



APPLICATION FOR EMPLOYMENT (CONFIDENTIAL)

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|---|
| Job Title: Youth Worker |
| To be returned to: Millan Centre, Victor Street, BD9 4RA Email: admin@millan.org.uk Telephone No: 01274 480691 |
| Closing date: Friday 18th February 2022 at 12pm |

IMPORTANT NOTE

Thank you for requesting an Application Form for the above post. Please read the following notes before completing the form. If you require assistance with this form, feel free to contact the address above.

Please:-

- Read ALL enclosed information, particularly the Job Description and Personal Specification before completing the form
- Complete the form using black/dark blue ink or type for photocopying purposes
- Give all the information you can about yourself and tell us why you think you are suitable for the job. Please indicate how you meet the requirements of the Personnel Specification in the specific sections provided on this form
- Complete the Monitoring Information on the back sheet and sign the declaration
- Use only the two additional information sheets as necessary – we do not encourage the submission of CV's
- Return to the address shown above on or before the closing date

| | |
|---|--|
| Your full Name and postal address (please print in block capitals): | Telephone No's where you can be contacted. Day: Evening: Mobile: Fax: |
| | How do you wish to be addressed In correspondence? MR/MRS/MISS/MS or OTHER (Please state): |
| E-mail: | |

REFERENCES

It is our policy to take up references for those shortlisted. Please give names and addresses of two referees who know you well enough to comment on your suitability for the post. One of them must be your present or most recent employer. If you have not been previously employed, give the name of a responsible person who knows you well, but is not a relative. Please state in which capacity you know each referee.

An offer of employment will not be made until satisfactory references have been received.

Give your former name if different from that above, to ensure we are asking for the correct reference.

| |
|--|
| Your Former Name and Job Title (if applicable) |
|--|

| NAME OF REFEREE And JOB TITLE or STATUS (e.g. teacher, friend) | ADDRESS FOR CONTACT | MAY WE APPROACH THEM BEFORE INTERVIEW? | |
|---|---------------------|--|--|
| 1 Name: Status: Tel No: E-mail: | Post Code: | YES | |
| | | NO | |
| 2 Name: Status: Tel No: E-mail: | Post Code: | YES | |
| | | NO | |

EDUCATION AND QUALIFICATIONS

Please give details of your education and qualifications. Please note that if you are appointed to a post where qualifications are an essential requirement you may be asked, before your appointment is confirmed, to present the original copies issued to you by the examining body (photocopies will not be acceptable).

| EDUCATION AND QUALIFICATION DETAILS | RESULTS/ GRADES OBTAINED | WHERE OBTAINED | HOW OBTAINED (FULL TIME) (PART TIME) | DATE FROM | DATE TO |
|-------------------------------------|--------------------------|----------------|--------------------------------------|-----------|---------|
| | | | | | |

PROFESSIONAL QUALIFICATIONS/MEMBERSHIP

| QUALIFICATION/PROFESSIONAL BODY | LEVEL | DATE ATTAINED | CURRENT MEMBERSHIP STATUS |
|---------------------------------|-------|---------------|---------------------------|
| | | | |

TRAINING AND DEVELOPMENT

List all relevant training courses undertaken including practical, in-house, commercial and special training courses. Include any apprenticeships, training schemes, evening classes and adult education.

| COURSE AND TRAINING DETAILS | RESULTS/ GRADES OBTAINED | WHERE OBTAINED | HOW OBTAINED (FULL TIME) (PART TIME) (RESIDENTIAL) | DATE FROM | DATE TO |
|-----------------------------|--------------------------|----------------|--|-----------|---------|
| | | | | | |

Do you have a current driving licence? Car M/C HGV class Others: _____

LANGUAGE SKILLS

Which languages other than English do you speak and/or write? (please tick if fluent)

..... Speak Write Speak Write

Please indicate whether you use Sign Language Indicate B.S.L. level

EMPLOYMENT HISTORY CURRENT (most recent) EMPLOYMENT

| EMPLOYER'S NAME AND ADDRESS | POSITION HELD | DATE | | REASON FOR WISHING TO LEAVE |
|--|-----------------|------------------|----|-----------------------------|
| | | FROM | TO | |
| | | | | |
| Tel No | Salary/W age | No Hrs worked | | |
| Brief note of Duties and Responsibilities: | | | | |
| Length of Notice? | | | | |

PREVIOUS EMPLOYMENT Please show full time or part time hours in each case

| EMPLOYER'S NAME AND ADDRESS | POSITION HELD | F/T OR P/T HRS | SALARY/WAGE | DATE FROM | DATE TO | REASON FOR LEAVING |
|-----------------------------|---------------|----------------|-------------|-----------|---------|--------------------|
| | | | | | | |

Under the requirements of the Asylum and Immigration Act, are you currently eligible to work in the UK? YES NO

HEALTH

Are you aware of any aspect of your health which could affect your ability to undertake this job? YES NO

If you answered YES to the question above, please supply brief details.

Please note: You may be required to complete a pre-employment medical questionnaire and/or consent to a medical examination for certain posts

ADDITIONAL INFORMATION

Use the space below to show you have the skills, knowledge and experience to do the job (as described in the Job Description and Personnel Specification). You may also wish to include details of home based work, work in the community or with voluntary groups and your leisure interests to support your application.
(Use up to two separate sheets as necessary).

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EQUAL RIGHTS

As an Equal Rights employer the Millan Centre seeks a workforce which reflects the community it serves and is committed to providing equality of access to employment and development opportunities for people from all parts of the community. All applications will be considered on merit.

To ensure this policy is carried out effectively, we ask all applicants to provide the information requested on this page. It will be used only for administrative and monitoring purposes and will be confidential and not used to discriminate in favour or against any individual applicant.

YOUR PERSONAL DETAILS

| | | | | | | |
|---------------------------|--|-------------|--|--|-----|--|
| Date Of Birth | | | | | Age | |
| Male | | Please Tick | | | | |
| Female | | | | | | |
| National Insurance Number | | | | | | |
| | | | | | | |

ETHNIC CLASSIFICATION

I would describe myself as (Please Tick):

| | | | |
|------------------------------|-------------------------|----|--|
| White | English | 1 | |
| | Scottish | 2 | |
| | Welsh | 3 | |
| | Irish | 4 | |
| | Any Other White | 5 | |
| Mixed | White & Black Caribbean | 6 | |
| | White & Black African | 7 | |
| | White & Asian | 8 | |
| | Any Other Mixed | 9 | |
| Asian or Asian British | Indian | 10 | |
| | Pakistani | 11 | |
| | Bangladeshi | 12 | |
| | Kashmiri | 13 | |
| | Any Other Asian | 14 | |
| Black or Black British | Caribbean | 15 | |
| | African | 16 | |
| | Any Other Black | 17 | |
| Other Ethnic Groups | Chinese | 18 | |
| | Any Other Ethnic Group | 19 | |

NOTE: These categories have been recommended to the employers by the Commission For Racial Equality and are being collected to assist the Millan Centre to monitor the effects of its equal rights policy and to meet the requirements of the Race Relations (Amendment) Act 2000.

Disability

The Disability Discrimination Act (1995), defines a person as having a disability if he/she 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.

Do you consider yourself to have a disability as defined above?

| | |
|-----|----|
| YES | NO |
| | |
| | |

Are there any arrangements you would like us to make if you are interviewed?

NOTE: The Millan Centre has adopted a positive approach to the Disability Discrimination Act (1995) and it is our policy to interview all people with disabilities as defined in the act, who meet the essential shortlisting requirements of the post as described in the Job Description/Personnel Specification.

If you need further information or clarification on these job requirements please contact the Millan Centre.

JOB SHARING: If this post is full time and it has been advertised as being suitable for Job Sharing, please tell us whether you are applying for a full time post, willing to Job Share, or whether you would consider either: (Please Tick)

| | | | | | |
|-----------|--|-----------|--|--------|--|
| Full Time | | Job Share | | Either | |
|-----------|--|-----------|--|--------|--|

If you would like to Job Share this post but are unsure if this is possible, please contact the Department concerned.

I understand that public funds must be protected and so the information I have provided on this form may be used to prevent and detect fraud. The information on this form may be used by the Millan Centre for checking to other records held by the Millan Centre and may also be shared, for the same purposes, with other organisations which handle public funds. I confirm, that to the best of my knowledge, the information provided on this form is correct and gives a true representation of my qualifications and employment history and agree that this information can be used for monitoring purposes and my consent is conditional upon the Millan Centre complying with their obligations under the Data Protection Act 1998.

Please print Name:

Signed :

Date:

HOW DID YOU LEARN OF THIS VACANCY?

FOR OFFICE USE ONLY

| | | | | | | | | | |
|---|----------|-------------------|------------------|--|-------------|--|-------------------------|-----|----|
| Date form Received: | | Refs taken up by: | Telep | | In writing: | | Qualifications Checked: | YES | NO |
| Reason for Rejection (Please tick) | | | COMMENTS: | | | | | | |
| 1 Exp | 4 Know | 7 Skills | | | | | | | |
| 2 Qual | 5 Circum | 8 Phys | | | | | | | |
| 3 Train | 6 Disp | 9 Other | | | | | | | |