

# Employment Application Form

Position applied for: Vacancy Reference:

Are you a current/previous employee of London Black Women’s Project? Yes / No

Please tell us where you saw this post advertised? Please detail your availability for work:

## YOUR DETAILS:

Name:

Address (including postcode):

Telephone Number:

Work Telephone Number:

Mobile Telephone Number:

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you hold a valid driving license which enables you to drive in the UK Yes / No

If YES, please state the type of license:

Have you any current endorsements? If so, please state:

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?

The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account.

Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.

Failure to disclose any conviction(s) for an exempt post, whether spent or not, may result in withdrawal of the offer of employment.

Do you have a current DBS check? Yes / No

As part of the recruitment process you will be required to undertake an Enhanced Disclosure and Barring Service Check.

**Information Release Form**

I understand and agree that my appointment is conditional upon the verification, to the Organisation’s satisfaction, of the information provided on the form, and that this information, and that contained on attached documents, is true and complete to the best of my knowledge. I also understand that I may incur civil and/or criminal liability if I attempt to obtain employment by deception and that any misrepresentation or omission of a material fact will be cause for immediate cancellation of consideration for employment, or for dismissal if already employed.

I hereby authorise the Organisation, or the checking service acting on its behalf, to verify information presented on this form and, to the extent permitted by law, to procure investigative for that purpose in the UK and, if appropriate, overseas. I also voluntarily authorise the Organisation, or the checking service acting on its behalf, to perform reference checks of my employment, including my current employment, previous employment and an Enhanced Disclosure and Barring Service Check.

I understand that the Organisation may also require that a check be made on any criminal convictions I may have had in the past, which I am require to fund. I understand that the checking service acting on its behalf will assist me in the process of obtaining a Disclosure certificate and hereby authorise the Organisation or checking service acting on its behalf to validate the information on the Disclosure certificate prior to passing it to the Organisation.

Signature Date

Surname First Name

## (Please print)

Maiden Name or any previous name (s) used:

## EDUCATION AND QUALIFICATIONS:

*Please give details of your education, along with any further training or qualifications you have attained which support your application. Include any on-the-job training, as well as any formal training.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School, College, University etc.** | **Start & End Dates** | **Course Title** | **Qualifications and Grades Obtained** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Are you a member of any Professional Organisations? If so, please use the space below to detail any memberships including the date and level of membership.

**EMPLOYMENT HISTORY/WORK EXPERIENCE (*including voluntary work*):**

*Please start with your most recent employment. Briefly describe the main duties and responsibilities of your post.*

Organisation Name:

Organisation Address:

Job Title:

Start Date: Leave Date: (If applicable)

Please list your duties & responsibilities whilst in this role:

What do you consider your main achievement in this role?

What are/were your reasons for leaving?

Organisation Name:

Organisation Address:

Job Title:

Start Date: Leave Date:

Please list your duties & responsibilities whilst in this role:

What do you consider your main achievement in this role?

What were your reasons for leaving?

Organisation Name:

Organisation Address:

Job Title:

Start Date: Leave Date:

Please list your duties & responsibilities whilst in this role:

What do you consider your main achievement in this role?

What were your reasons for leaving?

Organisation Name:

Organisation Address:

Job Title:

Start Date: Leave Date:

Please list your duties & responsibilities whilst in this role:

What do you consider your main achievement in this role?

What were your reasons for leaving?

*Please continue on a separate sheet if necessary.*

## REFERENCES

*The Organisation requires references covering the last* ***2 years*** *of employment. Please ensure you complete the section below and subject to your interview you will be asked to complete an additional form to enable suitable references to be obtained.*

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Name:**Position: Organisation: Address and Email: |     | **2. Name:**Position: Organisation: Address and Email: |     |
| Tel: |   | Tel: |   |
| **3. Name:** |  | **4. Name:** |  |
| Position: |   | Position: |   |
| Organisation: |   | Organisation: |   |
| Address/Email Email: |   | Address/Email |   |

Tel: Tel:

**Note:** Referees should not be members of your family or a partner or friend. At least one reference must be from an employer if you have completed the employment record. Please note that no information will be sought from a present employer without your consent.

## PERSONAL STATEMENT

*Please use the space below to explain in detail how you meet all the requirements of the person specification and why you consider yourself suitable for the post. (This should include all aspects of your education and experience, paid or voluntary work, studies and training which are relevant to the post). You may attach additional pages if required.*

Please tell us why you would like to work for the London Black Women’s Project:

Please tell us what you consider to be the main causes of domestic violence:

Please list three key considerations when working with BMER women:

## DECLARATION

To the best of my knowledge, all the particulars I have given are true. I understand that the completion of this form does not guarantee employment that any false statements may disqualify me from employment or render me liable to summary dismissal. I also understand that no offer of employment made to me will be binding unless confirmed in writing. For the purpose of the Data Protection Act 1998, I give my consent to the holding and processing of my personal data by the Organisation for all purposes relating to the recruitment and employment process

Signature Date

Surname First Name

## (Please print)

**Thank you for completing this form**

**Supplementary Information**

Would you potentially require any specific facilities to be provided to enable you to attend an interview? or any other selection events? Yes / No

If yes please give details

Would you require any special adjustments to be made to work premises, practices or equipment to enable you to take up this position? Yes / No

If yes please give details

Are you able to provide Eligibility to work within the UK? Yes / No Are there any restrictions regarding your employment? e.g. do you require a Visa / Work Permit? Yes / No

\*Please supply details: Type of Visa/Work Permit

Date of Entry

Expiry Date

Please sign the following declaration

## I hereby give permission for the Organisation to contact the Home Office/United Kingdom Border Agency in order to establish my immigration status and eligibility to work.

Signature Date

Surname First Name

## (Please print)

***Please Note – Should you be invited to attend an interview, you will be required to bring with you a formal of identification, confirming your eligibility to work in the UK, for guidance please refer to*** [***www.UKBA.homeoffice.gov.uk.***](http://www.UKBA.homeoffice.gov.uk/)

# Equal Opportunities Monitoring

London Black Women’s Project is committed to equal opportunities and welcomes applications from all sections of the community. To achieve this aim, it is necessary to regularly monitor our recruitment processes so that we can identify potential areas of discrimination and take remedial action. This form will not be passed on to the selection panel and will be retained by HR.

Post Code:

What is your age: (Please Tick)

|  |  |
| --- | --- |
|  | 16-24 |
|  | 25-34 |
|  | 35-49 |
|  | 50-64 |
|  | 65-79 |
|  | 80+ |
|  | Prefer not to say |

What is your gender: (Please Tick)

|  |  |
| --- | --- |
|  | Female |
|  | Other |
|  | Prefer not to say |

What is your marital status: (Please Tick)

|  |  |
| --- | --- |
|  | Single |
|  | Married |
|  | Other |
|  | Prefer not to say |

What is your ethnic group: (Please tick)

|  |  |
| --- | --- |
|  | Asian or Asian British |
|  | African |
|  | Indian |
|  | Bangladeshi |
|  | Pakistani |
|  | Caribbean |
|  | Chinese |
|  | White and Asian |
|  | White and Black African |
|  | White and Caribbean |
|  | Any other mixed background |
|  | Any other Asian background |
|  | Any other Black background |
|  | Any other ethnic background |
|  | Prefer not to say |

The definition of a disabled person, under the Disability Discrimination Act 1995, is broken down as follows to help explain disability:

Physical impairment: Examples would be blindness, deafness, paralysis of a leg, heart disease and progressive conditions.

Mental impairment: Includes an impairment resulting from or consisting of a clinically well recognized mental illness.

Substantial: This means the effect of the impairment on ability to carry out normal day to day activities is more than just minor.

Do you have a disability: (Please Tick)

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Prefer not to say |

## DECLARATION

I confirm that to the best of my knowledge, the information given in this monitoring form is true and correct. I hereby give my consent to the collection, storage and processing of my personal data.

Signature: Date: