**Surrey Coalition of Disabled People**

**Astolat, Coniers Way**

**Burpham, Guildford**

**Surrey, GU4 7HL**

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| **Application for appointment as:** Click or tap here to enter text.**Closing date:** Click or tap to enter a date.**Please return your completed form by email to** **info@surreycoalition.org.uk** |

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| **1. PERSONAL DETAILS**  |
| [ ] Mr [ ] Mrs [ ] Miss [ ] Ms [ ] Other |
| Surname | Click or tap here to enter text. |
| First Name(s) | Click or tap here to enter text. |
| Home Address (in full) | Click or tap here to enter text. |
| Home Telephone Number |  Click or tap here to enter text. |
| Email address  | Click or tap here to enter text. |
| **Do you have any previous criminal convictions, police cautions or any criminal case pending?** | Yes [ ]  | No [ ]  |
| **If YES please give details:** Click or tap here to enter text.*The successful candidate will be required to complete an enhanced Disclosure and Barring Service application (DBS check) for this role.*  |
| **Do you hold a current Driving Licence?** | Yes [ ]  No [ ]  | Do you own/ have use of a car? | Yes [ ]  No [ ]  |
| **If you do not drive and/or do not have a car, please describe how you will travel to fulfil the requirements of the role:** Click or tap here to enter text. |
| **Do you require a permit to work in the UK?** | Yes [ ]  No [ ]  | If yes, please give details: Click or tap here to enter text. |
| *(In accordance with the Asylum and Immigration Act 1996, sec. 8, all new employees must provide documentary evidence of entitlement to work in the UK)* |
| **If selected, when could you start? Give period of notice (if applicable)** | Click or tap here to enter text. |

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| **2. EDUCATION AND QUALIFICATIONS** |
| **Secondary Education** Qualifications gained (e.g. CSE, GCE, GCSE)Date |
| Name of School/College  | Qualifications gained (e.g. GCSE, A levels etc.)  | Date |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| **Further Education** |
| Name of College/University  | Qualification  | Grade/Class  | Date |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |

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| **3. EMPLOYMENT HISTORY Please give details of Current or most recent Employer**  |
| Name and address of employer: | Click or tap here to enter text. |
| Type of Organisation: Click or tap here to enter text. | Job Title: Click or tap here to enter text. |
| Dates of Employment:From: Click or tap to enter a date. To: Click or tap to enter a date. | Current Salary £: Click or tap here to enter text. |
| Reason for leaving:Click or tap here to enter text. |
| Outline your Responsibilities:Click or tap here to enter text. |
| What have you enjoyed the most whilst in this Role?:Click or tap here to enter text. |

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| **Please provide details of previous employers** |
| Name and address of employer(s): | Dates (From – To): | Position held and reason for leaving: |
| Click or tap here to enter text. | From: Click or tap to enter a date.To: Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap here to enter text. | From: Click or tap to enter a date.To: Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap here to enter text. | From: Click or tap to enter a date.To: Click or tap to enter a date. | Click or tap here to enter text. |
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| Click or tap here to enter text. | From: Click or tap to enter a date.To: Click or tap to enter a date. | Click or tap here to enter text. |

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| **4. EXPERIENCE, SKILLS AND INTERESTS** |
| **Please tell us more about yourself, your knowledge, experience and skills and any relevant interests.****Please include the following information:*** How you feel you meet the requirements of the job (see job description and person specification)
* Why you are applying for this post and what interests you about this job
* Any relevant experience gained either at work or in any other way
* What you feel you could bring to this job

You can use experience and knowledge from voluntary work and any other activities relevant to this job, as well as previous employment. |
| Click or tap here to enter text. |
| **If you have any experiences, either professional or personnel, of people with any impairments, (disabilities) or unpaid/family carers please give details.** |
| Click or tap here to enter text. |

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| **5. REFEREES**Please give the names and addresses of two referees – **one must be from your present or most recent employer.** These should be professional referees who have known you either at work in a voluntary role or at school or college. |
| **Referee 1**NameOccupationAddressTel No:Email:Relationship to referee: | Click or tap here to enter text. | **Referee 2**NameOccupationAddressTel No:Email:Relationship to referee: | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. |
| Can we contact these referees without your prior permission?  | YES [ ]  NO [ ]  |
| **The question below is not used as part of our shortlisting criteria. It is included to allow us to explore any reasonable adjustments required for the interview process.** Do you consider yourself to be Disabled? YES [ ]  NO [ ] If YES, are there any adjustments that you would like us to make to the interview process should your application be shortlisted? Click or tap here to enter text.*A person has a disability under the Disability Discrimination Act 1995 and Equality Act 2010 if he/she has a physical, learning or mental impairment or health condition, which has a substantial and long term, adverse effect on his/her ability to carry out normal day to day activities. Long term means has lasted or is expected to last for 12 months.***Declaration**I declare that the details given on this application form are to the best of my knowledge and belief, true and complete. I understand that deliberately giving false statements and/ or canvassing the staff or Board Directors of Surrey Coalition of Disabled People would disqualify me from consideration or, in the event of appointment, make me liable to dismissal.I consent to data contained on this application being processed in accordance with the General Data Protection Regulation 2018**Signature:**  Click or tap here to enter text. **Date:** Click or tap to enter a date. (please print to sign) |