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| SAFS  Please Return to:  SAFS  Windmill Community Centre  Messenger Road, Smethwick  B66 3DX  or email: [info@safscare.org](mailto:info@safscare.org) | | | | | | | | | | | | | | | | | | | | | |  | | |
| Job Application Form  SAFS is committed to equal opportunities in employment and we positively welcome your application irrespective of your gender, race, sexuality, gender identity, marital status, responsibility for dependants, religion, trade union activity and age.  Please complete all sections on the form in **black ink**, if any section does not apply to you; please enter not applicable (N/A). It is important that you refer to the **job description and person specification** before completing this form. Electronic versions of this form are available at request.  **CVs will not be accepted in place of completed application form.** | | | | | | | | | | | | | | | |  | | | | | | | | |
| FOR OFFICE USE | | | | | | | | |
| Job ref no: | |  | | |  | | | |
| Date sent out: | | | | | | | | |
| Date returned: | | | | | | | | |
| Application no: | | | | | | | | |
| Closing Date: | | | | | | | | |
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| **1. Vacancy Details** **This section must be completed** | | | | | | | | | | | | | | | | | | | | | | | | |
| Job title: | |  | | | | | | Reference: | |  | | | | | | | | | | | |  | |  | |
| **2. Personal Details** | | | | | | | | | | | | | | | | | | | | | | | | |
| First name(s): | | | |  | | | | Last name: | |  | | | | | Title: e.g. (Mr,Mrs,Ms): | | | | |  | | | | |
| Former name(s): | | | |  | | | | | | | | |  | |  | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | Postcode: | |  | | | | | | | | | |
| Daytime tel no: | | | |  | | | | Evening tel no: | | |  | | | | | | | | | | | | | |
| Mobile tel no: | | | |  | | | | Email: | | |  | | | | | | | | | | | | | |
| Please indicate if you are happy to receive correspondence via your email address e.g. invite to interview letter: | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Do you have the Right to Work in the UK? Yes  No  Please note: original identification documents verifying your right to work in the UK will be requested, checked and a photocopy will be taken. If your application is successful and you commence employment the copy of your identification documents will be retained on file under the regulations governed by the Immigration, Asylum and Nationality Act. | | | | | | | | | | | | | | | | | | | | | | | | |
| Current driving licence (if this is a requirement of this job) | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| If YES, type of licence held and No of years | | | | | |  | | | | | | | |  | | | | | | | | | | |
| **3. General Information** | | | | | | | | | | **4. Arrangements for interview** | | | | | | | | | | | | | | |
| 1. Are you related to any Staff, Board member or service user of SAFS? Yes  No | | | | | | | | | | If you have a disability, are there any arrangements which we can make for you if you are called for an interview and/or work based exercise? Yes  No | | | | | | | | | | | | | | |
| If yes, please provide details: | | | | | | | | | |
| Name: | | |  | | | | | |  | If yes, please specify, (e.g. ground floor venue, sign language interpreter,etc). | | | | | | | | | | | | | | |
| Position: | | |  | | | | | | Please state languages spoken: | | | | | | | | | | | | | | |
| Relationship: | | |  | | | | | |  | | | | | | | | | | | | | | |
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| **5. Education/Qualifications**  (including overseas) Please start with secondary education. | | | | | | | | | | | | | | | | | | | | | | |
| From | | | To | | | | Secondary School/ | | | | | Qualifications achieved | | | | | Results | | Date | | | |
| mth | yr | | mth | | yr | | College/University etc | | | | | or to be taken | | | | | & grades | | gained | | | |
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| **6. Training**  Please list any course(s) which you have undertaken which are relevant to the job and/or specified on the person specification. (please continue on a separate sheet if necessary) | | | |
| Year | Organising body | Course title | Length |
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| **7. Membership**  Please indicate membership of any organisation(s) relevant to this job. | | |
| Name of organisation | Type of membership | Date of membership |
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| **8. Past Employment & Experience**  (if any) include voluntary or other relevant experience. | | | | | | |
| From | | To | | Employer | Job Title | Reason for change |
| mth | yr | mth | yr |  |  |  |
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| Please continue on a separate sheet if necessary. |

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| **9. Present or Most Recent Employment** (if any) | | | | | |
| Job title: |  | | Employer: |  | |
| Salary: |  | | | | |
| Date Started: |  | | Date left (if applicable): | |  |
| Address: |  | | | | |
|  | | | | Postcode: |  |
| Reason(s) for leaving (if applicable): | |  | | | |
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| **10. References**  Please give details of two referees one of which must be your current or most recent line manager/supervisor, or other person designated within the organisation to provide references. | | | | | | |
| Please put a cross in the appropriate box(es) below if you do not wish us to take up a reference without  your consent. | | | | | | |
| Name: |  | | | | |  |
| Address: |  | | | | | |
|  | | Postcode: | |  | | |
| Tel no: |  | Email: | |  | | |
| Job title: |  | Relationship to you: | | |  | |
| If this referee knows you by another name please give that name: | | |  | | | |
|  | | | | | | |
| Name: |  | | | | |  |
| Address: |  | | | | | |
|  | | Postcode: | |  | | |
| Tel no: |  | Email: | |  | | |
| Job title: |  | Relationship to you: | | |  | |
| If this referee knows you by another name please give that name: | | |  | | | |
|  | | | | | | |
| **12. Additional information in Support of your Application** | | | | | | |
| Please give briefly any additional information you consider important, including reasons for applying for this job, any relevant courses you have attended and any special interest or activities which demonstrate how you meet the requirements as set out in the person specification.  You may also continue on a separate sheet(s) if you wish. You must ensure that any additional sheets are attached securely and include your name and job reference number and job title.    **It is important that you refer to the job description when completing this section.** | | | | | | |

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| **12. Other information in Support of your Application (please continue on a separate sheet if required)**  ***Continued….*** |

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| **13. Criminal Convictions Declaration/DBS Consent**  Due to the nature of the work you have applied for, this post is exempt from the `Rehabilitation of offenders Act 1974`.  Applicants must not with hold any information about criminal convictions. Failure to disclose any criminal convictions will result in immediate dismissal. Enhanced DBS checks will be carried out for all applicants.  Do you have any criminal convictions? Yes  No  If yes, please give details:  Have you had a DBS check in respect of any recent application for employment approved or registration involving access to children or vulnerable adults? Yes  No  If yes, please give details:  I consent to SAFS undertaking an Enhanced DBS disclosure in respect of my application if appointed.  Name(print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Declaration**  I confirm that the information contained in this application form is correct and understand that the appointment is subject to satisfactory references and the completion of a 6 months probationary period.  Signature:   Date: |
| **Application forms not fully completed may be refused.** |

**SAFS Confidential Equal Opportunities Monitoring Form**

SAFS is an equal opportunities employer. Our aim is to ensure that no applicant or employee receives less favourable treatment on the grounds of a protected characteristic as defined by the Equality Act 2010 or is disadvantaged by conditions or requirements that cannot be shown to be justifiable.

Selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.

In order to maintain the effectiveness of our commitment to equal opportunities, it would be helpful if you would complete this form; you may partially complete this form, if preferred. Completion is not compulsory and will not affect your application for employment. The information will be used for no other purpose than the one stated.

Position applied for:

Full Name:

# GENDER

Male **🞎** Female **🞎**

## AGE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age range: | 18-29 | 30-39 | 40-49 | 50-59 | 60-65 |
|  | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |

## ETHNIC ORIGIN:

## What is your ethnic Group? Please choose one from A to E, then tick the appropriate box to indicate your cultural background.

#### **A White** **🞎** British **🞎** Irish **🞎** Other White…………………

#### **B Mixed** **🞎** White and Black Caribbean **🞎** White and Black African

**🞎** White and Asian

#### **C Asian or Asian British** **🞎** Indian **🞎** Pakistani **🞎**

#### **🞎** Bangladeshi

**🞎** Other Asian………….

#### **D Black or Black British** **🞎** Caribbean **🞎** African **🞎**

#### Other Black……………………

#### **E Chinese or other Ethnic Group** **🞎** Chinese

#### 

#### Other Ethnic Group………………….

**MARITAL STATUS:**

Married **🞎** Widowed **🞎**

Separated **🞎** Single **🞎**

Divorced **🞎** Living with Partner **🞎**

**DISABILITY:**

The Equality Act 2010 defines a disability as any physical or mental impairment, which has a substantial and long-term (more than 12 months) adverse effect on a person’s ability to carry out normal day to day activities.

Please indicate if you believe you have a disability as defined above:

**YES**  **🞎**  **NO**  **🞎**

If yes, please specify, from the list below, which category your disability may fall under:

Dyslexia **🞏** Blind / Partially Sighted **🞎**

Deaf / Hearing Impairment **🞏** Wheelchair user / Mobility Impaired **🞎**

Mental Health Difficulties **🞎** Multiple Disabilities **🞎**

Unseen Disability (e.g. Asthma) **🞎** Other Disability **🞎**

## RELIGION

Baha’i **🞎** Judaism **🞎**

Buddhism **🞎** Parsi **🞎**

Christianity **🞎** Sikhism **🞎**

Hinduism **🞎** Other **🞎**

Islam **🞎** None **🞎**

Jainism **🞎**

## SEXUAL ORIENTATION

Heterosexual **🞎** Lesbian **🞎** Prefer not to say **🞎**

Homosexual **🞎** Bisexual **🞎**

**DATA PROTECTION ACT**

I agree that the information given on this form may be processed by Sandwell Asian Family Support Service, in accordance with the Data Protection Act, in particular, for the purposes of equal opportunities monitoring. I agree to the storage of this information on manual and computerised files.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_