# Walking With in North Tyneside

APPLICATION FOR EMPLOYMENT

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| **Project Manager** |
| **Please return completed application form to**: [human.resources@diocesehn.org.uk](file:///\\dc3\Diocese\HR\AAAA%20Katherine\Recruitment\human.resources@diocesehn.org.uk%20%20)  or post to –  Human Resources Manager  c/o Diocese of Hexham and Newcastle  St Cuthbert’s House  West Road  Newcastle upon Tyne  NE15 7PY |

PERSONAL DETAILS

|  |  |
| --- | --- |
| Title: | Surname: |
| Forenames: | |
| Home address in full: | |
| Previous surname: | |
| Known as: | |
| Home telephone number: | Mobile telephone number: |
| Work telephone number (if it may be used): | |
| Email address: | |
| National Insurance number: | |
| On what date would you be available to commence this employment? | |
| If you have a disability please tell us about any adjustments  we may need to make to assist you at interview: | |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have access to a vehicle that you can use for work? | Yes No  □ □ | Do you hold a valid UK Driving Licence? | Yes – Full No  □ □ |
| UK/European Economic Area National? Yes □ No □ | | | |
| If no, details of work permit currently held: | | | |
| Nationality: | | | |
| Where did you see this vacancy advertised? | | | |

EDUCATION AND QUALIFICATIONS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **QUALIFICATION DETAILS** | | | | | |
| **Secondary Education** | | | | | |
| Name of school/college: |  | | | From: | To: |
| Subject | | Qualification | Grade/Result | Awarding Body | |
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| **Further Education** | | |
| Name of college/university: | From: | To: |
| Qualification: | Grade/Result: | |
| Subject: | Awarding Body: | |

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| Name of college/university: | From: | To: |
| Qualification: | Grade/Result: | |
| Subject: | Awarding Body: | |

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| --- | --- | --- |
| Name of college/university: | From: | To: |
| Qualification: | Grade/Result: | |
| Subject: | Awarding Body: | |

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| --- | --- | --- |
| Name of college/university: | From: | To: |
| Qualification: | Grade/Result: | |
| Subject: | Awarding Body: | |

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| **QUALIFICATIONS BEING STUDIED FOR** | | |
| Name of college/university: | From: | To: |
| Qualification: | Expected completion date: | |
| Subject: | Awarding Body: | |

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| --- | --- | --- |
| **TRAINING, SEMINARS OR SHORT COURSES THAT ARE RELEVANT TO THE POST** | | |
| **Title, organisation delivering the event & brief description** | **Date attended** | **Duration of event** |
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MEMBERSHIP OF PROFESSIONAL BODIES

|  |  |
| --- | --- |
| Institute: | Date of membership: |
| Expiry date: |
| Membership Status: | Membership number: |

EMPLOYMENT HISTORY

|  |  |
| --- | --- |
| **MOST RECENT OR CURRENT EMPLOYER** | |
| Name, address and nature of business: | From Month Year |
|  |
| To Month Year |
|  |
| Position held and brief details of responsibility: | Salary: |
|  |
| Notice Period: |
|  |
| Why do you wish to leave this post? | |

|  |  |
| --- | --- |
| **PREVIOUS EMPLOYERS** | |
| Name, address and nature of business: | From Month Year |
|  |
| To Month Year |
|  |
| Position held and brief details of responsibility: | Salary: |
|  |
| Reason for leaving: |
|  |

|  |  |
| --- | --- |
| Name, address and nature of business: | From Month Year |
|  |
| To Month Year |
|  |
| Position held and brief details of responsibility: | Salary: |
|  |
| Reason for leaving: |
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|  |  |
| --- | --- |
| Name, address and nature of business: | From Month Year |
|  |
| To Month Year |
|  |
| Position held and brief details of responsibility: | Salary: |
|  |
| Reason for leaving: |
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| --- | --- |
| Name, address and nature of business: | From Month Year |
|  |
| To Month Year |
|  |
| Position held and brief details of responsibility: | Salary: |
|  |
| Reason for leaving: |
|  |

SUPPORTING STATEMENT

On a separate sheet, in no more than 1000 words, please comment on your experience and on the qualities you feel would make you suitable for this post. Include any aspects of your voluntary activities or other factors which you consider relevant.

REFERENCES

|  |  |
| --- | --- |
| Please give details of two professional references, one of whom should be your most recent employer. | |
| Name: | Name: |
| Position: | Position: |
| Organisation: | Organisation: |
| Address: | Address: |
| Email: | Email: |
| Telephone numbers: | Telephone numbers: |
| Relationship (e.g. Manager) | Relationship (e.g. Manager) |
| May we contact this referee prior to interview? | May we contact this referee prior to interview? |

REHABILITATION OF OFFENDERS

|  |  |
| --- | --- |
| Have you ever been convicted of a criminal offence?  (Declaration subject to the Rehabilitation of Offenders Act 1974) | Yes/No |

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| --- |
| If Yes, please provide details. |

DATA PROTECTION STATEMENT

Once your application has been received Walking With will store the details securely and confidentially. The information will be retained for six months for unsuccessful applicants before being securely disposed of. This information will not be shared with any other organisation.

Applications for this post are being administered by the Diocese of Hexham and Newcastle (‘Diocese’) on behalf of Walking With. The Diocese will not retain any information on the role or its applicants once the recruitment process has been completed. During the application process, information will be accessed solely and stored securely by the Human Resources team.

I hereby give consent for my personal information to be processed as described above.

I declare to the best of my knowledge and belief, all particulars I have given in all parts of this application form are complete and true. I understand that any false declaration or misleading statement or a significant omission may disqualify me from employment and render me liable to dismissal. I understand that any job offer is subject to references, checks on relevant qualifications, employment eligibility and criminal convictions, a probationary period and (if the organisation believes it appropriate) a medical report, all of which must be deemed by the organisation as satisfactory.

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| --- | --- |
| Signature: | Date: |

MONITORING FORM

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| **Project Manager** |

Walking With strives to operate a policy of equal opportunity and is committed to treating all employees with dignity and respect regardless of sex, race, colour, religion, disability or national origin. We therefore welcome applications from all sections of the community.

To help us monitor this, will you please provide information requested. The information you provide will only be used for monitoring purposes and will not be looked at by those short-listing or interviewing candidates.

How do you identify your ethnic group? Please select

A **White**

• British

• Irish

• Any other White background (please specify)

…………………………………………………………………………………………………………………...

B **Mixed**

• White and Black Caribbean

• White and Black African

• White and Asian

• Any other Mixed background (please specify)

…………………………………………………………………………………………………………………...

C **Asian or Asian British**

• Indian

• Pakistani

• Bangladeshi

• Any other Asian background (please specify)

…………………………………………………………………………………………………………………….

D **Black or Black British**

• Caribbean

• African

• Any other Black background (please specify)

…………………………………………………………………………………………………………………….

E **Chinese or other ethnic group**

• Chinese

• Any other (please specify)

…………………………………………………………………………………………………………………….

F **Arab or Middle Eastern descent**

• Arab

• North African

• Iraqi

• Kurdish

• Any other Middle Eastern background (please specify)

…………………………………………………………………………………………………………………….

Are you male / female

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself to have a disability within the meaning of the Disability Discrimination Act 1995 (see end of this part of form for definition)? | Yes |  | No |  |
| If yes, please state nature of disability: | | | | |

What is your religion, faith or belief?

|  |
| --- |
| **DISABILITY DEFINITION**  Individuals who were registered under the Disabled Persons (Employment) Act 1944 on both 12 January 1995 and 2 December 1996 are treated as being disabled under the Disability Discrimination Act 1995 (DDA).  The DDA states: ‘a person has a disability…if he has 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.’  The person must satisfy the four criteria in bold in the above statement to fall under and, therefore, be protected under the DDA. This definition is subject to amendments made by the DDA 2005. |