****

**Application** **Form**

|  |
| --- |
| Please confirm what post you are applying for: |

**1. Personal Details**

|  |  |
| --- | --- |
| Title: | Last name: |
| First names(s): | Former names(s) n/a |
| Home address: |  |
| Daytime contact number: | Evening contact number: |
| Email address: | Mobile: |
| Date of birth: | National Insurance Number: |

To the best of your knowledge, are you related to any Trustee/Director/and-or to any employee of Carrs Lane Counselling Centre? Yes  No

If yes, please explain:

Do you have the Right to Work in the UK? Yes  No

Please note: original identification documents verifying your right to work in the UK will be requested, checked and a photocopy will be taken. If your application is successful and you commence employment the copy of your identification documents will be retained on file under the regulations governed by the Immigration, Asylum and Nationality Act.

**2. Arrangements for Interview**

If you have a disability, are there any arrangements which we can make for you if you are called for an interview and/or work based exercise? Yes  No Yes  If yes, please specify:

**3. Education/ Qualifications (**including overseas) Please start with secondary education

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | | Secondary School/ College/University etc. | Examinations taken or to be taken | Results & Grades | Date Gained |
| From mth/yr | To mth/yr |
| s |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Add additional lines if needed

**4. Professional Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | | College/University  (name & address) | Examination results  (subject, level, grade) |
| From mth/yr | To  mth/yr |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Add additional lines if needed

**5. Relevant training** (including short, in-service training)

|  |  |  |  |
| --- | --- | --- | --- |
| Date | | College/University  (name & address) | Examination results  (subject, level, grade) |
| From mth/yr | To  mth/yr |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Add additional lines if needed

|  |
| --- |
| Other qualifications, membership of professional bodies. |

1. **Employment**

Please complete the following, starting with your current employment and include all employment. Any employment with Supply Agencies must show the Agency as the employer and not the organisation where the work was carried out. Please also include any breaks in employment history together with the reason for the break.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | | Employer name & address | Position held | F/T P/T | Responsibilities | Reason for leaving |
| From mth/yr | To mth/yr |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Add additional lines if needed

1. **OTHER INFORMATION IN SUPPORT OF YOUR APPLICATION**

Please use this section to outline any other information that may help your application.

1. **Convictions**

This post has involvement with finance. We therefore ask you to disclose any previous convictions.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Type of offence | Sentence/ Fine Imposed | Comments |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Add additional lines if needed

1. **References**

Please provide the names, addresses and occupations of two referees (one of whom must be your present or most recent employer) who are willing to support your application:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name 1 |  |  | Name 2 |  |
| Address  Postcode |  |  | Address  Postcode |  |
| Telephone  No |  |  | Telephone No |  |
| Email  address |  |  | Email address |  |
| Occupation |  |  | Occupation |  |
| Relationship to you |  |  | Relationship to you |  |

May we contact your referees at this stage without further reference to you?

Yes  No

1. **Data Protection Act & GDPR**

The information collected in the form will be used in compliance with the provisions of the Data Protection Act (1998) & General Data Protection Regulation (2018). You may also note that because we have a duty to protect funds we handle, we might need to use the information you have provided on this form to prevent and detect fraud. We may also share this information for the same purposes with other organisations.

1. **Certification**

I certify that, to the best of my knowledge and belief, the information I have provided is true. I understand that any false information or failure to disclose any criminal convictions will result, in the event of employment, in a disciplinary investigation, and may result in dismissal. Where applicable, I consent that the organisation can seek clarification regarding professional registration details.

If you are selected for interview, you will be asked to sign your application form at your interview.

Signed…… …………………………………………………. Date…………………………………………………

**Please return your completed application form to**

By Email

counsellingmanager@carrslane.co.uk

By Post:

Counselling Manager

Carrs Lane Counselling Centre

The Church At Carrs Lane

Carrs Lane, Birmingham, B4 7SX

**Monitoring** **Form**

**Equal Opportunities**

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicity** | | | |
|  | Prefer not to say |  | Black or Black British African |
|  | Asian or Asian British – Pakistani |  | Black or Black British Caribbean |
|  | Asian or Asian British – Bangladeshi |  | Black or Black British – Other |
|  | Asian or Asian British - Indian |  | White - British |
|  | Any other Asian Background |  | White - Irish |
|  | Mixed Ethnic – White & Asian |  | White – Any Other White Background |
|  | Mixed Ethnic – White & Black Caribbean |  | Other Ethnic Group Chinese |
|  | Mixed Ethnic – White & Black African |  | Other – Any Other Ethnic Group |
|  | Mixed Ethnic – Any Other Mixed Background |  | I do not wish to disclose this |

|  |  |  |  |
| --- | --- | --- | --- |
| **Religion / belief** | | | |
|  | I do not wish to disclose this |  | Christianity |
|  | Buddhism |  | Judaism |
|  | Hinduism |  | Atheism |
|  | Islam |  | Other |
|  | Sikhism |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Disability** | | | |
| The Equality Act (2010) defines a disabled person as someone with 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.  Do you consider yourself to have a disability?  Yes  No  Prefer Not To say | | | |
| Special Requirements: | | | |
| **Disability Category** | | | |
|  | Prefer not to say |  | Mental Health Condition |
|  | Learning Disability |  | Mobility Impairment |
|  | Neurological Condition |  | Physical Impairment |
|  | Physical Co-Ordination Difficulties |  | Sensory Impairment |
|  | Reduced Physical Capacity |  | Long Standing illness or Health Condition |
|  | Speech Impairment |  | Other- Please specify |
|  | Visual Impairment (not corrected by spectacles or contact lenses) |  | None |
|  | Learning Difficulties |  | Hearing impairment |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender** | | | | | |
| Male |  | Female |  | Prefer not to say |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Age Range** | | | |
|  | 18 – 24 |  | 50 – 59 |
|  | 24 – 29 |  | 60 – 67 |
|  | 30 - 39 |  | 68+ |
|  | 40 – 49 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sexual Orientation** | | | |
|  | Prefer not to say |  | Gay Man |
|  | Heterosexual/straight |  | Lesbian/Gay Woman |
|  | Bisexual |  | |

**Thank you for completing this form**