

# CONFIDENTIAL

## Application Form for the Post of Administrator (A01)

Please refer to the accompanying

Privacy Notice for Job Applicants

MONITORING INFORMATION

This sheet will be separated from your application.

**Application for the post of: Administrator**

**Date of birth:** Click here to enter a date.

**Gender:** Woman  Man  Intersex  Non-binary  Prefer not to say

If you prefer to use your own term, please specify here:

|  |
| --- |
|  |

**What is your ethnicity?**

*Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box*

**White**

English  Welsh  Scottish  Irish  British  Gypsy or Irish Traveller  Prefer not to say

Any other White background, please state: Click here to enter text.

**Mixed/multiple ethnic groups**

White and Black Caribbean  White and Black African  White and Asian  Prefer not to say

Any other mixed background, please state: Click here to enter text.

**Asian/Asian British**

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say

Any other Asian background, please state: Click here to enter text.

**Black/African/Caribbean/Black British**

African  Caribbean  Prefer not to say

Any other Black/African/Caribbean background, please state: Click here to enter text.

Any other ethnic group  Please state: Click here to enter text.

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**Religion or belief**

Please describe your religion or other strongly-held belief.

|  |  |
| --- | --- |
| I would describe my religion or belief as: |  |
| I have no particular religion or belief |  |
| Prefer not to say |  |

**Disability**

The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last more than 12 months.

Do you consider that you have a disability under the Equality Act (delete as appropriate)? YES / NO

**PERSONAL DETAILS - CONFIDENTIAL**

This sheet will be separated from your application.

Name: Click here to enter text.

Address: Click here to enter text.

Post Code: Click here to enter text.

Email Address: Click here to enter text.

Tel No: Click here to enter text. Mobile No: Click here to enter text.

How did you hear about the post? Click here to enter text.

**CRIMINAL RECORD**

**Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.**

Due to the nature of our work this post is excepted from the Rehabilitation of Offenders Act 1974. This means that you need to provide information about any criminal record you have, spent or unspent.

Do you have any previous or outstanding convictions, cautions, reprimands or warnings?

YES  NO

This post is subject to an enhanced police check. Please give any details of any cautions, convictions or bind overs you have received or proceedings being instituted against you.

**DRIVING / ACCESS TO VEHICLE**

Do you hold a current full driving licence? Yes  No

Do you have access to a car? Yes  No

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| --- | --- |
| **I confirm that the information I have given is correct and complete and that misleading or untruthful statements will result in my dismissal if they become known after appointment.** | |
| **Name** |  |
| **Signature** |  |
| **Date** |  |

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**APPLICATION FORM – ADMINISTRATOR - CONFIDENTIAL**

|  |  |
| --- | --- |
| **Application No. (Internal Use Only)** |  |

# Qualifications and Training – Include any relevant short courses as well as formal training

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Qualification/grade obtained** | **Subject(s) covered** | **Awarding body** |
|  |  |  |  |

**WORK HISTORY**

Please give details of all posts you have held, starting with your current post and accounting for any gaps in your employment history. Include also any relevant voluntary work.

|  |  |
| --- | --- |
| Post Title |  |
| Dates and length of service |  |
| Name of Employer |  |
| Address of Employer |  |
| Please describe your role and responsibilities |  |
| Final Salary |  |
| Reason for leaving |  |

|  |  |
| --- | --- |
| Post Title |  |
| Dates and length of service |  |
| Name of Employer |  |
| Address of Employer |  |
| Please describe your role and responsibilities |  |
| Paid or Voluntary |  |
| Reason for leaving |  |

|  |  |
| --- | --- |
| Post Title |  |
| Dates and length of service |  |
| Name of Employer |  |
| Address of Employer |  |
| Please describe your role and responsibilities |  |
| Paid or Voluntary |  |
| Reason for leaving |  |

|  |  |
| --- | --- |
| Post Title |  |
| Dates and length of service |  |
| Name of Employer |  |
| Address of Employer |  |
| Please describe your role and responsibilities |  |
| Paid or Voluntary |  |
| Reason for leaving |  |

*Continue on separate sheet if necessary.*

**WORKING HOURS**

How many working hours are you applying for (over 5 days Monday to Friday):

25 hours **YES** 30 hours **YES** 35 hours **YES** Other **Click here to enter text.**

**STATEMENT IN SUPPORT OF APPLICATION**

Please explain how you meet the criteria for this post, referring to any knowledge, skills and experience or other relevant information.

**REFERENCES**

Please give the names and addresses of two people whom we may contact for a reference. The first of your references must be your present or most recent employer. Personal references (i.e. from your GP or friends) are not acceptable.

Name: Click here to enter text. Position: Click here to enter text.

Organisation: Click here to enter text.

Address: Click here to enter text.

Email: Click here to enter text. Telephone: Click here to enter text.

How do they know you? Click here to enter text.

|  |  |
| --- | --- |
| **Can we take up this reference prior to interview? (Yes/No)** |  |

Name: Click here to enter text. Position: Click here to enter text.

Organisation: Click here to enter text.

Address: Click here to enter text.

Email: Click here to enter text. Telephone: Click here to enter text.

How do they know you? Click here to enter text.

|  |  |
| --- | --- |
| **Can we take up this reference prior to interview? (Yes/No)** |  |

**DISABILITY**

Do you describe yourself as disabled? Yes  No

In line with our commitment to ensuring that we are a disability confident organisation, we will guarantee an interview for all disabled candidates who meet the minimum selection criteria for the post. The selection of potential employees will, however, always be made on merit.

If you consider yourself to be disabled and you are shortlisted for an interview what adjustments would you like us to make in order that you can perform to the best of your ability?

**Please give details:**

**Please return completed applications by email to: Pamela Deans, Chief Executive**

**E-mail to:** [**pamela.deans@dgadvocacy.co.uk**](mailto:pamela.deans@dgadvocacy.co.uk)

**Website:** [**www.dgadvocacy.co.uk**](http://www.dgadvocacy.co.uk)