? Yes  No  If Yes, please provide details: | | | | | | | | | | | | | | |
| **REFEREES** | | | | | | | | | | | | | | |
| Please give full, clear details below of two referees, one of which should be your present or most recent employer. If shortlisted references will automatically be taken up unless otherwise indicated. | | | | | | | | | | | | | | |
| Name: | | | | | | | | Name: | | | | | | |
| Position held by referee: | | | | | | | | Position held by referee: | | | | | | |
| Name and Address of organisation: | | | | | | | | Name and Address of organisation: | | | | | | |
| Telephone Number: | | | | | | | | Telephone No: | | | | | | |
| Email Address: (Please print clearly) | | | | | | | | Email Address: (Please print clearly) | | | | | | |
| May references be taken up without further approval: Yes  No | | | | | | | | | | | | | | |
| **MISCELLANEOUS** | | | | | | | | | | | | | | |
| Do you hold a current full driving licence? Yes  No | | | | | | | | | | | | | | |
| Do you have regular use of a vehicle? Yes  No | | | | | | | | | | | | | | |
| Where did you see the advertisement for this vacancy? | | | | | | | | | | | | | | |
| **DECLARATION** | | | | | | | | | | | | | | |
| I understand that employment cannot be offered until two references have been obtained, one of which should be from my previous employer. I understand that all employees are subject to a satisfactory enhanced DBS check and that if I leave within 6 months of the check I may be liable to refund the cost. In order to complete the DBS check I will declare upon request any convictions, cautions, reprimands and final warnings. I understand I will need to supply three pieces of identification, along with five years address history and any changes of name since birth.  I confirm that I have a legal right to work in the UK and if this application is successful, I undertake to produce appropriate documentary evidence to prove this, prior to commencing work with Bassetlaw Action Centre.  I certify that to the best of my knowledge the information given on this form is correct and acknowledge that any false statement could result in employment being withdrawn. | | | | | | | | | | | | | | |

Signature:       Date:

**PLEASE NOTE:** To ensure a prompt consideration, please ensure this form is returned to: **Bassetlaw Action Centre, Canal Street, Retford, Nottinghamshire, DN22 6EZ.**

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| **EQUALITY AND DIVERSITY MONITORING FORM** |
| Bassetlaw Action Centre wholeheartedly supports the principles of equal opportunities in employment and training and opposes all forms of unlawful or unfair discrimination on the grounds of Age, Disability, Gender Reassignment, Marriage & Civil Partnership, Pregnancy & Maternity, Race, Religion or Belief (including lack of belief), Gender and Sexual Orientation.  We believe it is in Bassetlaw Action Centre’s best interest, and those of all who work in it to ensure that the human resources, talents and skills available throughout the community are considered when employment and training opportunities arise. To this end, within the framework of the law, we are committed, wherever possible and practicable, to achieving and maintaining a workforce, which broadly reflects the local community in which we operate.  Every possible step will be taken to ensure that individuals are treated fairly, and that decisions on recruitment, selection and training, promotion and career management are based solely on objective and job related criteria.  **This part of the application form will NOT be used to shortlist candidates for interview.** |
| **MONITORING INFORMATION** |
| FULL NAME: |
| DATE OF BIRTH: |
| MARITAL STATUS: |
| SEX: Male  Female  Other  Prefer not to say |
| IS YOUR GENDER THE SAME AS AT BIRTH? Yes  No  Prefer not to say |
| SEXUALITY: Bisexual  Gay man  Heterosexual  Lesbian woman  Not Disclosed |
| RELIGION (please state): |
| ETHNICITY: White Asian/British Mixed/Multiple ethnic group  Black/African/Caribbean/Black British  I’d prefer not to identify  Other ethnic group |
| DO YOU HAVE A LONG TERM CONDITION? Yes  No  Don’t know  Prefer not to say |
| DO YOU CONSIDER YOURSELF DISABLED? YES  NO |
| ARE YOU A CARER? YES  NO |
| ARE YOU A VETERAN? YES  NO |
| ARE YOU AN ASYLUM SEEKER? YES  NO |
| DO YOU HAVE ACCESS TO INTERNET: Yes  No |
| HOW DO YOU ACCESS THE INTERNET: Laptop  Computer  Tablet Smartphone |