applicant number:…………………(Office Use only).

**Caring in bristol APPLICATION FORM**

Information provided will be treated confidentially and in accordance with the Data Protection Act 1998 and the General Data Protection Regulations from May 2018.

Caring in Bristol committed to making equal opportunities a reality. This form will be not seen by staff or trustees who are shortlisting candidates for interview.

Equalities Monitoring questions from Section 1 are voluntary and it will not make any difference to our consideration of your application if you do not answer them.

|  |
| --- |
| **Post being applied for:** |
| **Personal details:**NameAddressTelephone number(s)EmailTitle/Letters to be addressed to (please circle) Mr Mrs Ms Miss Mx Other……………………………. |
| **Where did you see this job advertised?** |
| **Criminal Convictions**Any offer of employment is conditional upon the your receiving a satisfactory Disclosure from the DBS.  If you are successful in your application you will be required to complete a Disclosure and Barring Service check.  Any information disclosed will be handled in accordance with the Code of Practice published by the Disclosure and Barring Service (a copy of which is available on request).Posts in this organisation are exempt from the Rehabilitation of Offenders Act 1974 and therefore all convictions, cautions, reprimands and final warnings (including those which would normally be considered “spent” under the Act) must be declared.  If you have a criminal record this will not automatically debar you from employment.  Instead, each case will be assessed by Caring in Bristol.**Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?** **Please circle: YES NO**If ‘**YES**’, please provide details on a separate sheet and send this in a sealed envelope marked “**confidential**” to the address above.making it clear which post you are applying for. |

**EQUALITIES MONITORING SECTION**

1. **How would you describe your ethnic origin? (Please tick)**

|  |  |  |
| --- | --- | --- |
|  |  | **Tick Here** |
| **White** | English/Welsh/Scottish/Northern Irish/British |  |
| Irish |  |
| Gypsy (inc English, Scottish & Roma Gypsy) or Irish Traveller |  |
| Eastern European |  |
| Any other White background  |  |
| **Mixed / multiple ethnic groups** | White and Black Caribbean |  |
| White and Black African (non-Somali) |  |
| White and Asian |  |
| Any other Mixed/multiple ethnic background  |  |
| **Asian/Asian British** | Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Any other Asian background  |  |
| **Black / African / Caribbean / Black British** | African (non Somali) |  |
| Somali |  |
| Caribbean |  |
| Any other Black / African / Caribbean background  |  |
| **Other ethnic groups** | Arab |  |
| Iranian |  |
| Iraq |  |
| Kurdish |  |
| Turkish |  |
| Any other ethnic group (please describe) |  |
| **Prefer not to say** |  |  |

2. **What gender do you identify with? 2b Is your gender identity the same as the gender**

 **you were given at birth?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Tick Here** |  |  | **Tick Here** |
| Male |  |  | Yes |  |
| Female |  |  | No |  |
| Other |  |  | Prefer not to say |  |
| Prefer not to say |  |  |  |  |

If you have preferred pronouns (eg he, she, they) please write them below:

**3. What is your age group? 4. Do you consider yourself to be a disabled person?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Tick Here** |  |  | **Tick Here** |
| 15 or under |  |  | Yes |  |
| 16 to 20 |  |  | No |  |
| 21 to 30 |  |  | Prefer not to say |  |
| 31 to 40 |  |  |  |  |
| 41 to 50 |  |  |  |  |
| 51 to 60  |  |  |  |  |
| 61 to 70 |  |  |  |  |
| 70 or over |  |  |  |  |
| Prefer not to say |  |  |  |  |

|  |  |
| --- | --- |
|  | To help us know whether our advertisements are reaching all disabled people, please can you tick the relevant impairment (disability) group below. You are welcome to tick more than one box if appropriate |
|  |

|  |  |
| --- | --- |
|  | **Tick Here** |
| Physical impairment |  |
| Visual impairment |  |
| Hearing impairment |  |
| Deaf BSL user |  |
| Learning difficulties |  |
| Specific learning difficulties like dyslexia |  |
| Mental and emotional distress |  |
| A health condition e.g HIV, multiple sclerosis, cancer |  |
| Wheelchair user |  |
| Prefer not to say |  |

1. **Please say how you would you 6. What is your religion?**

**usually describe your sexual orientation?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Tick Here** |  |  | **Tick Here** |
| Gay |  |  | No religion |  |
| Lesbian |  |  | Christian |  |
| Bisexual |  |  | Buddhist |  |
| Heterosexual/straight |  |  | Hindu |  |
| Asexual |  |  | Jewish |  |
| Other |  |  | Muslim |  |
| Prefer not to say |  |  | Sikh |  |
|  |  |  | Other religion or belief  |  |
|  |  |  | Prefer not to say |  |

**7.**

|  |  |
| --- | --- |
|  | **Tick Here** |
| **I do not wish to provide any of the information requested on the equalities monitoring section of the form** |  |

applicant number:…………………(Office Use only).

|  |  |
| --- | --- |
| **Do you require any special arrangements to be made to assist you if invited for interview?** | Yes / No (delete as appropriate) |
| **If yes, please provide details**: |

1. **References**

Please provide details of two references, including one work-related reference, where possible from your current or most recent post. References will not be contacted without your prior approval.

*In some circumstances Caring in Bristol may find it helpful to contact one or other of your references prior to interview. Please confirm below for each reference whether you are happy for us to do so.*

|  |  |
| --- | --- |
| **Name**:  | **Name**:  |
| **Position**:  | **Position**:  |
| **Company**:  | **Company**:  |
| **Email**:  | **Email**:  |
| **Telephone**:  | **Telephone**:  |
| **Nature of relationship**:  | **Nature of relationship**:  |
| **Permission to contact prior to interview?** | **Permission to contact prior to interview?** |
| Yes / No (delete as appropriate) | Yes / No (delete as appropriate) |

1. **Signature**

|  |
| --- |
| I certify that all the information given on this application form is true and complete. I understand that any falsification or deliberate omissions may disqualify my application or lead to my dismissal. I understand that my employment is subject to references that are satisfactory to Caring in Bristol.*Note: typed/digital signatures are acceptable for the purpose of this application form.* |
| **Signature**: | **Date**: |