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Description automatically generated**

Job Application Form

Part 1

This section of the application form will not go to the panel as part of the shortlisting process, it will be kept separate by the Chair of CAMC. Details from the Diversity Monitoring Form will be kept confidential and not shared.

Please use the interactive selection boxes where indicated.

|  |  |  |
| --- | --- | --- |
| Position applied for: |  | |
| Candidate number: (YTEP to complete) | |  |

**Your details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | | |
| Full Name |  | | |
| Preferred Name |  | | |
| Address  Postcode |  | | |
| Mobile |  | Home: |  |
| Email |  | | |

**Eligibility to work in the UK:**

|  |  |  |
| --- | --- | --- |
| Do you have the right to work in the UK? | Yes | No |
| Can you provide documentation to support your right to work in the UK? | Yes | No |
| Would you require a work visa and sponsorship? | Yes | No |

**Safeguarding:**

YTEP is committed to safeguarding as an integral part of the activity of the charity. We believe everyone who participates with YTEP’s activities is responsible for promoting a safe place whether they directly work with adults at risk or children or not.

**This role does not require a police check, you are not obliged to complete this section** - any information you do give will be voluntary.

|  |  |  |
| --- | --- | --- |
| Have you ever been convicted of a criminal offence which is not a ‘spent’ conviction under the Rehabilitation of Offenders Act (1974) in the UK? | YES | NO |
| *If Yes, please provide further details:* | | |

If you would prefer to discuss this question over the phone, please request to contact the YTEP Safeguarding Lead.

**Disability**

YTEP encourages applications from people with disabilities, or those with health problems, who meet the essential criteria and will be given full consideration. Reasonable adjustments will be made available should you be invited to interview.

|  |  |  |
| --- | --- | --- |
| Do you have a disability under the definition of the Equality Act 2010? | YES | NO |
| *If YES, please give details and indicate whether you would need any help or special equipment to enable you to carry out the duties outlined in the job description, to attend for interview, or to participate in the recruitment process for the post.* | | |

**If you prefer to call the Chair of CAMC to discuss this, please feel free.**

**Diversity Monitoring:**

YTEP is committed to equal opportunities and we see diversity as a strength. Therefore, we are keen to monitor diversity across our people so we can continue to develop and improve our practice and policy. Completion of this section is voluntary, and the information you supply will be kept confidential and stored securely. The information supplied is not shared and does not form part of the shortlisting process.

**Please select the appropriate boxes**:

|  |  |
| --- | --- |
| Age | 16 - 24  25 - 34  35 - 44  45 - 54  55 - 64  65+ |
| What best describes your gender? | Female  Male  Non-binary  Prefer to self-describe: …………………………………………………………  Prefer not to say |
| How would you describe your sexual orientation? | Bisexual  Gay man  Gay woman/ lesbian  Heterosexual/straight  Prefer to self-describe: ………………………………………………………….  Prefer not to say |
| How would you describe your ethnic origin? | **Asian or Asian British**  Bangladeshi  Chinese  Indian  Pakistani  Other (Please specify ………………………………………………………...….)    **Black or Black British**  African  Caribbean  Other (Please specify ………………………………………………………...….)  **Mixed**  Asian and White  Black African and White  Black Caribbean and White  Other (Please specify ………………………………………………………..….)  **White**  British  English  Gypsy or Irish Traveller  Irish  Northern Irish  Scottish  Welsh  White European  Other (Please specify ………………………………………………………...….)    **Other Ethnic Group**  Please specify …………………………………………………………...……………….  **Prefer not to say** |
| How would you describe your religion or belief? | No religion or belief  Buddhist  Christian/Catholic (All denominations)  Hindu  Jewish  Muslim  Sikh  Other (Please specify ………………………………………………………...….)  Prefer not to say |
| Do you consider yourself to have a disability or long-term health condition? | Yes  No  Prefer not to say  If you have answered yes, please indicate the type of impairment / condition which applies to you. We recognise that people may have more than one type of impairment / condition, in which case please mark all that apply.  Physical impairment/condition  Mental Health impairment/condition  Learning impairment/condition  Long-term injury or health condition  Other (Please specify ………………………………………………………..….)  Prefer not to say |

**Declaration:**

I confirm that:

* The information provided in this application is true and correct to the best of my knowledge.
* I understand any false knowledge may disqualify my application.
* I consent to YTEP processing my data including any “sensitive data” as is necessary to do so during the recruitment and selection process.

Signed: ………………………………………………………………………………….. Date: …………………….……….

Part 2

|  |  |  |
| --- | --- | --- |
| **Position applied for:** |  | |
| Candidate number: (YTEP to complete) | |  |

**Employment History:**

Please list your full employment history (employments lasting 3 months or more) beginning with the most recent, continue on a separate sheet if needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date From | Employer | Job Title and summary of duties | Location | Reason for leaving  (if applicable) |
|  |  |  |  |  |
| Date to |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date From | Employer | Job Title and summary of duties | Location | Reason for leaving |
|  |  |  |  |  |
| Date to |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date From | Employer | Job Title and summary of duties | Location | Reason for leaving |
|  |  |  |  |  |
| Date to |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date From | Employer | Job Title and summary of duties | Location | Reason for leaving |
|  |  |  |  |  |
| Date to |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date From | Employer | Job Title and summary of duties | Location | Reason for leaving |
|  |  |  |  |  |
| Date to |
|  |

|  |
| --- |
| Are there any periods of non-employment that you would like to tell us about? |

**Education and Qualifications:**

Please list in chronological order, continue on a separate sheet if needed.

|  |  |  |
| --- | --- | --- |
| Place of Study | Qualifications Gained | Date |
|  |  |  |

**Please give details of any professional bodies you are a member of:**

|  |  |  |
| --- | --- | --- |
| Professional Body | Membership Type | Membership No |
|  |  |  |

**Reason for Applying:**

|  |  |
| --- | --- |
| Why do you want to work for YTEP? |  |
| What motivated you to apply for this role? |  |

|  |
| --- |
| **Please use this section to tell us how you meet the criteria set out in the person specification.** This can include relevant skills, knowledge, past experience, achievements and voluntary activities. You should give as full an answer as possible addressing each of the points in the person specification. |

**Relevant information:**

|  |  |
| --- | --- |
| How much notice do you need to give? |  |
| When would you be able to commence employment with us? |  |
| Where did you see this post advertised? |  |

**References:**

Offers of employment are offered subject to two satisfactory references. Relatives are not an acceptable reference. We will not contact your references without your permission. You may supply an additional third reference should you wish to.

**Reference 1 – Employment-based**

|  |  |
| --- | --- |
| Name |  |
| Relationship to you |  |
| Email address |  |
| Phone number |  |
| Job Title (if employment related) |  |

**Reference 2 – Personal**

|  |  |
| --- | --- |
| Name |  |
| Relationship to you |  |
| Email address |  |
| Phone number |  |
| Job Title (if employment related) |  |

**Reference 3 – Other**

|  |  |
| --- | --- |
| Name |  |
| Relationship to you |  |
| Email address |  |
| Phone number |  |
| Job Title (if employment related) |  |

Please return both parts of this application form and your equal opportunities form, if you have chosen to complete it, to [gary.wilton@churcharmy.org](mailto:gary.wilton@churcharmy.org)

We will try to acknowledge receipt of all applications where possible.