**APPLICATION FORM (EMPLOYMENT)**

*Fields marked \* must be completed*

**Position you are applying for:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | | | | | | | | | | | | |
| \*First Name: | |  | | | | | \*Surname: | | | | |  | | | | |
| \*Address: | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | \*Postcode: | | | |  | | | | |
| Contact Email: | |  | | | | | | | | | | | | | | |
| Contact No(s): | | *(Home)* | | | | | | *(Mobile)* | | | | | | | | |
| *\*At least one method of contact must be completed* | | | | | | | | | | | | | | | | |
| Date of Birth: | | \_ \_ / \_ \_ / \_ \_ \_ \_ | | | | | | | | | | | | | | |
| **Please give details of any health treatment received over the past three years and any factors relating to your health that might affect your performance as an employee** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **\*How many days off work for health reasons have you had in the last two years? Please give details:** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **\*Do you have use of a car for business purposes?** | | | | | | | | | | | | | | | | |
| Yes [ ] | | | | | | No [ ] | | | | | | | | | | |
| **\*How did you hear about this vacancy?** | | | | | | | | | | | | | | | | |
| *Please state* | | | | | | | | | | | | | | | | |
| **DETAILS OF PAID EMPLOYMENT AND RELEVANT VOLUNTARY WORK** | | | | | | | | | | | | | | | | |
| **Current/Most Recent Post** | | | | | | | | | | | | | | | | |
| \*Job Title/ Position: | | |  | | | | | | | | | | | | | |
| \*Name of Employer: | | |  | | | | | | | \*Address: | | | |  | | |
| \*Date of appointment: | | |  | | | | | | |
| \*Salary: | | |  | | | | | | |
| \*Notice required: | | |  | | | | | | |
| \*Outline of current responsibilities: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **List your previous appointments in chronological order, starting with the most recent** | | | | | | | | | | | | | | | | |
| \*Post | | | \*Organisation | | | | | | \*Paid or Voluntary | | | \*Starting & Leaving Dates | | | \*Reason for Leaving | |
|  | | |  | | | | | |  | | |  | | |  | |
| Please account for any breaks in employment: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| EDUCATION AND TRAINING | | | | | | | | | | | | | | | | |
| **Please give details of secondary and further/higher education, qualifications and training:** | | | | | | | | | | | | | | | | |
| \*School/College/University | | | | \*Qualifications gained/Training completed | | | | | | | | | | | | \*Dates |
|  | | | |  | | | | | | | | | | | |  |
| **SUPPORTING STATEMENT** | | | | | | | | | | | | | | | | |
| **\*Please identify the ways in which you see your skills, qualifications, training and experience equipping you for this post. Use the Person Specifications in the Job Pack as a guide to write this.** | | | | | | | | | | | | | | | | |
| *A maximum word count of 700 words* | | | | | | | | | | | | | | | | |
| **REFEREES** | | | | | | | | | | | | | | | | |
| **Please provide names and addresses of three referees (one should be your current/most recent employer). Family members or partners may not be used as referees:** | | | | | | | | | | | | | | | | |
| \*Name: |  | | | | \*Designation: | | | | | | | |  | | | |
| \*Address: |  | | | | \*Contact No: | | | | | | | |  | | | |
| Email: | | | | | | | |  | | | |
| \*In what capacity and for how long have you known the referee: | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| \*Name: |  | | | | \*Designation: | | | | | | | |  | | | |
| \*Address: |  | | | | \*Contact No: | | | | | | | |  | | | |
| Email: | | | | | | | |  | | | |
| \*In what capacity and for how long have you known the referee: | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| \*Name: |  | | | | \*Designation: | | | | | | | |  | | | |
| \*Address: |  | | | | \*Contact No: | | | | | | | |  | | | |
| Email: | | | | | | | |  | | | |
| \*In what capacity and for how long have you known the referee: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **REHIBILITATION OF OFFENDERS ACT 1974** | | | | | | | | | | | | | | | | |
| **Applicants should note that The Young Lives Foundation is exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974. This means that applicants are not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provision of the Act. If you are accepted for voluntary or paid work and fail to disclose any such convictions, this could result in your dismissal. Any information given will be completely confidential and will be used only in determining whether a particular role is appropriate.** | | | | | | | | | | | | | | | | |
| \*Have you ever been convicted of a criminal offence?  Yes [ ] No [ ] | | | | | | | | | | | | | | | | |
| \*Have you any prosecutions pending?  Yes [ ] No [ ]  If yes, please give details of date of offence(s) and sentence: | | | | | | | | | | | | | | | | |
| **CONSENT** | | | | | | | | | | | | | | | | |
| **Do you give your consent to the Young Lives Foundation to process information and data relating to your application, including sensitive personal data, in line with the Data Protection Act 1998?**  This consent includes taking up references and obtaining a Disclosure through the Criminal Records Bureau and a check with the Disclosure and Barring Service. | | | | | | | | | | | | | | | | |
| **Yes [ ]                 No [ ]**  *You can withdraw your consent and request erasure of your data at any time prior to your accreditation by notifying YLF that you wish to cancel your application.* | | | | | | | | | | | | | | | | |
| **DECLARATION** | | | | | | | | | | | | | | | | |
| **By signing, you are declaring that the information given on this form and in any accompanying documentation is correct to the best of your knowledge and belief:** | | | | | | | | | | | | | | | | |
| **\*Signed:** |  | | | | **\*Date:** | | | | | |  | | | | | |

**APPLICATIONS FOR EMPLOYMENT MUST BE SUBMITTED TO:**

**Recruitment, The Young Lives Foundation, 71 College Road, Maidstone, Kent ME15 6SX**

**Or emailed to: recruitment@ylf.org.uk**

**THANK YOU FOR YOUR INTEREST**

**DIVERSITY STATEMENT**

YLF is explicitly and actively committed to inclusivity, equality, and reflecting the diversity of the communities served. Nobody involved in YLF’s activities will be disadvantaged on the grounds of age, disability, gender, language, race, ethnic origin, sexual orientation, social class, religion, political views, marital status or health matters. The charity promotes equal opportunities for all, not only seeking to challenge all discrimination and encouraging tolerance but also appreciating the value of different cultures and lifestyles. YLF particularly encourage people to apply who are from sections of society that are currently underrepresented. This includes, but is not limited to, people with a disability, and individuals from ethnic minorities.

**EQUAL OPPORTUNITIES MONITORING**

**YLF is committed to an equality of opportunity for all. We wish to ensure that all applicants are treated fairly and appointed solely on their suitability for the post irrespective of race, gender, age, disability, caring responsibilities, sexual orientation, marital or civil partnership status and religion. We can assure you that this information is strictly confidential and will not be used in recruitment decisions.**

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| --- | --- | --- | --- | --- | --- | --- |
| *All questions are optional.*  *This form will be separated from your application and will be used for monitoring purposes only to ensure we are meeting our Equality & Diversity Policy.* | | | | | | |
| **Title:** | Mr [ ] Mrs [ ] Ms [ ] Miss [ ] Dr [ ] Other: | | | | | |
| **Age:** | Under 21 [ ] 21 – 30 [ ] 31 – 40 [ ] | | 41 – 50 [ ] 51 – 60 [ ] 61 – 70 [ ] | | 70 + [ ] Prefer not to say [ ] | |
| **Gender:** | Male [ ] Female [ ] Prefer not to say [ ] | | Gender Identity: (If appropriate) | | Transsexual [ ] Transgender [ ] Intersex [ ] | |
| If not listed above please write here: | | | | | |
| Is your gender identity the same now as at birth?  Yes [ ] No [ ] | | | | | |
| **Ethnicity:** | White  British [ ] English [ ] Irish [ ] Scottish [ ] Welsh [ ] Other: | Mixed/Multiple  White & Black Caribbean [ ] White & Black African [ ] White & Asian [ ] Other: | | Asian/Asian British  Indian [ ] Pakistani [ ]  Bangladeshi [ ] Chinese [ ] Other: | | Black/Black British  African [ ] Caribbean [ ] Other: |
| Any other ethnicity: | | | | | |
| **Religion:** | Buddhist [ ] Muslim [ ] | Christian [ ] Sikh [ ] | | Hindu [ ]  No religion [ ] | | Jewish [ ] Prefer not to say [ ] |
| Any other religion: | | | | | |
| **Disability:** | Are you registered disabled?  Yes [ ] No [ ] Don’t Know [ ] | | | Do you consider yourself disabled?  Yes [ ] No [ ]  Prefer not to say [ ] | | |
| **Marital Status:** | Married/Civil Partnership [ ] | | | Single [ ]  Prefer not to say [ ] | | |
| **Sexual Orientation:** | Bisexual [ ] Prefer not to say [ ] | Gay Woman/Lesbian [ ] | | Gay Man/ Homosexual [ ] | | Heterosexual/ straight [ ] |
| **Caring Responsibility:** | None [ ] Prefer not to say [ ] | 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 main caring role) [ ] |
| *Thank you.* | | | | | | |