

Application form

Please complete all sections of this form using dark ink. We do not accept curriculum vitae in place of completed application forms.

Job applied for:		Location of job:	
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DELETE/TICK WHERE APPLICABLE

Your Personal Details	
Ms/Miss/Mrs/Mr Surname <small>(other please state)</small>	
Forename(s)	
Address <small>(including post code)</small>	
Home phone number	
Mobile number	
Email address	
Work phone number	
Do you require a work permit to work in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', do you have a valid permit? <input type="checkbox"/> Yes <input type="checkbox"/> No

Your Current or Most Recent Employment	
Job title	
Name of employer	
Address of employer	
Nature of the business	
Your main duties and responsibilities	

Your Previous Employment

Full history including any gaps in employment and reasons – continue on a separate sheet if necessary

Dates From & To:	Position held	Employer's name	Nature of business	Reason for leaving

Your Education, Training and Personal Development

Please tell us about all your educational achievements (school, college etc). Please also include any relevant short training courses and professional membership/qualifications.

Where achieved?	Achievements and grades	When (dates)?

Your References	
<p>All offers of employment are subject to the receipt of two satisfactory references. Please give the details of two referees, at least one of which should be your current employer or last employer if you are currently unemployed, who we can write to confidentially.</p> <p>If you cannot provide two employer referees, please provide the name(s) of people who know you in a professional capacity eg an institute of education (school, college etc). Personal references from friends or family are not acceptable.</p>	
Name:	Name:
Relationship:	Relationship:
Address:	Address:
Telephone:	Telephone:
E-mail:	E-mail:

Note: we will only contact your referees after interview and with your permission

The Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 2001
<i>Please read our guidance notes before completing this section</i>
<p>Due to the nature of the post for which you are applying, it is regarded as 'exempt' from the provisions of the Rehabilitation of Offenders Act 1974 by virtue of the above Order. As a result, applicants are not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act and, in the event of employment; any failure to disclose such convictions could lead to dismissal or disciplinary action by the employer. Any information given will be treated as confidential and considered only in relation to this application.</p> <p>Have you ever been convicted of a criminal offence by a court of law? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If you have answered 'yes', please give details of the offence including dates. Having a criminal record will not necessarily be a bar to obtaining employment.</p>
<p>Note: Applicants who are offered employment or work that involves contact with vulnerable people, will be subject to a criminal record check from the Criminal Records Bureau before the appointment is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions.</p>

Supporting Information

Please use this section to tell us how you meet the person specification for the job by providing evidence/examples. We use the person specification to decide who to shortlist for interview. Please continue on a separate sheet if necessary but limit this to two additional sides of A4 paper. **You should not attempt to complete this section before reading the enclosed guidelines.**



Data Protection Statement

I certify that all the information provided in this application form, together with any other information that I may provide during the course of my application, is true and accurate to the best of my knowledge and belief, I understand and agree that:

1. any information I provide may be verified through personal or written contact in whatever manner is considered appropriate by Together and that any false or misleading statement may be sufficient cause for rejection or, if appointed, dismissal; and
2. the information that I have provided in this application form and any other personal data (including sensitive personal data) that I may provide during the application process or any period of employment with Together may be transferred to, held (in manual or electronic form) and used by Together and/or carefully vetted third parties who may process personal data on behalf of Together, for all purposes in connection with personnel and/or administrative matters including, without limitation, management planning or forecasting, and I expressly consent to such processing.

Signed:

Date:

Thank you for your interest in Together. Please now return this form to the address quoted on the covering letter that came with this application form.

Equal Opportunities Statement

Together welcomes diversity in the people we provide a service to and in our workforce. Diversity is not just seen as something to aim for but as something to be valued and an asset in delivering services to different people.

Together recognises that certain groups and individuals are discriminated against in society and is committed to ensuring that equality of opportunity becomes an integral feature of all our activities. Together aims to eliminate discrimination on grounds of race, ethnicity, religion, gender, sexual orientation, marital status, AIDS/HIV status, disability, age and history of mental-health and addiction problems.

All employees are required to comply with Together's equal-opportunities policy and cooperate with measures introduced by the Board of Trustees to implement and monitor it. Failure to do so will result in disciplinary action. Any employee having a complaint of discrimination or harassment is encouraged to raise the matter under Together's grievance procedure. The complaint will be fully examined and all possible action taken to eradicate the problem.

All Together appointments and promotions will be made in accordance with the equal opportunities policy.

Where did you see this job advertised?

Newspaper/website/from a friend/etc.

This information will help us monitor whether we are placing our recruitment advertisements effectively in line with our equal opportunities policy.

How do you describe your ethnic origin? Choose one section from A to F, then tick one box to best describe your ethnic group or background	
A White	B Mixed / multiple ethnic groups
<input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other white background, write in <input type="text"/>	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed / multiple ethnic background, write in <input type="text"/>
C Asian / Asian British	D Black / African / Caribbean / Black British
<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background, write in <input type="text"/>	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black / African / Caribbean background, write in <input type="text"/>
E Other ethnic group	F Undisclosed
<input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group, write in <input type="text"/>	<input type="checkbox"/> Do not wish to answer

The Disability Discrimination Act 1995 (DDA) defines a disabled person as someone with ‘a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities’.

Do you consider yourself to have a disability according to the terms given in the Disability Discrimination Act 1995 (DDA)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Do not wish to answer
If yes, please select the type of impairment which applies to you (you may select more than one):	
<input type="checkbox"/> Physical impairment <input type="checkbox"/> Sensory impairment <input type="checkbox"/> Mental health condition	<input type="checkbox"/> Learning disability <input type="checkbox"/> Long-standing illness or health condition <input type="checkbox"/> Other, write in <input type="text"/>