**Sheffield Mencap and Gateway - Application Form**

**Job role: Carers’ Outreach Project Worker**

**Application Number ………………………..** (office purposes only)

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| **Please complete all parts of this form and return to:** mencapoffice@sheffieldmencap.org.uk **by the 5pm on the advertised closing date. Applications received after this time will not be considered.** |

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| --- |
| Family Name:First Name: Title: |
| Address: Post Code: |
| Daytime Tel No: Evening Tel No: |
| E-mail address: |
| Do you hold a full driving licence? Yes/No |
| How soon will you be able to take up this appointment? |
| **For purposes of equal opportunities, these details will be separated from your application form until short-listing has taken place.** |

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| **Rehabilitation of Offenders Act 1974**This post is subject to DBS checks. Failure to disclose information could result in dismissal at a later date. The information will be kept confidential and will not necessarily disqualify your application. |
| Have you ever been convicted of any criminal offences? Yes/No |
| If yes, please give details: |

I confirm that the information given in this application is to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

Sheffield Mencap and Gateway will use the personal data contained in the application to complete our recruitment and selection process. If you are unsuccessful we will securely dispose of your application after 6 months following the closing date.

In the absence of an e-signature, the emailing of this application to Sheffield Mencap and Gateway constitutes your personal certification that the details are correct.

Signature:…………………………………………. Date:………………………

**Application Number……………………….**

**Employment: Details of present or last employment**

|  |  |  |  |
| --- | --- | --- | --- |
| Job Held | Employer & Address | From:To: | Salary:Scale/Grade: |

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| Brief details of main responsibilities/duties |

**Please give details of previous employment**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Job held & brief description | From  | To |

**Education/Qualifications/Training –** Please give details of any skills/qualifications obtained and training undertaken **which are relevant to the job and person specification** together with dates.

|  |  |  |
| --- | --- | --- |
| **Skills/Qualifications/Training** | From  | To |

**Experience section**

Refer to the criteria listed against this post in the person specification. For all the essential criteria please give a brief example where you meet these and include the desired criteria where applicable.

Please be as concise and relevant as possible and **number your examples in line with the number in the person specification.**

|  |  |
| --- | --- |
| **Number** | **Example from your experience**  |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |
| **6** |  |
| **7** |  |
| **8** |  |
| **9** |  |
| **10** |  |
| **11** |  |
| **12** |  |
| **13** |  |
| **14** |  |

**Additional Information**

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| Have you a disability recognised by the Disability Discrimination Act? Yes/No |

**References –** Please give the names and addresses of two people to whom we may write for references, one of who should be a previous employer (if applicable).

**Referee (1) Referee (2)**

|  |  |
| --- | --- |
| Name: | Name: |
| Job Title (if applicable): | Job Title (if applicable): |
| Address: | Address: |
| Daytime Tel. No: | Daytime Tel. No: |
| Evening Tel. No: | Evening Tel. No: |
| Can we contact before interview? Yes/No  | Can we contact before interview? Yes/No |

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| If you are related to any member of staff employed by Sheffield Mencap or a member of the Executive Committee please give further details: |