**APPLICATION FOR EMPLOYMENT**

**PRIVATE AND CONFIDENTIAL**

**Position applied for:**  **Job Reference: (office use only) \_\_\_\_\_\_\_\_\_**

**Guidance Notes**

This application form is in two parts: **Part A** provides a resume of your educations, qualifications and career; **Part B** asks you to respond to questions relating to the role advertised, specifically in relation to the values of Age UK Northumberland. Please complete both sections in full.

The person specification we have provided sets out the values, skills, abilities, knowledge and experience required for the job and describes how we will assess these. If you are invited to interview we will ask you about your responses on the application form. Depending upon the role for which you are applying we may also set a situational judgement test, basic numeracy and literacy test, related task test or presentation to evaluate your ability to meet the role criteria. You will be informed of any additional selection testing if you are invited to attend for interview. Your completed application form will be scored against the essential & desirable criteria. The highest scoring applicants will be invited to interview. All applicants who have declared a disability and meet all of the essential criteria for the advertised post will be invited to interview stage.

Please do not include any additional sheets or a CV as these will not be considered by the shortlisting panel.

**Part A**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TITLE:**  **Mr/Mrs/Miss/Ms** | **Forename(s):** | | | **Surname**: |
| **Name known as (if different from Forename)** | | | | |
| **Address:**  **Postcode**: | | | | |
| **Email:** | | | | |
| **Telephone numbers:** | | **Home**: |  | |
| **Mobile:** |  | |
| **Work:** |  | |
| **National Insurance No**: | |  | | |

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| --- |
| * For Office Use Only > Application Ref |

**EDUCATIONAL HISTORY & QUALIFICATIONS**

Please list University/College/Secondary School(s) in reverse chronology (most recent first) and qualifications awarded.

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| --- | --- | --- | --- | --- | --- | --- |
| Start Date | End Date | Full Time or Part-Time | Name of School / College / University | Subjects Studied | Grade / Level | Date |
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**MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **MEMBERSHIP NUMBER** | **PROFESSIONAL BODY** | **LEVEL OF MEMBERSHIP** | **DATE LICENSED** |
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**CONTINUING PROFESSIONAL DEVELOPMENT: TRAINING COURSES ATTENDED**

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| --- | --- | --- |
| **YEAR** | **COURSE TITLE** | **TRAINING PROVIDER** |
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**FURTHER INFORMATION**

Do you have a **FULL** current driving licence with access to your own transport? YES / NO

**CURRENT EMPLOYMENT OR VOLUNTEERING**

|  |  |  |
| --- | --- | --- |
| **Organisation:** | | **Job Title** |
| **Address** | **Start Date** | |
| **Postcode** | **End Date** | |
| Please outline your main duties, responsibilities and reasons for leaving this role | | |

Please tell us about your wider career/volunteering. We will ask you about any career gaps if you are offered an interview.

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| --- | --- | --- | --- | --- |
| **Start Date** | **End Date** | **Organisation** | **Role Title & Description of Duties** | **Volunteer (V) or Employee (E)** |
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**REFERENCES**

Please provide the names and addresses of two professional referees who can provide information relating to your competency for this role. One of these must be your present or most recent employer.

A character referee is someone who knows you in a professional capacity e.g. your doctor, a minister, a teacher/college lecturer (if a recent student), or a senior manager/manager known to you (preferably worked with)\*. We are unable to accept references from friends, work colleagues or family members. We will not contact referees unless you are invited to interview. If you have previously been employed in the care sector and it is not your most recent employer, you must provide their details for reference number two.

\*If you require further guidance regarding a suitable character reference please contact the HR Department on 01670 784800.

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| --- | --- |
| **Reference 1: Current or Recent Employer** | |
| **Name** |  |
| **Organisation** |  |
| **Telephone** |  |
| **Email** |  |
| **Address** |  |
| **In what capacity does the referee know you? (e.g. employer, line manager, supervisor)** | |

|  |  |
| --- | --- |
| **Reference 2: Character/Professional Reference** | |
| **Name** |  |
| **Organisation** |  |
| **Telephone** |  |
| **Email** |  |
| **Address** |  |
| **In what capacity does the referee know you? (e.g. employer, line manager, supervisor)** | |

**HEALTH DECLARATION**

**FITNESS FOR THE ROLE ADVERTISED**

Age UK Northumberland provides services to vulnerable adults 365 days a year. Service users can be challenging and/or distressed because of their disability, a short-term illness, age frailty and/or their personal situation at the time.

A range of our roles, and particularly those involving care duties, require our employees to undertake physically and emotionally demanding roles. These services are provided in the community and involve contact with service users and family members. For the roles connected with the provision of a regulated service, we are required by the Care Quality Commission (CQC) to check that all employees providing care are of good health.

**Health Declaration:**

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| ***I have read the job description and confirm that I am fit for the advertised role.***  Name:  Date of Signature: |

**STRICTLY PRIVATE AND CONFIDENTIAL**

**CAUTIONS, REHABILITATION AND CRIMINAL RECORDS**

Because of 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 Exceptions Orders 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment.

Any information will be completely confidential and will be considered only in relation to this application.

In addition you are required to submit to a Disclosure & Barring Service Enhanced Disclosure and Barred List. Any disclosures made by the DBS will remain strictly confidential.

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| **Do you have any unspent convictions, cautions by the Police, reprimands or warnings? If YES please provide dates. Please include any driving offenses including speeding fines.**  **You must sign this section** | **YES / NO** |
| Signed Dated  Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**PART B**

**Question 1**

Please explain how you meet the criteria listed in the Person Specification for the role you have applied for. If you require additional space, please use additional paper and attach securely to the application form.

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| **Question 2**  Our values describe what makes our people ‘Age UK Northumberland People’. They are the qualities and ethos that we expect our employees and volunteers to embrace at all times, both in interactions with each other and also with external customers and service users.  1. We are **RESPECTFUL**  2. We are **EMPOWERING**  3. We promote **EQUALITY** & **INCLUSIVITY**  4. We demonstrate **INTERGITY** & are **TRUSTWORTHY**  5. We are **EMPATHETIC**  Please describe an example of when you have displayed each of these values in your past work or life experience. You can find more information about our values in the application pack. If you require additional space, please use additional paper and attach securely to the application form. |

**DECLARATION (Please read carefully before signing this application)**

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| . | * *I confirm that the information contained in this application is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.* * *I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor.)* * *I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act. If my application is unsuccessful my details will be destroyed after six months.* * *I agree that the organisation may apply to previous employers for references.*   *Signed*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Dated*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please return your completed

Application Form

Equal Opportunities Monitoring Form

Reasonable Adjustments Form (if declaring disability)

Marked Private and Confidential to

Trish Wilson

Age UK Northumberland

The Round House

Lintonville Parkway

Ashington

Northumberland NE63 9JZ

**DISABILITY DISCLOSURE**

**REASONABLE ADJUSTMENT NEEDS**

Age UK Northumberland is committed to equality of opportunity. We welcome applications for employment or volunteering from adults with disabilities as defined by the Equalities Act 2010. We are committed to making reasonable adjustment needs within our resources and capabilities to reduce any inequality or detriment arising from disability.

If you wish to disclose a disability and request reasonable adjustments please complete the form below.

**All disabled applicants who meet the essential criteria for the role will be offered an interview under the Guaranteed Interview Scheme.**

|  |
| --- |
| **Please give details of your disability and describe the reasonable adjustments you will need at interview or in later employment/volunteering.**  **This disclosure will only be seen by those responsible for making reasonable adjustments.** |
| **Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |