**Application Form**

**CONFIDENTIAL**

APPLICATION FOR THE POST OF: Evening Receptionist (Part Time) at Relate North Thames & Chilterns Hemel Hempstead office

**CLOSING DATE**: 15.4.24

1. **Please fill in all sections**
2. **Do not attach your CV as it will not be considered.**
3. **Complete in black ink or typescript for copying purposes.**

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| **PERSONAL** (In Block Capitals or Typescript, please) |
| Surname: Other Names:  Address:  (Include Post Code)  Daytime Telephone: Evening Telephone:  Email:  Do you have a current full driving licence? |

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| **EDUCATION/QUALIFICATIONS AND TRAINING**  Please include all relevant qualifications obtained and other training courses attended | | |
| ESTABLISHMENT | DATE(s)  OBTAINED/ATTENDED | QUALIFICATION(s)/TRAINING |
|  |  |  |

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| --- | --- | --- | --- | --- |
| **PRESENT OR MOST RECENT OCCUPATION** | | | | |
| ORGANISATION | JOB TITLE | DATE  COMMENCED | DATE LEFT  (If applicable) | SALARY |
|  |  |  |  |  |
| Brief description of your role (and, if applicable, your main reason for leaving): | | | | |

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| --- | --- | --- | --- | --- |
| **PREVIOUS OCCUPATIONS** (Please enter most recent first) | | | | |
| ORGANISATION | JOB TITLE  (Clarify if necessary) | FROM  (Month/Year) | TO  (Month/Year) | REASON FOR LEAVING |
|  |  |  |  |  |

**REHABILITATION OF OFFENDERS’ ACT, 1974**

Have you been convicted of a criminal offence (other than “spent” convictions under the 1974 Act)?

YES/NO

If “Yes”, please give details. --------------------------------------------------------------------------------------

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| **EXPERIENCE AND SKILLS**  **Before completing this section, please read the enclosed Job Description and Person Specification carefully. Use each requirement listed in the Person Specification as a heading and demonstrate how you meet the requirement by giving relevant details of your experience, skills and knowledge gained in employment, voluntary work or elsewhere. Also, say briefly why you are applying and why you feel you are suitable for this post.** |

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| **REFERENCES** (In Block Capitals or Typescript, please) |
| PLEASE GIVE THE NAMES OF TWO REFEREES WHO ARE ABLE TO COMMENT ON YOUR WORK ABILITY; ONE REFEREE AT LEAST SHOULD BE YOUR PRESENT OR MOST RECENT EMPLOYER, IF YOUR CIRCUMSTANCES PERMIT. |
| NAME: NAME:  ADDRESS (Include Post Code). ADDRESS (Include Post Code)  POSITION: POSITION:  TEL NO: TEL NO:  EMAIL: EMAIL:  Your referees will normally be contacted before we call you for interview. If such an arrangement is unacceptable to you, please tick this box. |

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| **GENERAL** |
| The Equalities Act defines a person as having a disability if:   * They have a physical and mental impairment. * The impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities.   If you consider yourself to have disability, is there anything we need to know about your disability to offer you a fair selection interview?  [ ] YES [ ] NO  If YES, please give details: |
| Please complete and return the enclosed Equal Opportunities Monitoring Form    If you were appointed, when would you be available to take up the post? ------------------------------  I wish to apply for the post named at the head of this form. I confirm that to the best of my knowledge the information given above, is correct and true and can be treated as part of any subsequent Contract of Employment.  Signed ------------------------------------------------------------- Date ------------------------------------- |

**Once completed please return this form to:** [**Nicola.cunniffe@relatentc.org.uk**](mailto:Nicola.cunniffe@relatentc.org.uk)

**Committed to Equal Opportunities**

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| **EQUAL OPPORTUNITIES MONITORING FORM** |

Relate north Thames & Chilternswants to meet the aims and commitments set out in its equality 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.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes.

If you have any questions about the form, contact Nicola.Cunniffe@relatentc.org.uk

**Gender**

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

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

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

Yes ☐    No ☐  Prefer not to say ☐

**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.

**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:

**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:

**Please return this form to:** [**nicola.cunniffe@relatentc.org.uk**](mailto:nicola.cunniffe@relatentc.org.uk)