

EMPLOYMENT APPLICATION FORM

Please make sure that you read the information in the Employment Application Pack before you complete this form. Please complete the form using black ink, by typescript or electronically. Legible handwritten forms are acceptable.

The closing date for receipt of this application form is:

Please refer to the website

You can return the application/equal opportunities monitoring form EITHER by mail to the following address:

Sophie Fournel, CEO
Disability Assist C/O R & B Star
Unit 9 & 10 Nimbus Enterprise Park
Liphook Way, Maidstone, ME16 0LQ

OR by email, as an attachment, to sophie@disabilityassist.org.uk

Please write "Employment Application" in the subject line.

Please indicate here for which post you are applying:

Information Officer (West Kent, North Kent and Swale)

1. PERSONAL DETAILS

Your last or family name

Your initial(s)

--	--

Your permanent home address

Postcode

--	--

Home Telephone

Work telephone

--	--

Email address

Mobile telephone

--	--

National Insurance Number

--

2. EMPLOYMENT

Please tell us about your current/previous jobs. Please include any voluntary or temporary positions, as well as time spent caring for dependants. Continue on a separate sheet if necessary.

Dates employed From / To	Name and address of employer	Position held and nature of the work	Reason for leaving

3. QUALIFICATIONS AND TRAINING

Please tell us about any qualifications you have obtained and any training undertaken, whether these are directly related to the post or not. We may ask you for evidence about an academic or professional qualification you have gained. Continue on a separate sheet if necessary.

Name of school/college or institution	Qualification gained or course title	Dates of study

4. SUPPORTING STATEMENT

Please read the job description and person specification as carefully as possible. Drawing upon your experience and qualifications, both in and out of paid employment, and the skills and knowledge you have gained, please tell us how you meet the selection criterion for the post. You may find it useful to address each one in turn. Please also tell us briefly why you are interested in the post. (Continue on a separate sheet if necessary).

5. CRIMINAL OFFENCES

Have you been convicted of a criminal offence (other than "spent" convictions) under the Rehabilitation of Offenders Act 1974?

Yes No

If YES please give details:

6. DRIVING LICENCE

Do you have a current UK driving licence Yes No

Do you have any current endorsements? Yes No

If yes, please give brief details:

7. REFERENCES

Please give us details of two referees whom we can contact. Ideally one should be your current or most recent employer. Both referees should be in a position of responsibility. If you are unable to provide this information you should provide details of someone who knows you in other than a personal capacity, ie not someone related to you or simply a friend. Please ensure you check with referees that they are willing and able to provide a reference for you.

Name of First Referee	Name of Second Referee

Position Held	Position Held

Organisation Name & Address	Organisation Name & Address

Telephone	Telephone

Email	Email

Connection with Applicant	Connection with Applicant

May we contact before Interview?

Yes No

May we contact before Interview?

Yes No

8. IMPORTANT INFORMATION

Please ensure that the information you have provided is accurate and that you have not omitted any material facts. By completing this application form you agree that Disability Assist can use the information during the recruitment process, including checking with third parties any of the information you have provided. You understand that if offered the post, Disability Assist will retain the application form. If you are not successful all information will be destroyed within three months after the completion of the recruitment process.

9. DECLARATION

I accept that any offer of employment is conditional on true and accurate information, with no material omissions. I understand that if it is subsequently discovered that any statement is false or misleading, my contract may be terminated.

In submitting this form, you declare that the information provided is true, accurate and complete.

Your signature

Date

--	--

Please return the completed form as shown on the first page.

Please remember to return the Equal Opportunity Monitoring Form with your application.

EQUAL OPPORTUNITIES STATEMENT

Disability Assist recognises that everyone has a contribution to make to our society and a right to equal treatment.

We believe that no job applicant, staff member, volunteer or organisation/individual to whom we provide services will receive less favourable treatment on the grounds of age, class, employment status, physical or mental disability or mental ill health, political belief, race, colour, nationality, ethnic or national origin, religion, sex, marital status or caring responsibilities, sexuality and unrelated criminal conviction.

We aim to ensure that our staff and volunteers are not discriminated against. Where this occurs Disability Assist commits itself to taking positive action on discrimination.

We also believe:

- That priority should be given to working with people whose full participation in society is limited by disability, economic, political and social disadvantage.
- That the role of Disability Assist is to affirm and enable people to collectively play an active part in their community.
- That all people have equal rights to work towards social justice and to participate in decision making processes and local action in working towards a just and participatory society.

EQUAL OPPORTUNITIES MONITORING FORM

We want to ensure that we receive applications from as wide a cross section of the community as possible. Monitoring our performance on ensuring equal opportunities is important in achieving this aim and serving all our members and clients.

The purpose of this form is to help us monitor how well we are doing in attracting candidates from as wide a range of backgrounds as possible and to help ensure that we comply with current and future UK and European legislation on discrimination on the grounds of gender, ethnicity, nationality, age and sexual orientation .

You may regard some of the questions as personal and may not wish to answer. Not completing any particular questions or returning this form will not affect you being considered for the relevant post.

Please note that this form will not be seen by those undertaking the selection for the post on offer. Non-specific (i.e. not by name) information will be used for statistical analysis.

We would therefore be grateful if you could provide the information asked for and return this form with your application form.

EQUAL OPPORTUNITIES MONITORING FORM

All information will be treated in the strictest confidence and will be separated from your application form

Surname	Initials

Post Applied for	Where did you see this post advertised

Gender	Age	Nationality
Female		Male

Ethnic Origin

How would you describe your ethnic origin?

White			
British		Irish	Any other White background

Mixed			
White & Black Caribbean		White & Black African	
White & Asian		Any other mixed background	

Asian or Asian British			
Indian		Pakistani	
Bangladeshi		Any other Asian background	

Black or Black British			
Caribbean		African	Any other Black background

Other Ethnic Groups			
Chinese		Any other ethnic group	

Disability

We understand that many people do not declare their disability because of possible discrimination. We wish to encourage applications from people with disabilities and need to see if our policies are being effective.

Disabled but not in receipt of disability benefit		Disabled and receipt of disability benefit	
Have a visual impairment		Have a hearing impairment	Have special needs access
Other (please specify)			

Information for applicants with disabilities

To assist Disability Assist in pursuing its commitment to ensure that people with disabilities are able to participate as fully as possible in the recruitment and

selection process and in employment with Disability Assist, are there any adjustments that need to be made for the purposes of:

- The interview;
- Written communication regarding your application;
- The job?

Sexual Orientation

We appreciate that this question is extremely personal and we you are under no obligation to answer.

Heterosexual	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>	Gay	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Transsexual	<input type="checkbox"/>
--------------	--------------------------	---------	--------------------------	-----	--------------------------	----------	--------------------------	-------------	--------------------------

Thank you for taking the time to complete this form. If you have any comments on how we can improve this form we would be happy to receive them.