

**We ask that you include all relevant information on this form**

**Please do not send CVs or references**

**Please return your completed application to: Gill Smith, Northern Learning Trust, Cheviot House, Beaminster Way, Kingston Park, Newcastle, NE3 2ER or email to:** [**admin@northernlearningtrust.org.uk**](mailto:admin@northernlearningtrust.org.uk) **by 12pm Wednesday 21st November 2018**

**By returning this form you confirm that you have read and understood our Job Applicant Privacy Notice**

**Please**

|  |  |  |  |
| --- | --- | --- | --- |
| **Post applied for: Community Careers Advisor – NCS Contract** | | | |
|  | | | |
| **Name:** | | | |
|  | | | |
| **Address:**  **Post code:** | **Day telephone:**  **Mobile telephone:**  **Email:** | | |
|  | | | |
| **Support Needs**  **Do you have any support needs if asked to attend an interview? Yes No**  **If yes please give details below – e.g. use of interpreter, wheelchair accessibility:** | | | |
|  | | | |
| **Are you entitled to work in the UK? Yes No** | | | |
|  | | | |
| **Do you have a current full UK driving licence?** | | **Yes** | **No** |
| **Do you have access to a vehicle ?** | | **Yes** | **No** |
|  | | | |
| **Declaration**  I declare that the information on this form is true and complete. I understand that any wilful mis-statement or omission renders me liable to dismissal if engaged.  **Signature: Date:** | | | |

**SECTION 2 – EMPLOYMENT HISTORY**

Please give details of your current or, if unemployed, most recent employment

|  |  |
| --- | --- |
| **Job title:**  **Brief description of your duties and responsibilities:**  **From: To: Salary:**  **Employers name and address:**  **Reasons for wishing to leave:**  **Notice required:** | |
|  | |
| **References:**  Please give names and addresses of two people who we may approach for a reference. One of them should be your present or most recent employer.  It is company policy to request references for candidates who are shortlisted. Please indicate clearly if you do *not* wish a particular referee to be contacted prior to interview. | |
| **Name:** | **Name:** |
| **Job title: (if applicable)** | **Job title: (if applicable)** |
| **Address:** | **Address:** |
| **Telephone:** | **Telephone:** |
| **Email:** | **Email:** |
| **Contact prior to interview? Yes No** | **Contact prior to interview? Yes No** |

**Previous employment history**

Please duplicate this sheet if more space is required.

|  |  |  |
| --- | --- | --- |
| **From:** | **To:** | **Job title:** |
| **Employers name and address:** | | **Brief description of main duties:** |
| **Reason for leaving:** | | |
|  | | |
| **From:** | **To:** | **Job title:** |
| **Employers name and address:** | | **Brief description of main duties:** |
| **Reason for leaving:** | | |
|  | | |
| **From:** | **To:** | **Job title:** |
| **Employers name and address:** | | **Brief description of main duties:** |
| **Reason for leaving:** | | |
|  | | |
| **From:** | **To:** | **Job title:** |
| **Employers name and address:** | | **Brief description of main duties:** |
| **Reason for leaving:** | | |
|  | | |
| **From:** | **To:** | **Job title:** |
| **Employers name and address:** | | **Brief description of main duties:** |
| **Reason for leaving:** | | |

**SECTION 3 – EDUCATION AND TRAINING**

Please start with the most recent qualification obtained

|  |  |  |
| --- | --- | --- |
| **School/College/University/Training Provider** | **Qualification(s) obtained** | **Date** |
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| **Any other relevant courses attended:** |
| **Details of any professional membership:** |
| **Details of other activities relevant to the post applied for:** |

**SECTION 4 – INFORMATION IN SUPPORT OF YOUR APPLICATION**

Please use the space below to explain how your skills and experience meet the person specification. Please continue on a separate sheet if necessary.

|  |
| --- |
|  |

**REHABILITATION OF OFFENDERS ACT 1974 – DISCLOSURE OF PREVIOUS CONVICTIONS**

This post is exempt from the Rehabilitation of Offenders Act 1974. You should tell us about any convictions or cautions you may have, even if they are considered to be “spent” under this act.

The information you give will be treated in confidence and will only be taken into account in relation to an application where the exemption applies.

In the event of your application being successful Northern Learning Trust will request an enhanced disclosure from The Disclosure and Barring Service.

Information received from the DBS will be kept in strict confidence. It will be stored securely during the recruitment and selection process. The information will be destroyed once the process is completed. The disclosure or a criminal record will not affect your chances for a post unless the selection panel considers that the conviction makes you unsuitable for appointment.

In making this decision the panel will consider the nature of the offence, how long ago and what age you were when it was committed and any other factors which may be relevant, including appropriate considerations in relation to the Trust’s Equal Opportunities Policy.

If you do not make known a conviction, you may be disqualified from your appointment or could be dismissed if this later comes to light.

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DETAILS OF ANY PREVIOUS CONVICTIONS**

You must include (i) Nature of offence (ii) Date committed, (iii) Any other relevant factors

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

We guarantee that this information will only be seen by those who need to see it as part of the recruitment process.

**EQUAL OPPORTUNITIES MONITORING FORM**

Northern Learning Trust is striving to be an equal opportunities employer. To ensure that our policy is operating effectively and to identify groups that may be under-represented or disadvantaged in our organisation, we monitor applicants’ ethnic group, gender, disability, sexual orientation, religion and age as part of the recruitment process.

**We ask you to complete this form and return it with your completed application.** Provision of this information is voluntary and will not adversely affect your chances of recruitment or any other decision related to employment. The information is removed from applications when received and is not used at any time during the selection process. Any information you do provide here will be treated as strictly confidential and used for monitoring purposes only.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | | | | | | | | | | | | | **Male** | | | | | | | | **Female** | | | | | | |
| **Are you married or in a civil partnership?** | | | | | | | | | | | | | **Yes** | | | | | | | | **No** | | | | | | |
| **Age** | 16-24 | | | | 25-29 | | | | | | | | 30-34 | | | | | | 35-39 | | | | 40-44 | | | | |
|  | 45-49 | | | | 50-54 | | | | | | | 55-59 | | | | | | | 60-64 | | | | 65+ | | | | |
| **What is your ethnicity?**  Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you as an individual perceive you belong. Please indicate your ethnic origin by ticking the appropriate box. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **White** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| English | |  | Welsh | | | | | | |  | | Scottish | | | | | | | |  | | Irish | | | | |  |
| Northern Irish | |  | Gypsy or Irish traveller | | | | | | | | | | | | | | Other white background | | | | | | | | | |  |
| **Mixed/multiple ethnic groups** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| White and black Caribbean | | | | | | | | |  | | | White and black African | | | | | | | | | | | | | | |  |
| White and Asian | | | | | | | | |  | | | Any other mixed background | | | | | | | | | | | | | | |  |
| **Asian/Asian British** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indian | | | | | | | | | |  | Bangladeshi | | | | | | | | | | | | | | | |  |
| Pakistani | | | | | | | | | |  | Chinese | | | | | | | | | | | | | | | |  |
| Any other Asian background | | | | | | | | | |  |  | | | | | | | | | | | | | | | |  |
| **Black/African/Caribbean/Black British** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| African | | | | | | | | | |  | Caribbean | | | | | | | | | | | | | | | |  |
| Any other Black/African/Caribbean background | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Other ethnic group** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Arab | | | | | | | | | |  | Any other ethnic group | | | | | | | | | | | | | | | |  |
| **Prefer not to say** | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |
| **Do you consider yourself disabled?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | | | | | No | | | | | | | | | | | | Prefer not to say | | | | | | | | | |
| **What is your sexual orientation?** | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Heterosexual/Straight | | | | | | |  | | | | Gay woman/lesbian | | | | | | | | | | | | |  | | | |
| Gay man | | | | | | |  | | | | Bisexual | | | | | | | | | | | | |  | | | |
| Other | | | | | | |  | | | | Prefer not to say | | | | | | | | | | | | |  | | | |
| **What is your religion or belief?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No religion | | | |  | | Buddhist | | | | | | | | |  | | | Christian | | | | | | |  | | |
| Hindu | | | |  | | Jewish | | | | | | | | |  | | | Muslim | | | | | | |  | | |
| Sikh | | | |  | | Any other religion | | | | | | | | |  | | | Prefer not to say | | | | | | |  | | |
| **Do you have caring responsibilities? (Please tick all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Primary carer of a child/children (under 18) | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Primary carer of a disabled child/children | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Primary carer of a disabled adult (18 and over) | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Primary carer of an older person (65+) | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Secondary carer | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Prefer not to say | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **How did you find out about this job?** | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| LinkedIn | | | | | | | |  | | | Northern Learning Trust website | | | | | | | | | | | | | | |  | |
| Fish4Jobs | | | | | | | |  | | | VONNE website | | | | | | | | | | | | | | |  | |
| Word of mouth | | | | | | | |  | | | Other please specify | | | | | | | | | | | | | | |  | |

By completing this form you have helped us better understand how we as an employer ensure equality of opportunity for all.

Thank you for completing this form.