



APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR	Where did you see this post advertised?

PERSONAL DETAILS	
Title	Tick box Female <input type="checkbox"/> Male <input type="checkbox"/>
First Name/s	Daytime Telephone no.
Surname	Evening Telephone no.
Address	Mobile
	Email
Postcode	National Insurance No.
Do you require a work permit to work in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/> Expiry Date
Do you require a visa to work in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If required, do you hold a valid visa?	Yes <input type="checkbox"/> No <input type="checkbox"/> Expiry Date
If yes, please state the type of visa?	

All prospective employees will be asked to supply evidence of eligibility to work in the United Kingdom (to comply with the Asylum and Immigration Act 1996). We will ask to see an appropriate official document (eg your Birth Certificate or Passport). **Do not send these now.** Further information will be sent to you if you are selected for interview.

EDUCATION - You will be asked to provide evidence of qualifications gained					
Qualifications gained at Secondary/High School, stating where and when, with grades obtained					
Date	School	Exam	Level	Subject	Grade

FURTHER EDUCATION Further/Higher Educational Qualifications stating where and when, with grades/levels and dates obtained. Please include details of any courses currently being undertaken					
Date	College/University	Qualification	Subject	Full or P/T	Level/Grade

MEMBERSHIP OF PROFESSIONAL ORGANISATIONS Please give status and expiry date

OTHER TRAINING & PERSONAL DEVELOPMENT Please give details of any other relevant training received, skills or courses you have undertaken. Details of the training provider, duration and dates.

EMPLOYMENT

CURRENT OR MOST RECENT EMPLOYER

Name and address:			
Nature of business:			
Dates employed:	From:		To:
Position(s) held:			
Brief Description of duties:			
Period of notice:		Annual salary:	
Reason for leaving:			

EMPLOMENT HISTORY Please list below all paid employment and include all other appointments, whether paid or unpaid. These should be listed in date order, starting with the most recent.

EMPLOYER'S NAME, ADDRESS & NATURE OF BUSINESS	JOB TITLE & DUTIES & RESPONSIBILITIES	REASON FOR LEAVING	DATES EMPLOYED	
			From --/--/--	To --/--/--

PLEASE GIVE DETAILS OF ANY GAPS IN CAREER HISTORY

OTHER ACTIVITIES Please give details for any voluntary service or recreational interests.

SUITABILITY FOR THE ROLE

HOW YOU MEET THE SELECTION CRITERIA It is important that you provide evidence in this section of how you meet the criteria set out in the job description. Tell us about things you were responsible for and what you have achieved. Include examples from paid and unpaid work or other activities that are relevant.

Please continue on a separate sheet if necessary

REFERENCES

- A) If you are successful, prior to appointment we will take up employment references, covering the last 5 years. Any offer will be subject to these being satisfactory. Please provide the following information giving details of your current and previous employers for this period.
- B) If you have been in full time education during the last 5 years, please nominate two referees. One of these should be your course tutor and the other, not a relative or serving officer, who has known you for at least 5 years, who would be prepared to recommend your application and is able to comment on your suitability for this position. Any offer will be subject to these being satisfactory.

Please do not give friends or relatives

A) PRESENT EMPLOYER REFERENCE B) COURSE TUTOR	A) PREVIOUS EMPLOYER REFERENCE B) CHARACTER REFERENCE
Name	Name
Job Title	Job Title
Address	Address
Tel No	Tel No
Fax No	Fax No
Email	Email

Relationship	Relationship
May we contact them if you are successful at interview prior to a formal written offer being made? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'NO' we will contact you for permission before requesting references.	

OTHER QUESTIONS

Do you have a current driving licence? **Yes** **No**

Do you have any penalties on your driving licence? **Yes** **No**

If yes, please give details;-

Do you have use of a car during working hours? **Yes** **No**

Do you know or are you related to any member of the Bury St Edmunds Womens Aid Centre Management Committee or any other employee or volunteer at the centre? **Yes** **No** If yes, please give details

Are you currently involved with any other organisations in a paid or voluntary capacity? **Yes** **No** If yes, please give details

NOTE

If any particulars given by you are found to be false, or if you wilfully omit or suppress any information or facts directly relevant to the position this may lead to the withdrawal of the offer of employment or the subsequent termination of employment.

DISCLOSURE & BARRING SERVICE (DBS) CHECK

Please tick the box below to confirm your consent to an Enhanced Level Disclosure & Barring Service (DBS) check and that you understand that failure to reveal information that is directly relevant to the position will lead to the withdrawal of any conditional offer of employment or subsequent dismissal at a later date. Any information given will be treated as confidential.

Have you ever had a criminal record, pending court offences, cautions or reprimands? **Yes** **No**

I consent to an Enhanced Level DBS check

DECLARATION

I declare that to the best of my knowledge and belief the information given is correct. I understand that the Bury St Edmunds Womens Aid Centre Ltd reserves the right to withdraw the offer of employment or to terminate employment already commenced if the information given to us is inaccurate or misleading in any way. Any job offer is conditional upon satisfactory references, DBS Enhanced Disclosure and if required, any medical reports.

Signed**Date**

Please note that this form can be submitted electronically to admin@burystedmundswomensaid.org.uk (without signature) but if you are short-listed and attend interview you will be required to bring a signed copy of the application form with you on the day.

Alternatively, please send your completed application to:-

Bury St Edmunds Women's Aid Centre Ltd
PO Box 715
Bury St Edmunds
Suffolk
IP33 9HQ

PLEASE COMPLETE THE EQUAL OPPORTUNITIES MONITORING



Bury St Edmunds Women's Aid Centre Ltd

EQUAL OPPORTUNITIES MONITORING FORM

The Bury St Edmunds Womens Aid is committed to being an equal opportunities employer, and to the creation of an entirely non discriminatory working environment. We aim to ensure real equality irrespective of gender, age, disability, marital status sexual orientation, creed/religion, ethnic or national origin.

It is therefore necessary that you complete this form which will enable us to monitor our Equal Opportunities Policy. The details you supply will be kept in strictest confidence and analysis of this information will not be in any format that identifies you as the applicant, and will be used for selection purposes for the vacancy.

- 1. **GENDER** Male Female
- 2. **MARITAL STATUS** Divorced Single Married/Civil Partner
Co-habiting Separated Widower
- 3. **AGE** 16-21 22-30 31-40 41-50 51-60 60+

4. **WHAT IS YOUR ETHNIC GROUP**

Please choose from selection (a) to (e), then check the appropriate box to indicate your cultural background

- A) **WHITE** British Irish any other white background
- B) **BLACK OR BLACK BRITISH** Caribbean African Any other black background
- C) **CHINESE OR OTHER ETHNIC GROUP** Chinese Any other
- D) **MIXED** White and black Caribbean White and black African White and Asian
Any other mixed background
- E) **ASIAN OR ASIAN BRITISH** Indian Pakistani Bangladeshi
Any other Asian background

- 5. **DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?** Yes No

If yes, please give details (it may help you to read the information below first)

Definition of the term 'Disability' – The Disability Discrimination Act defines disability as a physical or mental impairment with long term, substantial effect on a persons ability to perform day to day activities.

Examples of Disabilities – We thought it might help you to answer the question if we provided a list of some medical conditions or impairments that could cause someone to describe him/herself as 'having a disability'. It is not meant to be an exclusive list and is given for guidance only.

Hearing, speech or visual impairments – (if you wear glasses or contact lenses, this is not normally considered a disability).

Co-ordination, dexterity or mobility – Examples could include polio, spinal cord injury, severe back problems, and repetitive strain injury.

Mental Health – Examples could include schizophrenia, severe depression, severe phobias.

Learning Difficulties – Examples could included Down's Syndrome or dyslexia.

Other physical or medical conditions – for example, diabetes, epilepsy, arthritis, cardiovascular conditions, haemophilia, asthma, cancer, facial disfigurement, sickle cell.

- 6. **SEXUAL ORIENTATION** Bisexual Gay Lesbian Heterosexual Prefer not to say
- 7. **RELIGIOUS BELIEF/FAITH** Christian State Denomination if you wish.....
Buddhist Muslim Sikh Hindu Jewish None Prefer not to say
Other Please state

8. HOW DID YOU FIND OUT ABOUT THIS VACANCY?

THANK YOU FOR COMPLETING THIS FORM