

Application Form

Personal Details:

Healthwatch Branch	Healthwatch Warrington Social Care and Enter & View Lead
Title	
First name	
Other Names	
Surname	
Address	
Post Code	
Contact numbers:	
Email address:	

Present or most recent employment

Present employer

Employer name			
Address			
	Post Code		
Position held			
Main duties			
Salary			
Start Date		End Date	
Reason for leaving			

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Previous other employment

Name of Employer	Post Held	Reason for leaving	Date from	Date to

Please give details of any gaps in your employment history

Relevant skills and experience

Please use the space below to explain why you are applying for the position and how your experience, personal qualities and skills help to make you a suitable candidate. It is essential that you provide us with details that demonstrate how you meet the criteria for knowledge and experience, technical skills, and personal / behaviour attributes on the person specification. You must demonstrate you meet all the essential criteria on the person specification as a minimum. This will help us decide whether to invite you to the next stage of the selection process.

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Qualifications

Name of Educational establishment	Qualification taken	Grade	Date

Training and Development

Year Course Taken	Course Title	Date	Outcome (<i>grade achieved where relevant</i>)

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Criminal Convictions

For positions working with children, families, and vulnerable adults only.

Have you ever been convicted of a criminal offence? Yes ☐ No ☐

Is the offence "spent" as defined by the Rehabilitation of Offenders Act 1974? Yes ☐ No ☐

Do you have a criminal conviction which is unspent? Yes ☐ No ☐

Or pending against you? Yes ☐ No ☐

Are you related to or have a close relationship with any existing employee of Engaging Communities Solutions CIC?

Yes ☐ No ☐

If yes, please provide details of their name, job and your relationship to them.

To help us monitor the success of our advertising, please state where you saw this position advertised?

References

Please give details of two referees, one of whom must be your present and / or last employer and the other from a previous employer.

Referee one – current or previous employer			
If you are invited for interview, may we approach this referee without further reference to you			Yes / No
Name		Title	
Address			
Contact Number			
Email address			
Occupation			
Relationship to you			

Referee two			
If you are invited for interview, may we approach this referee without further reference to you			Yes / No
Name		Title	
Address			
Contact Number			
Email address			
Occupation			
Relationship to you			

We place a great deal of importance on the security and privacy of any personal information we have in our possession and to comply with current data protection legislation, we will retain your personal data in line with our Privacy Notice. Please refer to this for further details.

I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberately false information could result in my dismissal.

Signature _____

Date _____

Equal Opportunities Monitoring Form

We are an equal opportunities employer and will aim to ensure that all applicants, employees and workers are treated with respect irrespective of their sex, marital or civil partnership status, sexual orientation, gender reassignment, race, colour, ethnic or national origins, religion or belief, disability or age ("the Protected Characteristics").

The information collected on this form is confidential and will be used to monitor the application of the Company's Equal Opportunities Policy. This information is requested on a separate form and it will not be seen or made known to selector.

What is your ethnic group?

Choose one section from (a) to (e) then tick the appropriate box to indicate your cultural background:

(a) White

- ☐ British
- ☐ English
- ☐ Scottish
- ☐ Welsh
- ☐ Irish
- ☐ Other (*please specify*)

(b) Mixed

- ☐ White & Caribbean
- ☐ White & Black African
- ☐ White & Asian
- ☐ Other (*please specify*)

(c) Asian or Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Other (*please specify*)

(d) Black or Black British

- ☐ Caribbean
- ☐ African
- ☐ Other (*please specify*)

(e) Chinese

- ☐ Chinese
- ☐ Other (*please specify*)

- ☐ Other (*please specify*)
- ☐ Would rather not state

Do you consider yourself to have a disability? ☐ Yes ☐ No ☐ Would rather not state

Do you have any responsibility dependants? (*Dependants relates to children, or elderly or other persons for whom you are main carer*). ☐ Yes ☐ No

Which of the following best describe your religion / belief?

- ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh
- ☐ None ☐ Would rather not state ☐ Other (*Please specify*)

Which of the following best describes your sexual orientation?

- ☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Asexual
- ☐ Would rather not state ☐ Other (*Please specify*)

Which of the following best describes your marital status?

- ☐ Married ☐ Single ☐ Cohabiting ☐ In a relationship ☐ Divorced
☐ Separated ☐ Would rather not state ☐ Other (*Please specify*)

Which of the following best describes your gender?

- ☐ Male ☐ Female ☐ Would rather not state ☐ Other (*Please specify*)

Transgender; is your gender identity the same as your gender at birth? ☐ Yes ☐ No

Date of birth ____/____/____ **Age** ____

Are you currently pregnant? ☐ Yes ☐ No ☐ N/A ☐ Would rather not state

Have you given birth in the last 12 months?

- ☐ Yes ☐ No ☐ N/A ☐ Would rather not state

Data Protection

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Thank you for your assistance.

Signature _____ Date _____

Name _____

Position applied for _____