**Application Form**

**Hope Church Intergenerational Worker**

***Private and Confidential***

*Please complete ALL sections in type or black ink and use only A4 size paper as continuation sheets as required.*

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| Job Details | | | |
| Post applied for: | Hope Church Intergenerational Worker | | |
| Personal Details | | | |
| Family Name: | | Forename(s): | |
| Preferred title (eg Mr/Mrs/Miss/Ms/Dr/Other): | | | |
| Address: | | | |
| Telephone numbers  Home: | | Mobile:  Work: | |
| Personal email: | | | |
| **Asylum and Immigration Act 1996.**  **It is a criminal offence to employ persons whose immigration status prevents them from working in the United Kingdom. Prior to appointment, you will be required to provide evidence of a passport or other documents on the approved list to satisfy Hope Church that the Asylum and Immigration Act 1996 is being complied with.** | | | |
| Do you require a work permit to work in the UK? | | | Yes/No |

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| References *A minimum of two references is required and we would prefer them to be your most recent employer, if you are in employment and from your Church Minister or Member of the Church Leadership team. References will not be taken up without your prior agreement.* | |
| Name: | Name: |
| Job Title: | Job Title: |
| Name of Organisation: | Name of Organisation: |
| Address: | Address: |
| Tel No: | Tel No: |
| Email: | Email: |
| How long have you known this person and in what capacity? | How long have you known this person and in what capacity? |
| Are you happy for us to contact this referee prior to interview? Yes/No (please indicate) | Are you happy for us to contact this referee prior to interview? Yes/No (please indicate) |

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| Education & QualificationsPlease give details of all educational qualifications obtained and those currently being pursued | | | |
| Name of School, College, University, etc | Dates attended  From/to | Subjects studied / Qualifications worked towards | Grades and year obtained |
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| Present or Most Recent Employment | |
| Name & Address of employer | |
| Job Title: | Dates employed: |
| Current or final salary: | Period of notice required: |
| Please give a brief outline of your main responsibilities: | |

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| Previous Employment *Please list all previous employment in chronological order (most recent first)* | | | |
| Dates  From to | Name & Address of Employer | Job Title and outline of main responsibilities | Reason for leaving |
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| Training *This includes trade/professional training, government training schemes,*  *apprenticeships, short courses and secondments* | | |
| Course Title | Organisation | Dates |
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| Membership of Professional Institutes | | |
| Institute | Level of Membership | Year of Award |
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| Other Experience Details should be given for any period not accounted for by full-time employment, education  *and training, eg unemployment or voluntary work.* | |
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| Information in Support of Your Application *Please give your reasons for applying for this post and explain how you meet the gifting and experience detailed in the job description.* |
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| **Rehabilitation of Offenders Act 1974** |
| Please give details of any “unspent” convictions as defined in the Rehabilitation of Offenders Act 1974. Unless the nature of the position allows Hope Church’s interviewing panel to ask questions about your entire criminal record we only ask about “unspent” convictions. A criminal record will not necessarily be a bar to obtaining a position at Hope Church. |
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| Additional Information | | | |
| **Driving Licence:** | | | |
| Do you hold a current driving licence? | Yes/No | Are you a car owner or do you have access to a car? | Yes/No |
| If YES, please state the type of licence you hold: Full Driving Licence | | | |
| Do you have any current endorsements? | | | Yes/No |
| If YES, please specify: | | | |

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| Declaration |
| I declare that the information contained in the application form is true and correct. I understand that any false or misleading information, or omissions concerning criminal convictions, may disqualify my application or may render my Contract of Employment, if I am appointed, liable to dismissal without notice.  **Data Protection**:  If I accept employment with Hope Church, I consent to my personal information being held by the organisation for the administration of my Contract of Employment.  Signed: Date:  Name:  *If this form has been completed electronically, please indicate your consent Yes / No*  *and, if you are invited for interview, please remember to bring a signed copy of this form with you.* |

**Equal Opportunities Monitoring Form**

**How this form will be used**

Hope Church is committed to equality of opportunity for all job applicants and employees and ensures that no individual receives less favourable treatment on any of the protected characteristics under the Equality Act 2010: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

As part of this commitment we collect monitoring data on all applicants for our roles. This monitoring form is voluntary, but the information we collect is very useful in helping us to ensure we are inclusive in our advertising and recruitment. Please return a copy of this form along with your application to [operations@hopedawlish.org](mailto:operations@hopedawlish.org)

This form will be detached from the application form or CV before the short listing and interview process begins and will not be available to the selection panel.

The information you provide on this form will only be used for statistical monitoring except in the case of disability where it may be used to identify reasonable steps we can take to assist you through the selection process, if applicable. Recording of data will be anonymous and this form will be destroyed no later than 12 months after the role closes.

If you are successfully appointed to the post for which you are applying, your data will be kept on your employment profile and only be accessible by yourself and relevant members of the Leadership team.

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| **Age** | |
| ☐ Under 16 years | ☐ 45 - 54 years |
| ☐ 16 - 24 years | ☐ 55 - 64 years |
| ☐ 25 - 34 years | ☐ 65+ years |
| ☐ 35 - 44 years | ☐ Prefer not to disclose |

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| **Ethnicity** | |
| ☐ Arab | ☐ Mixed - White and Asian |
| ☐ Asian or Asian British - Indian | ☐ Mixed - White and Black African |
| ☐ Asian or Asian British - Pakistan | ☐ Mixed - White and Black Caribbean |
| ☐ Asian or Asian British - Bangladeshi | ☐ Mixed - Other |
| ☐ Asian or Asian British - Chinese | ☐ White - British |
| ☐ Asian or Asian British - Other | ☐ White - Irish |
| ☐ Black or Black British - African | ☐ White - Gypsy or Irish Traveller |
| ☐ Black or Black British - Caribbean | ☐ White - Other |
| ☐ Black or Black British - Other | ☐ Other ethnic group |
| If ‘Other’ or you prefer to use your own term, please state: Click or tap here to enter text. | ☐ Prefer not to disclose |

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| **Gender** |
| ☐ Female |
| ☐ Male |
| ☐ Non-binary |
| ☐ I prefer to use my own term (please state): Click or tap here to enter text. |
| ☐ Prefer not to disclose |

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| **Do you identify as trans?** |
| ☐ Yes |
| ☐ No |
| ☐ I prefer to use my own term (please state): Click or tap here to enter text. |
| ☐ Prefer not to disclose |

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| **Religion and belief** | |
| ☐ Buddhist | ☐ Muslim |
| ☐ Christian | ☐ Non-religious (Atheist, Humanist, etc.) |
| ☐ Hindu | ☐ Sikh |
| ☐ Jewish | ☐ Other: Click or tap here to enter text. |
| ☐ I prefer to use my own term (please state):  Click or tap here to enter text. | ☐ Prefer not to disclose |

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| **Sexual Orientation** | |
| ☐ Bisexual | ☐ Heterosexual/ straight |
| ☐ Gay/ lesbian | ☐ Prefer not to disclose |
| ☐ I prefer to use my own term (please state): Click or tap here to enter text. | |

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| **Do you consider yourself to have a disability or health condition?** |
| The Equality Act 2010 defines disability as ‘a physical or mental impairment which has a  substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day  activities’ |
| ☐ Yes |
| ☐ No |
| ☐ Prefer not to disclose |
| If you have answered ‘Yes’ above, please give an outline of the nature of the disability or health condition: Click or tap here to enter text. |
| If you have answered ‘Yes’ above, what considerations can we make to ensure you can attend and  take part in the selection process, if shortlisted? Click or tap here to enter text. |

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| **Where did you first find out about this role? (Please select one)** | |
| ☐ Contacted directly by Hope Church | ☐ Referred by a friend or colleague |
| ☐ Internal candidate | ☐ Hope Church newsletter |
| ☐ Other Job Board: Click or tap here to enter text. | |
| ☐ Other website/ social media: Click or tap here to enter text. | |
| ☐ Other: Click or tap here to enter text. | |

Please return this form along with your job application to [operations@hopedawlish.org](mailto:operations@hopedawlish.org)