**Job Application Form**

**Post Applied: ……………………………………………………………………….**

**THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN**

**CONFIDENCE.**

**Section 1 Personal details**

|  |  |
| --- | --- |
| **Last Name …………………………………………… First Name …………………………………………..****Address: ………………………………………………………………………………………………………………****……………………………………………………………………………………………………………………………****……………………………………………………………………………………………………………………………** |  |
| **Postcode: ………………………………………** |  |
| **Home Telephone No: …………………………………. National Insurance No: ………………………….****Daytime Telephone No: ……………………………… Mobile Telephone No: …………………………...****D.O.B Email…………………………………………………….** Are you free to remain and take up employment**No****Yes**in the UK with no current immigration restrictions?Section 2 Present Employment |  |
| Present/ Most recent Employer Name ……………………….............……………………………………………………………. Occupation ………………………………………………………………………………………...Address ……………………………………………………………………………………………...................................................…..................................................…….…........................ Telephone No: …………………………………………………………………………………….Email Address……………………………………………………………………………………. Pay ………………………………………………………………………………………………..Length of time with employer …………………………………………………………………..Reason for leaving……………………………………………………………………………….Duties……………………………………………………………………………………………… ……………………………………… |  |  |  |  |  |
| **Describe the main activities of your present/most recent job**(further details can be provided in your supporting information) |  |  |
| **Previous Employment** (most recent first)

|  |  |  |
| --- | --- | --- |
| Actual datesFrom To | Employers name and address | Position held and reason for leaving |
|  |  |  |

**Section 3 Education**Educational/Professional/Vocational qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| QualificationsE.g. GCSE; AS/A2 level; NVQ’s; Degree; Professional qualifications | Subjects | Grade | Date Gained |
|  |  |  |  |

 |  |  |  |

**Training and Development** (Courses attended)

**Section 4 Personal Statement**

**Abilities, Skills, Knowledge and Experience**

Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, Please also include this information. Attach and label any additional sheets used.

**5 Rehabilitation**

**Section 5 Rehabilitation**

Do you have any convictions that are unspent under the rehabilitation of offenders act 1974?

Yes No

If yes, please give details/dates of offences and sentence.

**Section 6 Protecting Children and Vulnerable Adults**

The following information may be required if the post that you are applying for has a requirement for a Criminal Records Bureau Police Check.

Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post

Yes No

**Section 7 Disability Discrimination Act**

This act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act Defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long-term effect on his or her ability to carry out day to day activities

Yes No

If yes, please give details

Do you need any specific arrangements in order for you to attend the interview are there any dates you are not able to attend if shortlisted.

Yes No

If yes, please give details

Please provide details of sick leave taken in the last two years that went over 2 consecutive days.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |  |

**Section 8 References** (Please provide two references)

Are you willing for this Are you willing for this

referee to be contacted prior Yes No referee to be contacted prior Yes No

to interview to interview

to interview to interview

to interview

to interview

referee to be contacted prior

to interview

Previous Employer

2. Name

 Occupation

 Address

 Town

 Post Code

 Telephone No’

 Email Address

Employer

1. Name

 Occupation

 Address

 Town

 Post Code

 Telephone No’

 Email Address

 When can you start working for us?

|  |
| --- |
|  |

##

##

##  Right to work in the UK

 Do you need a work permit to work in the UK? Yes / No

|  |
| --- |
| **Section 10 Declaration****A. Statement to be Signed by the Applicant**Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.**I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for data registration purposes.****I hereby certify that:*** **all the information given by me on this form is correct to the best of my knowledge**
* **all questions relating to me have been accurately and fully answered**
* **I possess all the qualifications which I claim to hold**
* **I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.**
 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |
|  |  |  |

Please return completed applications forms to the address below or email to

info@aainahub.com by the stated deadline on the job application pack you are interested in applying for.

**Aaina Community Hub**

**Bath Road, Walsall, WS1 3BS**

**01922 644006**

**info@aainahub.com**

**Charity No: 1208211**

**Section 9 Internal Monitoring – Equality & Diversity and Monitoring Form**

**This section is for monitoring purposes only and will be detached from the main application.**

Aaina Community Hub wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes.

**Sex and gender identity**

**What is your sex?**

Female  Male  Prefer not to say 

**Is the gender you identify with the same as your sex registered at birth?**

Yes ☐    No ☐  Prefer not to say ☐

If the gender you identify with is not the same as your sex registered at birth, please write in:

**Age** 16-24 25-29  30-34  35-39 40-44  45-49  50-54 55-59  60-64  65+  Prefer not to say 

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***Asian or Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say 

Any other Asian background, please write in:

***Black, African, Caribbean or Black British***

African  Caribbean  Prefer not to say 

Any other Black, African or Caribbean background, please write in:

***Mixed or Multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian  Prefer not to say  Any other Mixed or Multiple ethnic background, please write in:

***White***

English  Welsh  Scottish  Northern Irish  Irish 

British  Gypsy or Irish Traveller  Prefer not to say 

Any other White background, please write in:

***Other ethnic group***

Arab  Prefer not to say  Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes No  Prefer not to say 

What is the effect or impact of your disability or health condition on your work? Please write in here:

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual  Asexual  Pansexual  Undecided  Prefer not to say 

If you prefer to use your own identity, please write in:

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish 

Muslim  Sikh  Prefer not to say  If other religion or belief, please write in:

**Do you have caring responsibilities? If yes, please tick all that apply**

None 

Primary carer of a child/children (under 18) 

Primary carer of disabled child/children 

Primary carer of disabled adult (18 and over) 

Primary carer of older person 

Secondary carer (another person carries out the main caring role) 

Prefer not to say 

**Thank you in advance for your application.**