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| YMCA logo med | | |
| **APPLICATION FOR EMPLOYMENT** | | |
| **Post applied for:** |  | *Office use only*  *Date received:* |
| **Location of post:** |  | *Shortlist:*  *Informed:* |

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| **PERSONAL DETAILS** | |
| **Christian name(s):** | **Surname:** |
| **Address:**  **Post Code**: | **Title:** |
| **Home telephone:** |
| **Mobile telephone:** |
| **Work telephone:** |
| **Email address:** |

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| **EDUCATION AND TRAINING** (Please expand this section /continue on separate sheets if required) | | | | | | |
| **Secondary School, College, University** | | **Dates (from / to)** | | | **Qualifications**  **(certificates will be required)** | |
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| **Professional qualifications (certificates will be required)** | | | | | | |
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| **Other relevant training and education (certificates will be required)** | | | | | | |
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| **PRESENT AND PREVIOUS EMPLOYMENT** | | | | | | |
| **Job Title** | **Name and address of employer** | | **Dates (to / from)** | **Reason for Leaving** | | **Salary** |
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| **EXPERIENCE, SKILLS AND KNOWLEDGE**  Please refer to the Person Specification and then use this section to tell us about all relevant experience, skills and knowledge you have gained from work, volunteering, out of work activities, training and education etc. Please expand this section / continue on separate sheets if necessary. |
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| **WHAT DO YOU THINK ARE YOUR KEY SKILLS IN RELATION TO THIS POST?** |
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| **WHAT DO YOU THINK ARE YOUR AREAS OF DEVELOPMENT?** |
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| **SUPPORTING INFORMATION**  Please refer to the Person Specification and then use this section to tell us anything else you think is relevant to your application. Please expand this section or continue on separate sheets if necessary. |
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| **OTHER INFORMATION** | | | |
| Do you have a full driving licence? | | Yes | No |
| If yes, in what year did you get your licence? | | | |
| Do you have any endorsements on your licence? | | Yes | No |
| If yes, please give details in the “Further Information” section | | | |
| Have you had a CRB / DBS Disclosure previously | | Yes | No |
| If yes, what is the date and reference number? | | | |
| Are you registered with the DBS Update Service? | | Yes | No |
| Do you have any convictions, cautions or reprimands that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) order 1975 as amended in 2013)? | | Yes | No |
| If yes, please gives dates and details in the “Further Information” section | | | |
| A disability is defined as “*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*”.  Do you consider yourself disabled based on this statement? | | Yes | No |
| If yes, what adjustments are required to enable you to participate fully in the recruitment process? (please detail in the “Further Information” section ) | | | |
| Do you require a permit / visa to work in the UK? | | Yes | No |
| If yes, please detail in the “Further Information” section | | | |
| What is your notice period from your current employer? |  | | |
| Do you have any holidays booked that we need to know about when arranging interviews? | Yes | | No |
| If yes, please give dates in the “Further Information” section | | | |
| **FURTHER INFORMATION**  (Please use this section to tell us any further information regarding your answers to the previous section) | | | |
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| **REFERENCES** Two referees are required. One must be from your current / previous employer. If you have not worked please give the details of a teacher or lecturer. Please note for posts in Childrens Residential Care we reserve the right to contact **all** previous employers for a reference. | | | | | |
| 1 Current or most recent employer / teacher | | | 2 Additional Referee | | |
| Name: | | | Name: | | |
| Post: | | | Post: | | |
| Organisation: | | | Organisation: | | |
| Address: | | | Address: | | |
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|  | | |  | | |
| Email: | | | Email: | | |
| Telephone number: | | | Telephone number: | | |
| Can we contact prior to interview? | Yes | No | Can we contact prior to interview? | Yes | No |

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| **IF YOU ARE RELATED TO ANY BOARD MEMBER OR STAFF MEMBER OF NOTTINGHAMSHIRE YMCA PLEASE STATE THEIR NAME, THEIR POSITION AND YOUR RELATIONSHIP** |
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| **PLEASE STATE WHERE YOU SAW THE POST ADVERTISED** |
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| **DECLARATION** |
| I declare that I am eligible to work in the UK and that the information I have given on this form is correct and complete. I understand that false or misleading statements may lead to any job offer being withdrawn or disciplinary action being instigated.  If you are completing this form electronically by typing your name in the signature section your application will be treated as signed.  Signature: Date: |
| The completed form should be returned to:  Recruitment, Nottinghamshire YMCA, 7 Mansfield Road, Nottingham, NG1 3FB  or [recruitment@nottsymca.org](mailto:recruitment@nottsymca.org)  If you have any questions or would like a large print form please contact [recruitment@nottsymca.org](mailto:recruitment@nottsymca.org) |

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| **DATA PROTECTION** |
| The information on this form may be processed on computer to manage your application and for monitoring purposes. If appointed the information may be used for payroll, vetting, employment and pension purposes and will be retained for up to 5 years post employment. Application forms received from unsuccessful candidates will be retained securely for up to 6 months. |
| For more information on Nottinghamshire YMCA please visit [www.nottsymca.com](http://www.nottsymca.com/) |