Community Action Suffolk Application Form

Please read our recruitment pack before completing the application form

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| --- | --- |
| Vacancy Title:  |  |

|  |  |
| --- | --- |
| Please tell us how you heard about this vacancy: |  |

About you

|  |  |
| --- | --- |
| Title: |  |
| Surname: |  |
| Forenames:  |  |

|  |  |
| --- | --- |
| Daytime contact number: |  |
| Evening Contact number: |  |

|  |  |
| --- | --- |
| Address: |  |
| Postcode: |  |

|  |  |
| --- | --- |
| Email:  |  |
| If you would like us to view your LinkedIn profile, please add here: |  |

|  |  |
| --- | --- |
| National Insurance Number:  |  |

Do you hold a current driving licence? Yes □ No □

If you have any endorsements please give details. If none please insert N/A

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Do you know anyone who currently works at or is a trustee of Community Action Suffolk?

Yes □ No □

If yes, please provide details of who and in what capacity you know them.

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Do you have the right to work in the UK? Yes □ No □

|  |  |
| --- | --- |
| If no, please provide details |  |

Part **A**

|  |  |
| --- | --- |
| If offered this position, will you continue to work in any other capacity? The Working Time Directive requires individuals to sign an opt out if they are to work in excess of 48 hours per week |  |

**References**

Please provide the names and contact details of two people who are willing to give references. One of whom should be your current or most recent employer. Your referees will only be contacted if you are offered the post.

Referee 1

|  |  |
| --- | --- |
| Name: |  |
| Relationship to you: |  |
| Company name: (if applicable) |  |
| Address: (including postcode) |  |
| Email address: |  |
| Telephone number: |  |

Referee 2

|  |  |
| --- | --- |
| Name: |  |
| Relationship to you: |  |
| Company name: (if applicable) |  |
| Address: (including postcode) |  |
| Email address: |  |
| Telephone number: |  |

Specific arrangements

In order to make sure that we comply with our obligations under the Equalities Act, please let us know if you think you need any specific arrangements for an interview. Please note we will only contact you to discuss in more detail if you are shortlisted.

I do/do not require any specific arrangements for interview (delete as applicable)

Declaration

Part **A**

Data Protection Statement

All of the information collected in this form is necessary and relevant to the performance of the job applied for. We will use the information provided by you on this form, and by the referees you have noted, for recruitment purposes only. The Company will treat all personal information with the utmost confidentiality and in line with current data protection legislation. We rely on the lawful basis of legitimate interest to process the information provided by you in this form.

Should you be successful in your application, the information provided, and further information which will be gathered at the relevant time, will be subsequently used for the administration of your employment and in relation to any legal challenge which may be made regarding our recruitment practices.

For more information on how we use the information you have provided, please see our privacy notice for job applicants which can be downloaded from the vacancies page on our website <https://www.communityactionsuffolk.org.uk/about-cas/vacancies/>

Declaration

I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment offered. I understand that any offer of employment is subject to the Company being satisfied with the results of series of relevant checks including references, eligibility to work in the UK, criminal convictions, probationary period and a medical report (in line with the operation of the Equality Act 2010).

|  |  |
| --- | --- |
| Name (block capitals) |  |
| Date |  |
| Signed |  |

Please send your completed application form to either louise.bradshaw@communityactionsuffolk.org.uk or post to Community Action Suffolk, Brightspace, 160 Hadleigh Road, Ipswich, IP2 0HH and mark it for the attention of Louise Bradshaw.

Please provide a summary of your education and the qualifications gained which are relevant to the role you are applying for.

Education and Qualifications

Part **B**

|  |  |
| --- | --- |
| **Schools/ Colleges/ Universities** | **Qualification gained** |
|  |  |

Please list below any qualifications you have which you think are relevant to the role you are applying for. If you are shortlisted you may be required to provide original copies at interview.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date completed**  | **Course** | **Qualification (with grade if appropriate)** | **Institution**  |
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Personal Development

Please give us details of any relevant training, short courses, memberships, voluntary work or responsibilities you have obtained that you consider to be relevant to the role your applying for.

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Part **B**

Employment History

Please give details of the complete work experience that you have, this could be paid work, voluntary work or other life experiences.

Please start with the most recent, providing dates and explaining any gaps in employment.

Current or most recent employer

|  |  |
| --- | --- |
| Name of employer: |  |
| Start date: |  | Leaving date: |  |
| Position held: |  |
| Brief description of duties: |  |
| Reason for leaving: |  |

Previous employers

|  |  |
| --- | --- |
| Name of employer: |  |
| Start date: |  | Leaving date: |  |
| Position held: |  |
| Brief description of duties: |  |
| Reason for leaving: |  |

|  |  |
| --- | --- |
| Name of employer: |  |
| Start date: |  | Leaving date: |  |
| Position held: |  |
| Brief description of duties: |  |
| Reason for leaving: |  |

Part **B**

Supporting Statement

To complete this section please read the guidance section, job description and person specification contained in the application pack. Please outline to us how your skills, knowledge, experience and qualities match the requirements in the person specification.

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Equal Opportunities Monitoring Form

Part **C**

CAS aims to meet the commitments set out in its Equality, Diversity and Inclusion 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.

CAS needs your help and co-operation to enable us to do this, however completing this form is voluntary.

The information you provide will remain confidential and be stored securely and limited to the HR department in CAS. The information will only be used for monitoring purposes.

If you have any questions about the form, please contact Louise Bradshaw louise.bradshaw@communityactionsuffolk.org.uk

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**Gender** Male  Female  Intersex  Non-binary  Prefer not to say 

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

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

Yes ☐    No ☐  Prefer not to say ☐

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**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:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

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**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:

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**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:

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**What is your working pattern?**

Full-time  Part-time  Prefer not to say 

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**What is your flexible working arrangement?**

None  Flexi-time  Staggered hours  Term-time hours 

Annualised hours  Job-share  Flexible shifts  Compressed hours 

Homeworking  Prefer not to say  If other, please write in:

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**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 