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|  | **Please download this file in Word before filling it in.**  **When completed, please email the form and your CV to:**  **naomi@thisisgrowth.org** | | | |
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| **CONFIDENTIAL APPLICATION FOR EMPLOYMENT** | |
| **PLEASE TYPE CLEARLY, COMPLETING ALL SECTIONS OF THE APPLICATION.** | |
| Post applied for: |  |
| How did you become aware of this vacancy? |  |

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| **1) PERSONAL DETAILS** | | | | | | |
|  |  | |  | |  | |
| Surname: |  | | First Name(s): | |  | |
|  | |  | | | | |
| Home Address: |  | | | | | |
|  | | | Postcode: |  | | |
| Telephone (home): |  | | Email: |  | | |
| Telephone (work): |  | | May we contact you at work? | | | YES/NO |

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| **3) EMPLOYMENT** | | | | | | | |
| **PRESENT/MOST RECENT POSITION:** | | | | | | | |
| Employer: |  | | | Type of Organisation: | |  | |
| Job Title: |  | | | Salary: |  | Start date: |  |
| Brief description of duties: | |  | | | | | |
| Are you still employed: | | YES/NO | If yes, notice required: | |  | | |
| If no, date ended: | |  | Reasons for leaving: | |  | | |

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| **4) HEALTH** | | | |
| Have you had any major illnesses, operations, back trouble? | | | YES/NO |
| If yes, please give details on a separate sheet | | | |
| How many days sickness have you had in the past 2 years | | | days |
| Do you have a disability? | | YES/NO | |
| Would you expect any reasonable adjustments to be made to the workplace if you were appointed? If yes, please give | | | |
| details: |  | | |

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| **5) FAITH** | |
| As a Christian organisation, GrowTH requires its employees to identify with its Christian ethos and values. | |
| How are you able to do this? |  |

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| **6) SUPPORTING STATEMENT** |
| With close reference to the Job Description and Person Specification please give an account of your experience, knowledge, skills, and training that meet the requirements of the post. Please include any other information you feel is relevant in support of your application, such as your reasons for applying and what you can offer to GrowTH. In particular, please comment on any experience you have of working or volunteering with the homeless. |
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| What are your strengths (relevant to this position)? |
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| What are your weaknesses (relevant to this position)? |
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| The Advocate Workerrole involves working closely with vulnerable adults from a variety of different backgrounds.  Have you considered the possible challenges relating to this, e.g. working with those of a different cultural or social background or religion? |
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| **7) CONVICTIONS** | | | |
| Have you had any criminal convictions? | | YES/NO | |
| If yes, please give full details. | | | |
|  | **Due to the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Applicants are not entitled, therefore, to withhold information about convictions which for other purposes are “spent” under the provisions of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential.** | |  |

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| **8) REFERENCES** | | | | |
| Please submit 2 referees, at least 1 of which must be from an employer | | | | |
| Present/most recent employer: May we approach your employer before interview? | | | | YES/NO |
| Name & title: |  | | | |
| Organisation Address: |  | | | |
|  | | Postcode: |  | |
| Telephone No: |  | Fax No: |  | |
| Email address: |  | | | |
| Personal Reference of at least 2/3 years standing or Minister/Elder of church you attend: | | | | |
| Name & profession: |  | | | |
| Address: |  | | | |
|  | | Postcode: |  | |
| Telephone No: |  | Fax No: |  | |

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| **9) DECLARATIONS** | | | | | | | |
| **•** | **Are you willing to undergo a police check? (GrowTH will meet any costs)** | | | | | | **YES/NO** |
| **•** | **Are you prepared to undergo a medical examination at the expense of GrowTH** **if** | | | | | | |
|  | **requested?** | | **YES/NO** | | | | |
| **•** | **Are you required to have a work permit?** | | | **YES/NO** | | | |
| **•** | **Are you able to provide a short version of your birth certificate or other documentation accepted by the** | | | | | | |
|  | **Asylum and Immigration Act if offered the post?** | | | | **YES/NO** | | |
| **•** | **I authorise GrowTH to obtain references to support this application and accept and release** | | | | | | |
|  | **GrowTH and referees from liability caused by giving and receiving information.** | | | | | | |
| **•** | **I give express permission for the personal data on this form to be held and processed by GrowTH and** | | | | | | |
|  | **I will review GrowTH’s privacy notice at www.thisisgrowth.org/privacy-notice.** | | | | | | |
| **•** | **I confirm that the information given on this form is correct and any misleading or falsification of** | | | | | | |
|  | **information may be proper cause for rejection or, if employed, cause for dismissal.** | | | | | | |
| **Signature** | |  | | | | **Date** |  |

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| For any questions regarding the application form please contact  Naomi-Faith Newman | Naomi-Faith Newman  naomi@thisisgrowth.org  Tel: 07428482325 | Charity number 1161226 |

##### CONFIDENTIAL

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| **10) EQUAL OPPORTUNITIES MONITORING FORM** | |
| GrowTH is actively opposed to discrimination and is working towards equality of opportunity for all who apply to us for employment.  To help monitor our policy of equal opportunities, we would be grateful if you would complete this form and return it with your application. It will be separated from your application when it reaches us.  Your help in this matter is entirely voluntary and will in no way affect your application. | |
| Post applied for: |  |
| 1. Gender: |  |
| 2. Date of Birth: |  |
| 3. I would describe my ethnicity as: | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Ethnicity | White | Black | Mixed | Other |
| Asian |  |  |  |  |
| Caribbean |  |  |  |  |
| African |  |  |  |  |
| SE Asian |  |  |  |  |
| British European |  |  |  |  |
| European Non-British |  |  |  |  |
| Irish |  |  |  |  |
| Other |  |  |  |  |
| Mixed |  |  |  |  |

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| --- | --- |
| 4. I am a person with disabilities: | YES/NO |
| If yes, please give details: |  |
| 5. I heard about this position from: |  |

**Thank you for taking the time to fill in this application.**