



# APPLICATION FORM

All information supplied on this form will be treated as **STRICTLY CONFIDENTIAL**

Vacancy: Full-Time Project Administrator

## 1. Personal Details

|                                      |   |
|--------------------------------------|---|
| Surname:                             | First Name:                               |
| Address:                             |   |
| Land Line:                           | Personal Mobile:                          |
| Email Address:                       | Eligible to work in the UK?      Yes / No |
| Valid Driving licence?      Yes / No | Notice Period:                            |

## 2. References

Please give two referees from your previous employment. Referees must not be relatives or friends. The Nightshelter reserves the right to request additional or alternative references, or to contact referees by telephone.

| 1) Present / Most Recent Employer |  | 2) Second Referee |  |
|-----------------------------------|--|-------------------|--|
| Name<br>Address                   |  | Name<br>Address   |  |
| Position                          |  | Position          |  |
| Tel No                            |  | Tel No            |  |
| Email                             |  | Email             |  |

References might be taken up for short listed applicants. Please tick the appropriate box if this is not convenient.

Reference 1)

Reference 2)

## 2. Rehabilitation of Offenders Act 1974

The post you have applied for involves working with children and vulnerable adults. The exemptions of the above Act allow us to enquire into the full criminal background of job applicants. You are therefore required to list below any criminal convictions including those pending and those which, under other circumstances, may be considered spent.

Disclosure of offences does not automatically preclude you from employment with WCNS.

| Have you ever been cautioned by the police?<br>If yes, please give details:                             |       |         | Yes/No   |
|---|-------|---------|----------|
| Have you ever been convicted of any criminal offence by a court of law?<br>If yes, please give details: |       |         | Yes/No   |
| Do you have any criminal convictions pending or under investigation? If yes, please give details:       |       |         | Yes/No   |
| Date  | Place | Offence | Sentence |
|   |       |         |          |

DOH circular (88/89) Protection of Children requires us to carry out checks on police records for employees who have substantial access to children.

Do you agree that such checks may be made concerning you?      Yes       No

## 3. Relationship

Are you related or a partner to a Director, Volunteer or member of staff of the WCNS? Y / N  
If yes please give details (e.g. Name, Position Held, Relationship)

## 4. Other Information

Where did you see our vacancy advertisement? .....

Do you live within 20 miles of Winchester? Y/ N

Have you worked with within a charity based organisation before? Y/N

Are you able to work nights? Y/ N

Have you worked in a safeguarding capacity with vulnerable people before? Y /N

## 5. Declaration

I declare that the facts given in this application are to the best of my knowledge correct. I understand that any false information may result in my dismissal, if appointed.

(Please see Note 2 on back page).

Signed..... Date.....

**PLEASE NOTE THAT IF APPLICATION IS SENT BY EMAIL YOU WILL BE REQUIRED TO SIGN THE FORM IF SELECTED FOR INTERVIEW**

### Appendix

#### Appendix 1: Criteria for classification as disabled under the disability discrimination act

To classify as disabled, a person has a physical or mental impairment which has a substantial and long-term adverse effect on his / her ability to carry out normal day to day activities.

Long term is usually defined as a year or longer.

Impairment may affect: -

- Mobility;
- Manual dexterity;
- Continence;
- Ability to lift, carry or otherwise move everyday objects;
- Memory or ability to concentrate, learn or understand; or
- Perception of the risk of physical danger.
- Speech, hearing or eyesight (but see below)

(If a person's sight is corrected by wearing spectacles or contact lenses, this is **not** regarded as a disability.)

If you have a disability, which makes it difficult to complete our application form, please contact the office for assistance.

#### **These notes are for guidance only**

#### **Appendix 2: Data Protection**

The information you supply on the application form will be used to assess your suitability for the post applied for (or another relevant post). These details will only be disclosed to those persons involved in the selection process or HR administration.

WCNS will retain the forms of unsuccessful applicants for 5 months

Should you be successful, certain details from this form may be checked, and data matched to help prevent fraud. Some of the information will be entered onto the Computer System, which will allow WCNS to administer your employment. This form will then be placed into your Personnel file, and retained until after you complete your employment with WCNS – for as long as legislation dictates.

Please be assured that WCNS will protect your information, and treat as confidential at all times.

# DIVERSITY MONITORING

"We are committed to encouraging diversity. In order to maintain an effective recruitment process, we routinely monitor diversity via the collection and analysis of personal information. Please be assured that the information gathered will be utilised for monitoring purposes only".

This page will be detached, and will not form part of the selection procedure but will be used only for statistical purposes. Please tick appropriate boxes.

1. **Gender** Male  Female  Other

2. **Title** Miss  Mr  Mrs  Ms  Other

### 3. Relationship Status

Married  Single  Civil Partnership   
Separated  Divorced  Co-Habit Partner

### 4. Ethnic Origin

I would describe my ethnic origin as: (please tick appropriate box)

a) White British  b) White Irish   
c) White Other  d) Black or Black British   
e) Asian or Asian British  f) European   
g) Mixed Race  h) Other

### 5. Disability

Do you consider yourself to be disabled under the Disability Discrimination Act?  
(See Note 1 overleaf)

Yes  No

### 6. Age Range

16-24 25-34 35-44 45-54 55-64+ 65+