|  |  |
| --- | --- |
| Role Reference Number |  |
| Candidate Number |  |

****

**Application for Employment**

|  |  |
| --- | --- |
| **Role Applied For** |  |
| **Role Reference Number** |  |
| **Closing Date** |  |
| **Where did you see this role advertised?** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **About You** | | | | | |
| **Title** |  | | | | |
| **First Name** |  | | **Surname** |  | |
| **Address** |  | | | | |
| **Postcode** |  | **E-mail Address** | |  | |
| **National Insurance Number** |  | | **Mobile Number** | |  |

**General Data Protection Regulations (2018) – Recruitment Privacy Notice**

As part of the recruitment process, Active Tameside collects and processes data relating to job applicants. We are committed to being transparent about how we collect and use that data and to meeting our data protection obligations. The full Recruitment Privacy Notice can be found on our website:

www.activetameside.com/wp-content/uploads/2014/06/Active-Tameside-Recruitment-Privacy-Notice.pdf.

By continuing your application, do you agree that you have read and accepted our processing of your data in line with the Job Application Privacy Notice above? **\*** I Agree

**Safeguarding**

Active Tameside is committed to safeguarding and promoting the welfare of children and young people and it is expected that all applicants will share this commitment. DBS checks will be carried out on successful candidates, subject to post requirement.

**Declaration**

****I declare that the information contained in this application is complete and correct. I understand that if I have knowingly provided false information, or directly or indirectly canvassed a Trustee or a Senior Manager of Active Tameside in support of my application, I may be disqualified or dismissed after appointment

|  |  |
| --- | --- |
| **Signed:** | **Date:** |

**Please send completed applications to:**

**Human Resources, Head Office, Active Ken Ward, Hattersley Road East, Hyde, SK14 3NL**

|  |  |
| --- | --- |
| Role Reference Number |  |
| Candidate Number |  |

**Monitoring Information**

Please complete the following information. This part of the form will not be sent to members of the selection panel.

The information will remain confidential and will be used to provide an overall profiled analysis of candidates applying

for employment and to monitor equal opportunities.

|  |  |
| --- | --- |
| **Date of Birth** |  |

**Disability**

The Equality Act 2010 protects disabled people. Under the act, a person is disabled if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability according to the terms given in the Equality Act 2010?

Yes No

If you have answered yes, please tick the types of impairment which apply to you below:

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Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches.

Sensory impairment, such as being blind/having a serious visual impairment of being deaf/having serious hearing impairment.

Mental health condition, such as Depression.

Learning disability (such as Down ’s Syndrome or Dyslexia) or cognitive impairment (such as Autism)

Long-standing illness or health condition such as Cancer, HIV, Diabetes, Chronic Heart Disease or Epilepsy.

Other, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All applicants who have a disability and who meet the essential criteria for this job will be guaranteed an interview. Obtaining an interview under the guaranteed interview scheme does not guarantee you the job. On completion of the selection process the most suitable candidate will be offered the post.

**Gender**

Male Female Non-Binary Prefer not to say

**Is your gender identity different to the sex you were assumed at birth?**

Yes No Prefer not to say

**Are you married or in a civil partnership?**

Yes No Prefer not to say

**What is you sexual orientation?**

Heterosexual Gay woman/Lesbian Gay Man Bisexual Prefer not to say

|  |
| --- |
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If you prefer to use your own term, please specify here:

**Ethnic group**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.

**White**

English Welsh Scottish Northern Irish Irish British

Gypsy or Irish Traveller Prefer not to say

|  |
| --- |
|  |

Any other white background, please write in

**Mixed/multiple ethnic groups**

White and Black Caribbean White and Black African White and Asian Prefer not to say

|  |
| --- |
|  |

Any other white background, please write in

**Asian/Asian British**

Indian Pakistani Bangladeshi Chinese Prefer not to say

|  |
| --- |
|  |

Any other Asian background, please write in

**Black/African/Caribbean/Black British**

African Caribbean Prefer not to say

|  |
| --- |
|  |

Any other Black/African/Caribbean background, please write in

**Other ethnic group**

|  |
| --- |
|  |

Arab Prefer not to say Any other ethnic group, please write in

**Religion**

No religion or belief Buddhist Christian Hindu Jewish Muslim Sikh

|  |
| --- |
|  |

Prefer not to say If other religion or belief, please write in

**Criminal Convictions**

Have You Ever Been Convicted Of A Criminal Offence?

(Declaration subject to the Rehabilitation of Offenders Act 1974)

Yes No

|  |  |
| --- | --- |
| Role Reference Number |  |
| Candidate Number |  |

**Present Situation**

Employed

Training / Education

Voluntary Work

Unemployed

|  |  |  |  |
| --- | --- | --- | --- |
| **Please give details of your most recent employer** | | | |
| **Company** |  | | |
| **Address** |  | | |
| **Positon Held** |  | **Current Salary** |  |
| **Date Employment Started** |  | **Date You Left**  **(If Applicable)** |  |

**Previous Work Experience**

Please state the most recent employment first. Please include any voluntary work you may have carried out.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From** | **To** | **Name and Address** | **Position** | **Reason for Leaving** |
|  |  |  |  |  |
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**Please continue on a separate sheet if needed**

**What Qualifications do you have? (Formal Education: Secondary School / College / University)**

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| --- | --- | --- |
| **School / College etc.** | **Qualification / Subject Grade** | **Date** |
|  |  |  |
|  |  |  |
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**Other Related Training**

|  |  |
| --- | --- |
| **Details of Course / Qualification etc.** | **Date** |
|  |  |

**Are you a Member of a Professional Body?**

**Yes No**

|  |  |  |
| --- | --- | --- |
| **Professional Organisation** | **Type of Membership** | **Date of Entry** |
|  |  |  |

**Our vision is to be the go-to organisation to conquer inactivity and improve healthy life expectancy.**

We will achieve this through a group of shared values.

Please explain briefly how you have demonstrated these values in the past.

|  |  |
| --- | --- |
| **Active** – we encourage people to be active and healthy |  |
| **Champion** – we work and adapt so that we can be the best |  |
| **Together** – we are there for people that need our help |  |
| **Integrity** – we are genuine and honest with people |  |
| **Value** – we respect people’s opinions and differences |  |
| **Enthusiasm** – we enjoy what we do and act positively |  |

**Experience / Skills / Knowledge**

Please support your application by relating to the person specification how you meet the criteria listed.

Please could you give examples of how you have met each one. If you wish to use separate sheets please attach to application form. Please do not put your name on this sheet.

|  |
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**Additional Information**

Please provide the name and address of two employment referees, one of which should be your current employer

(Or most recent employer if unemployed).

|  |  |
| --- | --- |
| **Referee 1** | |
| **Full Name** |  |
| **Job Title** |  |
| **Address** |  |
| **Phone Number** |  |
| **E-mail Address** |  |

|  |  |
| --- | --- |
| **Referee 2** | |
| **Full Name** |  |
| **Job Title** |  |
| **Address** |  |
| **Phone Number** |  |
| **E-mail Address** |  |

**Driving License**

Do You Hold a Valid Driving License? Yes No

What Type of Driving License Do You Hold?

Professional Full LGV

If you are related to a board member or member of staff of Active Tameside you should make us aware of this.

Please give details below.