**A picture containing text

Description automatically generated**

**Application Form for the role of:** Supporter Care Administrator

Please return this completed form to Elizabeth Thomas (elizabetht@uspg.org.uk) by 9.00 am on 16th January 2021.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Family name: | | First name: | | | Other names: | | |
| 2. National Insurance No: | | | | | | | |
| 1. Are you currently eligible to work in the UK?     If no, give details | | | | | | | |
| 4. Address    Email address:  Daytime tel no: Evening tel no: | | | | | | | |
| 5. Education & training (university, college, technical education & professional training) | | | | | | | |
| Dates attended  From To | Institution & city | | | Field of  study/training | | Degree, Diploma or certificate | |
|  |  | | |  | |  | |
|  |  | | |  | |  | |
|  |  | | |  | |  | |
| 6. Other training, professional qualifications, membership of professional bodies: | | | | | | | |
| 7. Work experience (list only employment lasting 3 months or more). Begin with present or most recent employment (and add more sections if necessary). | | | | | | |
| Employer:  Address: | | | Title:  Based at:  Dates of employment:  Reason for leaving:  Current salary: | | | |
| Brief job description | | | | | | |
| Employer  Address | | | Title  Based at  Dates of employment:  Reason for leaving: | | | |
| Brief job description | | | | | | |
| Employer  Address | | | Title  Based at  Dates of employment:  Reason for leaving: | | | |
| Brief job description | | | | | | |
| Please continue on fresh sheet of paper as required | | | | | | |

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| **8. Supporting Statement**  On no more than two sides of A4, please summarise your skills and experience giving examples of how you meet the requirements of the person specification. |

Please tick to confirm that you have included any supporting documentation to your application – for example, written work requested in the job advertisement.[ ]

|  |
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| 9. Do you have a disability? Yes / No  If 'yes', please give brief details of the effects of your disability on your day-to-day activities, and any other information that you feel would help us to accommodate your needs and thus meet our obligations under the Equality Act 2010:  Please make us aware of any reasonable adjustments you would need in order to attend the interview should you be shortlisted. |

|  |  |
| --- | --- |
| 10. Please note here your leisure interests/voluntary sector involvement including any positions of responsibility held: | |
| 11. How did you become aware of this role vacancy? | |
| 12. From when would you be available to take up this role? | |
|  | |
| 13. Criminal Record | |
| Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. | |
|  | |
| 14. Please provide two referees. References should be provided by previous employers wherever possible. Relatives and partners are not suitable as referees. Ideally, references will be people that you have worked for in person. (Rather than just on-line)  Referees will not be contacted without your prior permission. | |
| Name: Tel no: Occupation  Address:  Email address:  Relationship to you | |
| Name Tel no. Occupation  Address  Email address:  Relationship to you: | |
| 15. Data protection statement | |
| All of the information collected in this form is necessary and relevant to the performance of the job applied for. We will use the information provided by you on this form, by the referees you have noted, and the educational institutions with whom we may undertake to verify your qualifications with, for recruitment purposes only. The organisation will treat all personal information with the utmost confidentiality and in line with current data protection legislation. We rely on the lawful basis of performing the employment contract that we are party to, and carrying out legally required duties to process the information provided by you in this form.  Should you be successful in your application, the information provided, and further information which will be gathered at the relevant time, will be subsequently used for the administration of your employment and in relation to any legal challenge which may be made regarding our recruitment practices. | |

The facts set out in this application form are, to the best of my knowledge, true and complete. I understand that any false statement will disqualify me from employment.

Signed: Date:

Name:

Equal opportunities monitoring form

**Unique identification number:**

(For office use only)

We are an equal opportunity employer. The aim of our policy is to ensure that all job applicants and employees receive equally favourable treatment. We will not discriminate on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief\*, sex or sexual orientation.

\* Some posts require candidates to be committed Christians, because we are an actively Christian organisation. Where this is the case, this will be made clear in recruitment documentation, and in this case, Schedule 9, Part 1:3(a) of the Equality Act 2010 will apply.

To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information:

**Age**

* Prefer not to say
* School age
* Over school age - 17
* 18-24
* 25-34
* 35-44
* 45-54
* 55-64
* 65-74
* 75+

**Disability**

Do you have a disability?

* Prefer not to say
* Yes, I am aware I have a disability
* No, I don’t have a disability
* As far as I am aware, I don’t have a disability

You will be considered as having a disability for discrimination purposes if you fit the definition as given in the Equality Act 2010. In the Act, a disability is a ‘physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities.’ For these purposes, ‘long term’ is taken to mean the condition is likely to last longer than 12 months or likely to recur.

**Ethnicity**

* Prefer not to say

Asian or Asian British

* Bangladeshi
* Indian
* Pakistani
* Other Asian background (Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Black or Black British

* African
* Caribbean
* Other Black background (Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Chinese and other groups

* Chinese
* Other ethnic group (Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Dual heritage

* White and Asian
* White and Black African
* White and Caribbean
* Other dual heritage (Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

White

* British
* Irish
* Other White background (Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Religion or belief\***

* Prefer not to say
* Buddhist
* Christian
* Hindu
* Jewish
* Muslim
* Sikh
* Other (Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* No religion

**Gender**

* Prefer not to say
* Male
* Female
* Non-binary

**Sexual orientation**

* Prefer not to say
* Lesbian
* Gay man
* Bisexual
* Heterosexual/straight

**Data protection statement**

**Data Controller**: USPG

USPG uses this information to review compliance with its policies on equal opportunity in relation to recruitment. We will use this data to inform our statistics on the representation of the categories of individual as shown above. We will treat all personal information in accordance with current data protection legislation and our data protection policy. For more information on how we use the information you have provided, please see our privacy notice for job applicants which is attached to this form.

We require your consent in order for us to process this information and to comply with data protection legislation. You are not required to give your consent; you acknowledge that any consent given is freely given. Your job application is not dependent on your giving consent to our processing of this data.

Including your signature below will signify your consent to our processing of this information. Once you have given consent, you may withdraw it at any time by contacting the USPG Office Manager on 0207 921 2200.

Your signature:

Date: