# **HAB Application Form**

**Personal Details:**

|  |  |
| --- | --- |
| **Healthwatch Branch** |  |
| **Title** |  |
| **First name** |  |
| **Other Names** |  |
| **Surname** |  |
| **Address** |  |
| **Post Code** |  |
| **Contact numbers:** |  |
| **Email address:** |  |

**Present or most recent employment**

**Present employer**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer name** |  | | |
| **Address** | **Post Code** | | |
| **Position held** |  | | |
| **Main duties** |  | | |
| **Salary** |  | | |
| **Start Date** |  | **End Date** |  |
| **Reason for leaving** |  | | |
|  | | | |

**Previous other employment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Employer | Post Held | Reason for leaving | Date from | Date to |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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| --- |
| Please give details of any gaps in your employment history |
|  |

**Relevant skills and experience**

Please use the space below to explain why you are applying for the position and how your experience, personal qualities and skills help to make you a suitable candidate. It is essential that you provide us with details that demonstrate how you meet the criteria for knowledge and experience, technical skills, and personal / behaviour attributes on the person specification. You must demonstrate you meet all the essential criteria on the person specification as a minimum. This will help us decide whether to invite you to the next stage of the selection process.

|  |
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**Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Educational establishment | Qualification taken | Grade | Date |
|  |  |  |  |

**Training and Development**

|  |  |  |  |
| --- | --- | --- | --- |
| Year Course Taken | Course Title | Date | Outcome (*grade achieved where relevant)* |
|  |  |  |  |

Criminal Convictions

|  |
| --- |
| For positions working with children, families, and vulnerable adults only.  Have you ever been convicted of a criminal offence? Yes No  Is the offence “spent” as defined by the Rehabilitation of Yes No  Offenders Act 1974?  Do you have a criminal conviction which is unspent? Yes No  Or pending against you? Yes No |

|  |
| --- |
| Are you related to or have a close relationship with any existing employee of Engaging Communities Solutions CIC?  Yes No  **If yes, please provide details of their name, job and your relationship to them.** |

|  |
| --- |
| To help us monitor the success of our advertising, please state where you saw this position advertised? |

**References**

Please give details of two referees, one of whom must be your present and / or last employer and the other from a previous employer.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referee one – current or previous employer** | | | | |
| If you are invited for interview, may we approach this referee without further reference to you | | | Yes / No | |
| Name |  | Title | |  |
| Address |  | | | |
| Contact Number |  | | | |
| Email address |  | | | |
| Occupation |  | | | |
| Relationship to you |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referee two** | | | | |
| If you are invited for interview, may we approach this referee without further reference to you | | | Yes / No | |
| Name |  | Title | |  |
| Address |  | | | |
| Contact Number |  | | | |
| Email address |  | | | |
| Occupation |  | | | |
| Relationship to you |  | | | |

We place a great deal of importance on the security and privacy of any personal information we have in our possession and to comply with current data protection legislation, we will retain your personal data in line with our Privacy Notice. Please refer to this for further details.

**I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberately false information could result in my dismissal.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equal Opportunities Monitoring Form**

We are an equal opportunities employer and will aim to ensure that all applicants, employees and workers are treated with respect irrespective of their sex, marital or civil partnership status, sexual orientation, gender reassignment, race, colour, ethnic or national origins, religion or belief, disability or age (“the Protected Characteristics”).

The information collected on this form is confidential and willbe used to monitor the application of the Company's Equal Opportunities Policy. This information is requested on a separate form and it will not be seen or made known to selector.

**What is your ethnic group?**

Choose one section from (a) to (e) then tick the appropriate box to indicate your cultural background:

|  |  |  |
| --- | --- | --- |
| 1. White   British  English  Scottish  Welsh  Irish  Other (*please specify*) | 1. Mixed   White & Caribbean  White & Black African  White & Asian  Other (*please specify*) | 1. Asian or Asian British   Indian  Pakistani  Bangladeshi  Other (*please specify)* |
| 1. Black or Black British   Caribbean  African  Other (*please specify*) | 1. Chinese   Chinese  Other (*please specify)* | Other (*please specify)*  Would rather not state |

**Do you consider yourself to have a disability?** Yes No Would rather not state

**Do you have any responsibility dependants?** (*Dependants relates to children, or elderly or other persons for whom you are main carer).* Yes No

**Which of the following best describe your religion / belief?**

Buddhist Christian Hindu Jewish Muslim Sikh

None Would rather not state Other (*Please specify)*

**Which of the following best describes your sexual orientation?**

Heterosexual Gay Lesbian Bisexual Asexual

Would rather not state Other (*Please specify)*

**Which of the following best describes your marital status?**

Married Single Cohabitating In a relationship Divorced

Separated Would rather not state Other (*Please specify)*

**Which of the following best describes your gender?**

Male Female Would rather not state Other (*Please specify*)

**Transgender**; it your gender identity the same as your gender at birth? Yes No

**Date of birth** \_\_\_/\_\_\_/\_\_\_ **Age** \_\_\_\_

**Are you currently pregnant?**  Yes No N/A Would rather not state

**Have you given birth in the last 12 months?**

Yes No N/A Would rather not state

**Data Protection**

We place a great deal of importance on the security and privacy of any personal information we have in our possession, and we will retain your personal data in line with our Privacy Notice. Please refer to this for further details.

Thank you for your assistance.

Signature ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_