**Privacy Statement**

Please ensure that you read and understand our **Employee Privacy Notice** before completing an application form. Thank you.

|  |  |
| --- | --- |
| **Position applied for** |  |
| **Closing date** |  |
| **Any date(s) you will not be available for interview** |  |
| **Please state where you saw the advertisement** |  |

# Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Current Driving Licence | Yes [ ]  No [ ]  |
| Forename(s) |  | Diving Licence Endorsements | Yes [ ]  No [ ]  |
| Known as: |  | Private motor vehicle owner | Yes [ ]  No [ ]  |
| Address |  | Business Insurance Cover | Yes [ ]  No [ ]  |
| Home telephone |  |
| Mobile telephone |  |
| Business telephone |  |
| Postcode |  | NI Number  |  |
| Email address |  |

# Present / Last Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company name |  | Nature of business |  |
| Address |  | Job Title |  |
| Dates - From / To |  |
| Salary |  |
| Other benefits |  |
| Postcode |  | Notice period |  |
| Line Manager (Please enter Name & Job Title) |  | How many staff do you line manage? |  |
| How many volunteers do you manage? |  |
| Brief description of duties and responsibilities |  |
| Reason for leaving |  |

# PreviousEmployment

Starting with the most recent; ending after full-time education. **Please explain any gaps.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates of Employment****(From – To)** | **Employers Name & Nature of Business** | **Job Title & Main Responsibilities** | **Salary & Reason for leaving** |
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# Education

Full time and further education; please include any current studies (include professional courses and training).

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates Attended****From - To** | **School, College or University**  | **Award & Title of Award****List main subjects below** | **Results****(expected/awarded)** |
|  |  |  |  |
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# Other training relevant to your application

|  |  |  |
| --- | --- | --- |
| **Dates Attended****From - To** | **Training Provider** | **Subject & Level** |
|  |  |  |
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# Membership of professional bodies

|  |  |  |
| --- | --- | --- |
| **From** | **Body** | **Membership Status** |
|  |  |  |
|  |  |  |

# Declarations

|  |  |
| --- | --- |
| Have you ever been convicted of a criminal offence (other than motoring offences and spent convictions)?\* | Yes [ ]  No [ ]  |
| If yes, please give details. This will be discussed further at interview. |  |
| Are you barred from working with children or vulnerable adults? | Yes [ ]  No [ ]  |
| Are you related to any Trustee or Employee of Love4Life? | Yes [ ]  No [ ]  |
| If yes, please give details |  |
| Are you eligible to work in the UK and can provide evidence to support this?  | Yes [ ]  No [ ]  |

# \* All roles at **Love4Life** are included in the Exceptions Order (in the Rehabilitation of Offenders Act (Exceptions) Order 1975), which lists exceptions to the Rehabilitation of Offenders Act (1974). Where an exception to 1974 Act exists and you are asked to disclose your cautions and convictions then you must list all cautions and convictions, even if they are spent. The amendments to the Exceptions Order (2013 & 2020) provide that certain spent convictions and cautions and ‘protected’ and are not subject to disclosure to employers and cannot be taken into account.

Guidance and criteria on what cautions and convictions you need to declare can be found on the Ministry of Justice website.

# If you are offered the role, you will also be subject to an enhanced criminal records disclosure certificate from the Disclosure and Barring Service (“DBS”) to confirm your self-declaration. Offers are conditional on a satisfactory outcome to this check.

# Personal Statement

|  |
| --- |
| **Please provide any other information relevant to your application to show how you meet the requirements of the role, detailed in the job description and person specification.** **Please ensure that you use specific examples of your past experience to demonstrate that you have the skills and experiences required for the role.**  |
|  |
| Personal Interests and hobbies  |
|  |
| EU General Data Protection Regulation 2018The information you have supplied will be used specifically in the recruitment process. Please read and sign our Privacy Notice for Employees and Volunteers, which outlines who this data is shared with and how long we retain it. Unfortunately, without a signed and dated Privacy Notice, we will be unable to process your application or consider you for the role.  |
| DeclarationI declare that all information, including qualifications is true. I understand that any canvassing or failure to disclose a relationship with a Trustee or an employee of the Charity, or any false declaration of any information may disqualify me. If such failure is discovered after appointment, I may be liable to dismissal without notice.Please note that, should you submit your application form electronically, you will be required to sign it prior to an offer of employment being made.**Signature** ……………………………………………………………………………………………………..… **Date** ……………………………………. |
| AcknowledgementWe recognise the time and effort applicants put into submitting an application and therefore we endeavour to contact all applicants after short listing has taken place. However sometimes where applicant volumes are large we are unable to do this. If you have not been contacted within three weeks of the closing date it should be assumed that your application has not been successful. |

# References

Please give the name and address of two people whom we may contact for a reference, although **Love4Life** reserves the right to contact any of your former employers.

Please give details of either former employers or someone who will be able to give us a character reference.
**We may contact these references as part of your interview process so please ensure you are happy for us to do so and ensure these references are aware they may be called on as part of the process.**

If you are unemployed, this should be your last employer. There must be at least one professional referee.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Job Title |  | Job Title |  |
| Company |  | Company |  |
| Address |  | Address |  |
| Postcode |  | Postcode |  |
| Telephone |  | Telephone |  |
| Email |  | Email |  |

|  |  |
| --- | --- |
| **May we contact both your referees before an offer is made, as part of the interview process? If not, please give the reason.** | **Yes [ ]  No [ ]**  |
| **If not, why?**  |  |

Please give reference details for your **current** employer below, we will only contact this person **after** we confirm you are happy for us to do so and/or you are given confirmation of employment from **Love4Life**. Any offer of employment is conditional upon receipt of satisfactory references and DBS clearance.

|  |  |
| --- | --- |
| Name |  |
| Job Title |  |
| Company |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Email |  |

# Strictly Confidential

Equal Opportunities in Employment Questionnaire

You are requested to complete the attached questionnaire, which will be separated from your Application Form prior to shortlisting. This anonymous data helps with our equal opportunities monitoring.

By completing this form, you are agreeing to the information you provide being held and processed for the purposes outlined in the Privacy Notice.

|  |  |
| --- | --- |
| **Position applied for** |  |
| **What is your gender?** | Male [ ]  Female [ ]  Non-binary [ ]  Other: | **What is your age?** |  |
| **Do you have any permanent or persistent medical conditions which may require consideration in the work environment?** | **Yes** **[ ]  No** **[ ]**  |
| **If yes please give details**  |  |
| **Are your day to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?****If yes, please give further details below if you wish.** | **Yes [ ]  No [ ]**  |
| **Physical or mobility impairment­­­­­­­­­­­­­­­­­­­ (such as difficulty using your arms or mobility issues which mean using a wheelchair or crutches)**  |
|  |
| **Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)** |
|  |
| **Mental health condition (such as depression or schizophrenia)**  |
|  |
| **Learning disability/difficulty (such as dyslexia) or cognitive impairment (such as Alzheimer's)**  |
|  |
| **Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)** |
|  |
| **Other (Please Specify)** |
|  |

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| --- |
| **How would you describe your ethnic origin?** |
| **White** | **European** |
| English/Scottish/Welsh/Northern Irish/British  | [ ]  | Polish  | [ ]  |
| Irish | [ ]  | Portuguese | [ ]  |
| Romany  | [ ]  | Latvian  | [ ]  |
| Gypsy or Irish Traveller | [ ]  | Romanian | [ ]  |
| Other White background | [ ]  | Other European background | [ ]  |
| Please specify |  | Please specify  |  |
| **Black or Black British**  | **Asian / British Asian**  |
| African  | [ ]  | Indian  | [ ]  |
| Caribbean  | [ ]  | Pakistani  | [ ]  |
| Other Black background  | [ ]  | Bangladeshi | [ ]  |
| Please specify  |  | Other Asian background  | [ ]  |
| **Mixed Background**  | Please specify |  |
| White and Asian  | [ ]  | **Chinese or British Chinese**  |
| White and Black African  | [ ]  | Chinese  | [ ]  |
| White and Black Caribbean  | [ ]  | Other Chinese background  | [ ]  |
| Other Mixed background  | [ ]  | Please specify  |       |
| Please specify  |  | Do not wish to declare my Ethnic origin | [ ]  |
| Other ethnic group – if we have not specifically stated your ethnic group please specify | [ ]  |
|  |

|  |
| --- |
| **What is your religious belief, if any?** |
| Christian (including Catholic, Church of England, Protestant and all other Christian denominations) | [ ]  | Islam | **[ ]**  |
| Hindu | [ ]  | Jewish  | **[ ]**  |
| Buddhist  | [ ]  | Muslim  | **[ ]**  |
| Sikh  | [ ]  | Not a member of any religion / belief | **[ ]**  |
| Agnostic (believe in god but do not practice a religion) | **[ ]**  | Humanist  | **[ ]**  |
| Any other religion or belief (please state) | **[ ]**  | Do not wish to declare my religion or belief | **[ ]**  |
| Please specify:  |

|  |
| --- |
| **What is your sexual orientation?** |
| Heterosexual | **[ ]**  | Bisexual | **[ ]**  | Lesbian  | **[ ]**  |
| Gay  | **[ ]**  | Other:  | Do not wish to declare | **[ ]**  |

|  |
| --- |
| **What is your marital status?** |
| Never married and never registered a same sex civil partnership  | **[ ]**  | Married  | **[ ]**  |
| Separated, but still legally married  | **[ ]**  | Divorced  | **[ ]**  |
| Widowed  | **[ ]**  | In a registered same sex civil partnership | **[ ]**  |
| Separated but still legally in a same sex civil partnership | **[ ]**  | Formerly in a same sex civil partnership which is now legally dissolved | **[ ]**  |
| Surviving partner from a same sex civil partnership | **[ ]**  | Do not wish to declare my marital status | **[ ]**  |

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

Thank you for completing this form. The information provided will help us to improve our services to you and others in **Love4Life.**