**Application Form**

**Job name/Volunteer role:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Your Personal Details** | | | | | | |
| Name7 | **Name:** | | | | | |
| Address Street | **Address:** | | | | | |
| Address Post Code | **Postcode:** | | | | | |
| Phone Number Mobile | **Home phone number:**  **Mobile phone number:** | | | | | |
| Email | **Email address:** | | | | | |
| National insurance card | **National Insurance number:** | | | | | |
|  | **Driving Licence:**  Yes  No  **If yes:**  Car or  Motorbike  **Do you have a D1 Category (where you can drive over a 7.5-tonne vehicle) on your Driving Licence?**  Yes  No | | | | | |
| Christine 5 | **How did you hear about this job?** | | | | | |
| **Work / Voluntary Experience:** | | | | | | |
| Working hours 2 | **What work/volunteering are you doing now?** | | | | | |
| **Previous Jobs or Volunteering or other work:** | | | | | | |
| Place Workplace | **Previous Job/Volunteering/Other Work:**  **Company Name:**  **Dates:** | | | | | |
| Place Workplace | **Previous Job/Volunteering/Other Work:**  **Company Name:**  **Dates:** | | | | | |
| Place Workplace | **Previous Job/Volunteering/Other Work:**  **Company Name:**  **Dates:** | | | | | |
| **Your skills, experience and knowledge for the role** | | | | | | |
| Clipboard Good | **Why would you be good at this role?** | | | | | |
| Co-Training 4 | **What skills do you have (give examples)?** | | | | | |
| CV 1 | **What is your previous experience (give examples)?** | | | | | |
| Read 5 | **­­­­­­­­­­­­­­­­­What knowledge do you have (please give examples)?** | | | | | |
| Idea4 | **Anything else?** | | | | | |
| **Your education, qualifications and training for the Role** | | | | | | |
| Certificate | **What Education, Qualifications or certificates do you have (relevant to role)?** | | | | | |
|  | **What training have you had (relevant to role)?** | | | | | |
| Idea4 | **Anything else?** | | | | | |
| **Work Availability (please tick)** | | | | | | |
| Days |  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| **Morning** |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |
| Waiting months | **What is your notice period for where you work now?** | | | | | |
| **Other Information** | | | | | | |
| Reasonable AdjustmentsInterview PanelWheelchair sign | **Do you have a disability?\***  Yes  No  Prefer not to say  **If yes, then tell us if there are any things we need to put in place for you to do a recruitment activity:**  **What type of recruitment activity would you like?**  Online interview  In person interview  Interview with support staff or family member  Task or activity to complete  Trial Shift  **Other things you might want:**  Interview Questions in advance  Instructions for task or activity given in advance  Trial shift information given in advance  One-page profiles of team that will be recruiting you  Please note that if you have your skills and ability assessed by a task or trial shift, then you will still need to have an informal interview with the recruiting team.  \*If you have a disability and meet all the essential minimum criteria on the job specification, we will offer you an interview. If you need support please let us know, by emailing: [recruitment@grace-eyre.org](mailto:recruitment@grace-eyre.org) | | | | | |
| Care Worker 1 | **Do you have a Support Worker?**  Yes  No  If you are happy for us to contact them, please tell us their:  **Name:**  **Address:**  **Telephone number:**  **Can we ask you Support Worker about your skills?**  Yes  No | | | | | |
| Choose support4 | **Do you know anyone who works, volunteers or is a trustee at Grace Eyre?**  Yes  No  **If yes, what is their name and how do you know them?**  Name:  How I know them: | | | | | |
| Clipboard bad | **In the last three years have you had any disciplinary action?**  Yes  No  If ‘yes’, please tell us about this: | | | | | |
| Law | **Do you have any criminal convictions or cautions?\***  Yes  No  If ‘yes’, please tell us about this:  \* This should include any spent convictions under Section 4 (2) of the Rehabilitation of Offenders Act 1974 | | | | | |
| Stop abuse sign 2 | **Have you even been stopped from working with vulnerable adults?**  Yes  No  If ‘yes’, please tell us about this: | | | | | |
| Work Visa | **Do you have the right to work in the United Kingdom?**  Yes  No | | | | | |
| Vaccine Story A24 | **Are you fully vaccinated against COVID-19?**  Yes  No  Please note, we require all new staff to have had 2 vaccinations. | | | | | |
| Virus Shield | **Are you happy to follow all Grace Eyre’s COVID Guidelines when at work?**  Yes  No | | | | | |
| **References** | | | | | | |
| Kenny alice 1 | Please give us the names, addresses and phone numbers of 2 people who can tell us about you. One of them must be your current or last employer, or if you haven’t been employed before, a personal, or college reference. We will contact them. | | | | | |
| **First Contact** | | | | | | |
| Name7 | **Name:** | | | | | |
| ID Badge 1 | **Job Title:** | | | | | |
| Council Building | **Company:** | | | | | |
| Address Street | **Address:** | | | | | |
| Phone Number Mobile | **Phone Number:** | | | | | |
| Email | **Email Address:** | | | | | |
| **Second Contact** | | | | | | |
| Name7 | **Name:** | | | | | |
| ID Badge 1 | **Job Title:** | | | | | |
| Council Building | **Company:** | | | | | |
| Address Street | **Address:** | | | | | |
| Phone Number Mobile | **Phone Number:** | | | | | |
| Email | **Email Address:** | | | | | |
| **Declaration** | | | | | | |
| Signature | **Please read the statement below and sign the form only if you agree with it.**   1. Everything I have written in this form is true. 2. I understand that if anything I have written is not true, you won’t offer me the job/volunteer role. 3. If you find out later that something I said is untrue, I won’t be offered the job/volunteer role or I may be dismissed.   **Please sign here:**  **Date:** | | | | | |
|  | **Please return to Grace Eyre by post, email or by hand:**  Address: Grace Eyre, 36 Montefiore Road, Hove, BN3 6EP  Email: [recruitment@grace-eyre.org](mailto:recruitment@grace-eyre.org) | | | | | |

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| Diagram  Description automatically generated  **Equal Opportunities Monitoring Form** | |
| Logo  Description automatically generated | Grace Eyre is committed to promoting equal opportunities.  This means, that we make sure that everybody has the chance to take part in the activities and decisions that happen at Grace Eyre. |
| A person sitting at a table  Description automatically generated with low confidence | By filling in this form, you will help us understand who we are reaching and how we can better support everyone in the community. |
| Government checklist | By providing this information we will be able to check that we are meeting our commitments that have been laid out by the government. |
| Clipboard bad | You have the right **not** to tell us the information. |
| Cross NoText, whiteboard  Description automatically generated | The information you give us **will** **not** be stored with any identifying information about you.    That means, your name **will not** be linked with this information. |
| Data Protection Act | All information is held in line with the Data Protection Act (2018). |
| Law Equality Act | The information that we need to collect is in the Equality Act (2010).    This information is: age, disability, gender reassignment, marital status, maternity, race, religious belief, sex and sexual orientation. |
| **About you** | |
| Staff Team Blank | **Your role at Grace Eyre**  Please tick the box that you consider to be your role at Grace Eyre:  Member of staff  Person we support  Volunteer  Shared Lives Carer  Trustee |
| **Ethnic Identity** | |
| Map World | **Please tick which one applies to you:**  **Asian/Asian British**  Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background  **Mixed/multiple ethnic groups**  White and Black Caribbean  White and Black African  White and Asian  Any other mixed/multiple ethnic background  **Black/African/Caribbean/Black British**  Caribbean  African  Any other Black/African/Caribbean background  **White**  English  Northern Irish  Scottish  Welsh  British  Irish  Gypsy/Irish traveller  Any other White background  **Other ethnic group**  Arab  Any other ethnic group  Prefer not to say |
| **Age** | |
| Transition 3 | **Please tick the box with your age:**  18 - 24  25 - 34  35 - 44  45 - 54  55 - 64  65+  Prefer not to say |
| **Sex** | |
| A picture containing text  Description automatically generated | **Please tick the box that you consider to be your sex:**  Male  Female  Transgender  Non-binary  Other  Prefer not to say |
| **Gender re-assignment** | |
| A picture containing text, silhouette  Description automatically generatedA picture containing text, silhouette  Description automatically generated | **Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth, to the gender you identify with? Or do you want to do this in the future?**  This could include:   * Changing your name * Wearing different clothes that are like what the opposite sex wear * Taking hormones * Or having any gender reassignment surgery   Yes  No  Prefer not to say |
| **Sexuality** | |
| Icon  Description automatically generated | **Please tick the box that you consider to be your sexual orientation:**  Heterosexual/Straight  Gay  Lesbian  Bisexual  Pansexual  Asexual  Other  Prefer not to say |
| **Religion/belief** | |
| A picture containing dark, night sky  Description automatically generatedSikh khanda symbolChristian icthusConfucian symbolA black and white logo  Description automatically generated with low confidenceA picture containing icon  Description automatically generated | **Please tick the box that applies to you:**  No religion  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  Atheist  Agnostic  Other  Prefer not to say |
| **Disability** | |
| Law Equality Act | The Equality Act (2010) says a person is disabled if they have a physical or mental impairment which has a substantial and long-term effect on their ability to carry out normal day-to-day activities.  This includes conditions such as cancer, HIV, mental illness and learning disabilities  **Do you have a disability?**  Yes  No  Prefer not to say  **If you selected yes, please tick the type of disability:**  Vision (such as being blind or partially sighted)  Hearing (such as being deaf or hard of hearing)  Mobility (such as difficulty walking, climbing stairs or lifting)  Learning Disability (such as needing support with independence or difficulty learning new skills)  Learning Difficulty (such as dyslexia or dyscalculia)  Mental health (such as depression or anxiety)  Physical Health (such as COPD, stamina or breathing difficulties/asthma)  Social or communication (such as Autism, OCD or ADHD)  Other impairment (please state):  Prefer not to say |
| **Carer responsibility** | |
| Mother Daughter 1 | **Do you look after, or support family members, friends, neighbours or others because of:**  **· Long-term physical or mental ill-health/disability**  **· Problems related to old age**  Yes  No  **If yes, what responsibilities do you have?**  Primary carer of a child/children (under 18)  Primary carer of disabled child/children  Primary carer of disabled adult (18 and over)  Secondary carer  Prefer not to say |