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**Job Application Form**

Warwickshire Young Carers

Warwickshire Young Carers’ Project runs online recruitment campaigns and the preferred method of application is online at [www.warwickshireyoungcarers.org.uk](http://www.warwickshireyoungcarers.org.uk). However, where a candidate cannot use our online application system, this form should be used to apply. As an employer we are committed to equal opportunities in employment and we positively welcome your application irrespective of your gender, race, disability, colour, ethnic origin, nationality, sexuality, gender identity, marital status, religion, trade union activity or age.

This form contains important information which will be used to assess your application for the role and also to then confirm your employment and personal details and so you MUST ensure it is accurately completed, and that you have clearly demonstrated how you meet the requirements of the role. This form MUST be submitted prior to the closing date of the position being applied for.

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| --- | --- |
| **Vacancy Details** | |
| Position Title |  |

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| --- | --- | --- | --- | --- |
| **Your Details** | | | | |
| Forename(s) |  | | | |
| Surname(s) |  | | Title (e.g. Mr, Mrs) |  |
| Preferred Name (if applicable) | |  | | |
| Previous Surname (if applicable) | |  | | |
| National Insurance Number | |  |  | |

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| **Advertisement Details** |
| How did you first hear about the job you are applying for? |
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| --- | --- | --- |
| **Flexible Working** | | |
| Generally, all jobs can be open to part-time or job share arrangements (where a position may be split into two part-time positions) unless there are compelling and objectively justified reasons to the contrary. | | |
| Do you wish to apply for the position on a part-time or job-share basis? | Yes | No |
| Please explain how this would best suit you (number of hours/days preferred, any restrictions). | | |
|  | | |
| If YES, this will be discussed with you if you are short-listed for interview. | | |

**Guidance Notes**

Every section in the application form must be completed as fully as possible, and the information provided must be accurate. We cannot accept Curriculum Vitaes (CVs) / Resumes alone. We recommend that you retain a copy of your application form so that you can refer to this, should you be invited to interview.

The main sections of the application form will ask for a variety of information relating to your work, educational and personal history. This information allows your application to be fully assessed against the criteria / competencies needed to do the job. When completing the application, you should provide your entire work history, including a description of any gaps in this history. In addition, you should outline all the skills, qualifications and awards you have, but these can be selective, and you only need to provide those you consider relevant to the job you are applying for.

Application Questions

This is the most significant element of the application form, as this is the section where you have the opportunity to explain why you are suitable for the vacancy you are applying for. To give yourself the best opportunity of being short-listed, you should look at the criteria / competencies for the role (outlined in the Person Specification) and give examples from your personal, educational or work career that show how you can demonstrate these. If you do not meet all the essential criteria, you are very unlikely to be invited to interview.

Declaration of interests and relationships

We ask all potential employees to inform us of any relationships to trustees, grant bodies, volunteers or employees. We must do this to ensure that everyone is treated fairly and so that we can ensure there is no reason why offering a position would be unfair. For example, it may be inappropriate to offer someone a position within the organisation where they work for a family member, or asking someone to take a position where they manage grants for voluntary services when their family work for a relevant awarding agency.

Confirming the outcome of an application

Due to the number of applications, it is not possible to respond to them all. As a result, you should assume that you have been unsuccessful if you have not heard from us within 4-weeks of the closing date for the given job. We know this is not ideal but hope you can understand why we do this. If you are successful, we will contact you to confirm the outcome of all additional steps of the application process, as the numbers involved are far less.

Pre-employment Checks

We are committed to Safeguarding and promoting the welfare of all those we work with and support, as well as complying with best practice in the application of safeguarding. Therefore, if you are offered a job the offer will be conditional on satisfactory pre-employment checks, these can include; references, qualifications and other evidence e.g. driving licence, and in some instances taking a medical examination or Disclosure and Barring Service check (formerly CRB Disclosure).

**Please submit this form to;**

[recruit@warwickshireyoungcarers.org.uk](mailto:recruit@warwickshireyoungcarers.org.uk)

*or alternatively by post\* to;*

Warwickshire Young Carers, Holly Grange, Holly Lane, Balsall Common, CV7 7EB

\*If posting this application please ensure the correct postage is paid.

**Contact Details**

Please provide your contact details. These will be used for correspondence through the recruitment campaign.

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| --- | --- | --- | --- | --- | --- | --- |
| Address |  | | | | | |
| Town / City |  | | | Post Code |  | |
| Home Tel. Number | |  | Mobile Tel. Number | |  | |
| E-mail Address | |  | | | | |
| If you wish to provide a second address, please do so on a separate sheet and provide an explanation e.g. term-time only, and tick here if you do so | | | | | |  |

**Employment History**

Please provide details of your employment history, starting with your most recent / current employer and working back. Please also account for any gaps in employment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date From | Date To | Employer Name and Address | Job Title & Main Duties  (Please state Full or Part Time) | Reason for Leaving | |
|  |  |  |  |  | |
| If required, continue on a separate sheet and tick here to confirm you have done so | | | | |  |

**Education & Qualifications**

Please provide details of your education and qualifications, starting with your most recent and working back. Please also account for any gaps in education.

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| --- | --- | --- | --- | --- |
| Courses attended / Qualification / Subjects | Grade / Level | School, College or Training Provider | Year Completed | |
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| If required, continue on a separate sheet and tick here to confirm you have done so | | | |  |

**Training & Skills**

Please provide details of any courses or training that you have undertaken that are relevant to the job being applied for, starting with your most recent and working back.

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| --- | --- | --- | --- |
| Course Title | Result | Year Completed | |
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| If required, continue on a separate sheet and tick here to confirm you have done so | | |  |

**Personal Interests**

Please provide details of any personal interests, hobbies, leisure pursuits or activities that you enjoy doing. Please include things to help us match you with Young Carers.

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**Application Questions**

Please provide any additional information or comments you wish to bring to the attention of the selection panel. In this section you must ensure you demonstrate fully how you meet each of the criteria set out in the person specification of the post you are applying for including any experience, skills and abilities that you have gained, both in work and outside paid work such as voluntary / community work. You may find it helpful to address each of the criteria in turn. Please also state why you are interested in the position being applied for.

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| **Application Questions Continued** | |
|  | |
| Please use the following space to provide details of any volunteering work you have done | |
|  | |
| Please use the following space to state why you are interested in the position being applied for | |
|  | |
| If required, continue on a separate sheet and tick here to confirm you have done so |  |

**Reference Details**

Please give details of two referees, one of which must be your current or most recent employer. References will not be accepted from relatives or friends and no appointment will be confirmed without first taking up references.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referee 1 - Current / Most Recent Employer or Educational Establishment** | | | | | | | | | | |
| Forename(s) | |  | | | | | | | | |
| Surname | |  | | | | Title (e.g. Mr, Mrs) | | |  | |
| Job Title | |  | | | | | | | | |
| Organisation | |  | | | | | | | | |
| Address |  | | | | | | | | | |
| Town / City |  | | | | Post Code | |  | | | |
| Home Tel. Number | | |  | Mobile Tel. Number | | |  | | | |
| E-mail Address | | |  | | | | | | | |
| Can we seek this reference without further consent from you? | | | | | | | | Yes | | No |

|  |  |  |  |  |  |  |  |  |  |  |
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| **Referee 2 – Employment, Education or Character** | | | | | | | | | | |
| Forename(s) | |  | | | | | | | | |
| Surname | |  | | | | Title (e.g. Mr, Mrs) | | |  | |
| Relationship | |  | | | | | | | | |
| Job Title | |  | | | | | | | | |
| Organisation | |  | | | | | | | | |
| Address |  | | | | | | | | | |
| Town / City |  | | | | Post Code | |  | | | |
| Home Tel. Number | | |  | Mobile Tel. Number | | |  | | | |
| E-mail Address | | |  | | | | | | | |
| Can we seek this reference without further consent from you? | | | | | | | | Yes | | No |

**Relationships**

Please provide details of any relationships that you may have with significant individuals or groups.

|  |  |  |
| --- | --- | --- |
| Are you related to, or have a personal relationship with, a Trustee, Volunteer or Employee of Warwickshire Young Carers’ Project? | Yes | No |
| Are you related to, or have a personal relationship with, anyone associated with an organisation with whom we might be granted funds (either now or in the future) including officers or councillors of Warwickshire County Council? | Yes | No |
| If YES, please provide details, including the name, position and relationship. | | |
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**Disability Requirements**

We welcome applications from disabled people who have the necessary skills and experience for the post. If you have a disability, please outline below any reasonable adjustments you require to attend for an interview and/or to help you in this job.

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| --- | --- | --- | --- |
| Do you require reasonable adjustments for your interview? | Yes | No |  |
| If YES, please specify below | | | |
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**Criminal Convictions**

Please provide information relating to any criminal convictions you may have had in the past that are not spent.

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| --- | --- | --- |
| Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? | Yes | No |
| If YES, please provide details below. | | |
|  | | |
| Please note: if you are applying for a post which requires a DBS check all convictions remain unspent and you must declare them. | | |

**Declarations**

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| --- | --- | --- | --- |
| With this application, I hereby consent to the information in this form being retained for recruitment, selection and employment related purposes only. I declare that all statements I make in this application are true and, to the best of my knowledge and belief, that I have not withheld any relevant information. I understand that if I have made any false statements or omitted any information, I am liable to have my application rejected, or if appointed, liable to be dismissed. | | | |
| Signature |  | Date |  |

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**Equality Details Form**

Remove prior to shortlisting

Personal details are required again as this form will be removed from your application prior to shortlisting. This form provides information used to ensure compliance with equality and diversity.

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| --- | --- | --- | --- | --- |
| **Personal Details** | | | | |
| Forename(s) |  | | | |
| Surname(s) |  | | Title (e.g. Mr, Mrs) |  |
| Employee Number (if appropriate) | |  |  | |
| National Insurance Number | |  |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Age Range** | | | | | | | |
| 16-17 | 18-24 | 25-29 | 30-39 | 40-49 | 50-59 | 60-64 | 65+ |

|  |  |  |
| --- | --- | --- |
| **Gender** | | |
| Male | Female |  |

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| --- | --- | --- | --- |
| **Sexual Orientation** | | | |
| Heterosexual / Straight | Gay / Lesbian | Bisexual | Prefer not to say |

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| **Religion and Beliefs** | | | | | | |
| Please select one religion or belief that is most suitable; | | | | | | |
| Buddhist | Christian | | Hindu | Jewish | Muslim | Sikh |
| No Religion | | | Prefer not to say | | Other\* | |
| \*Please specify here | |  | | | | |

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| **CONFIDENTIAL**  **Ethnic Origin** | | | | |
| White | White British | | White Irish | White Other\* |
|  | White Gypsy or Irish Traveller | | | |
| Mixed | White & Black Caribbean | | | White & Black African |
|  | White & Asian | | Other Mixed Ethnic Group\* | |
| Asian or Asian British | Indian | | Pakistani | Bangladeshi |
|  | Chinese | | Other Asian or Asian British\* | |
| Black or Black British | Caribbean | | African | Other Black or Black British\* |
| Other Ethnic Groups | Arab | | Any Other Ethnic Group\* | |
|  | Prefer not to say | | | |
| \*Please specify here | |  | | |

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| **Disability** | | | | |
| The Disability Discrimination Act (1995) defines a disabled person as someone with a 'physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities. | | | | |
| Taking this into account do you consider yourself to have a disability? | | | Yes | No |
| If you have answered yes, to help identify and better understand the needs of our disabled employees, please indicate the type(s) of impairment which applies to you. | | | | |
| Hearing Impairment | | Learning Difficulties | | |
| Learning Disability | | Long standing illness or heart condition | | |
| Mental Health Condition | | Mental Illness | | |
| Mobility Impairment | | Neurological Condition | | |
| Physical Coordination Difficulties | | Physical Impairment | | |
| Reduced Physical Capacity | | Sensory Impairment | | |
| Speech Impairment | | Visual Impairment (not corrected by spectacles) | | |
| Prefer not to say | | None | | |
| Other (please specify here) |  | | | |
| Please note: if you have a disability that may have an effect upon your work, your health & safety at work or the health & safety of others, you must make your manager aware of this. This is so that any appropriate measures can be identified that would ensure the health & safety of you, your work colleagues or members of the public while you are at work. | | | | |

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| **Declaration** | | | |
| I confirm that the information provided is accurate and complete and understand that it is a disciplinary offence to knowingly give false information. | | | |
| Signature |  | Date |  |