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| Confidential Employment Application Form |

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| Application identification number (for office use only): |

Please return the completed application form to:

Community Foundation Wales, St Andrews House, 24 St Andrews Crescent, Cardiff, CF10 3DD

or via email to: [info@communityfoundationwales.org.uk](mailto:info@communityfoundationwales.org.uk)

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| 1. Vacancy Details | |
| Position applied for |  |
| Closing date |  |
| Would you like to be considered for full-time or part time hours? |  |
| If part-time, please state how many hours you’d prefer to work |  |
| Where did you see this position advertised? |  |

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| 1. Personal Details | | | |
| Preferred title (e.g. Mr, Mrs, Miss, Ms, Dr, Prof.) | |  | |
| Forename(s) |  | Surname |  |
| Home Address |  | | |
| Home Telephone |  | Mobile |  |
| Email Address |  | | |

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| Do you have a current right to work in the UK? | Yes ☐ No ☐ |

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| Do you require reasonable adjustments to enable your access to an interview, should you be shortlisted? | | Yes ☐ No ☐ |
| If yes, what reasonable adjustments do you require? | | |
| 1. Qualifications, Training and Development | | |
| Please list the name of the qualifications, training and development courses you have attended; that are relevant to your application. | | |
| Title of qualification or course, including grades if applicable | Date Awarded/ Completed | |
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| 1. Membership of Professional Bodies |
| Please provide details: |

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| 1. Language Skills | | | | |
| I am able to: | Understand | Speak | Read | Write |
| Welsh | ☐ | ☐ | ☐ | ☐ |
| English | ☐ | ☐ | ☐ | ☐ |
| Other:  (Please Specify) | ☐ | ☐ | ☐ | ☐ |

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| 1. General |
| Full Valid Driving Licence ☐ Use of car ☐ |

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| 1. Current or Most Recent Employment | | | |
| Name of employer |  | | |
| Address of employer |  | | |
| Job title |  | Date appointed to post |  |
| Brief description of duties |  | | |
| Reason for leaving |  | Period of notice required |  |

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| 1. Employment History | | |
| Please give a summary of all other employment (including previous posts held with your present or most recent employer) starting with the most recent first. Please continue on a separate sheet (s) if necessary. | | |
| Dates  From - To | Name & location of employer | 1. Job title, b) Brief description of duties   c) Reason for leaving |
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| 1. Employment Related References |
| Please provide details of two work related referees who will be able to describe your suitability for this post. The first of these should be your present or most recent employer.  All offers of employment are subject to the company being satisfied with the work references received.  \*Please refer to section 10 if you are unable to complete this section due to limited working experience. |

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|  | 1st Referee | | |
| Name |  | | |
| Address |  | | |
| Telephone number |  | E-mail |  |
| Position held by referee |  | Employment relationship |  |

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|  | 2nd Referee | | |
| Name |  | | |
| Address |  | | |
| Telephone number |  | E-mail |  |
| Position held by referee |  | Employment relationship |  |

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| Character Reference |
| If you have not worked before, or if you have recently left full-time education please provide details of someone who can offer a character reference about you. |

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|  | Referee | | |
| Name |  | | |
| Address |  | | |
| Telephone number |  | E-mail |  |
| Relationship to applicant |  | | |

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| 1. Letter of Application |
| Please read the job description and person specification for the post. Using the information provided, please complete this section to let us know what skills, talents and abilities you think you can bring to the company and what qualities you have to do the job.  Please note: CV’s will NOT be accepted. |

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| Data protection statement |
| All of the information collected in this form is necessary and relevant to the performance of the job applied for. We will use the information provided by you on this form, by the referees you have noted, and the educational institutions with whom we may undertake to verify your qualifications, for recruitment purposes only. The Company will treat all personal information with the utmost confidentiality and in line with current data protection legislation. We rely on the lawful basis of *[insert lawful basis]* to process the information provided by you in this form.  Should you be successful in your application, the information provided, and further information, which will be gathered at the relevant time, will be subsequently used for the administration of your employment and in relation to any legal challenge which may be made regarding our recruitment practices.  For more information on how we use the information you have provided, please see our privacy notice for job applicants which is available on our website – [click here](https://communityfoundationwales.org.uk/privacy-policy/) |
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| Declaration |
| I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment offered. I understand that any offer of employment is subject to the Company being satisfied with the results of series of relevant checks including references, eligibility to work in the UK, criminal convictions, probationary period and a medical report (in line with the operation of the Equality Act 2010).  Signed:  Date: |

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| Equal Opportunities Monitoring Form |

Our company recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect.

In accordance with our Equal Opportunities Policy, our company will provide equality of opportunity to all employees and job applicants and will not discriminate either directly or indirectly on the grounds of race, sex, gender identity, marital status, disability, sexual orientation, religion/belief or age.

We have only asked for your name so that monitoring can take place at short listing and appointment stages. The monitoring form does not form part of your application and will therefore be detached from it on receipt, stored separately and will not be available to the selection panel. You can send it separately if you wish.

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| 1. Personal Details: Please complete all sections |

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| --- | --- | --- | --- | --- | --- | --- |
| Age | 16-24 | 25-29 | 30-34 | | 35-39 | 40-44 |
|  | 45-49 | 50-54 | 55-59 | | 60-64 | 65+ |
|  | Prefer not to say | | |  | | |

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| What best describes your gender? | Male | Female | | Prefer not to say |
| Prefer to self-describe | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| Is your gender identity the same sex you were assigned at birth? | Yes | No | Prefer not to say |

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| Are you Married or in a Civil Partnership? | Yes | No | Prefer not to say |

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| 1. Sexual Orientation: Please tick against one of the following |

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| Bisexual |  | | Gay Man |  |
| Gay Woman / Lesbian |  | | Heterosexual / Straight |  |
| Prefer to self-describe |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Prefer not to say |  |

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| 1. Religion or belief: Please tick against one of the following |

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| No religion |  | Buddhist |  | Christian |  |
| Hindu |  | Jewish |  | Muslim |  |
| Sikh |  | Other ­­­­­ |  | Prefer not to say |  |

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| 1. Ethnic origin: Please tick against one of the following |

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| Asian/  Asian British | Bangladeshi |  |
| Chinese |  |
| Indian |  |
| Pakistani |  |
| Other Asian |  |
| Black/African/Caribbean/  Black British | African |  |
| Caribbean |  |
| Other Black |  |
| Mixed/  Multiple Ethnic Groups | White & Asian |  |
| White & Black African |  |
| White & Black Caribbean |  |
| Other Mixed |  |
| Other Ethnic Group | Arab |  |
| Any Other Ethnic Group |  |
| White | English/Welsh/Scottish/Northern Irish/British |  |
| Gypsy or Irish Traveller |  |
| Irish |  |
| Other White |  |
| Prefer not to say |  |  |

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| 1. Disability: Please tick against one of the following |

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| Do you consider yourself to have a disability?  You’re disabled under the [Equality Act 2010](http://www.legislation.gov.uk/ukpga/2010/15/section/6) if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities. Conditions covered may include, for example, severe depression, dyslexia, diabetes, epilepsy and arthritis.)  Yes  No  Prefer not to say  PLEASE NOTE: This information is provided for monitoring purposes only – if you need reasonable adjustments you should arrange these separately. |
| 1. Caring: Do you have caring responsibilities? |

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| If yes, please tick all that apply: | |
| No caring responsibilities  Primary carer of a child/children (under 18)  Primary carer of disabled child/children  Primary carer of disabled adult (18 and over)  Primary carer of older person  Secondary carer (another person who assists the primary carer)  Prefer not to say |  |

Thank you for completing this form and enabling us to monitor our Equality and Inclusion Policy.