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| **Post Applied for:**  |

**PLEASE COMPLETE BY EDITING AND SAVING THIS AS A WORD FILE.**

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| **Name** (state in full) |
| **Home address** (and address for correspondence if different) |
| **Daytime contact telephone no(s):** |
| **Email address:** |
| **Do you require any special arrangements to be made for your interview on account of a disability? If yes then please give details:** |
| **Do you require permission to work in the UK:** |
| **Referees**: Please give names, telephone number, email and addresses of **two** referees to support your application. **One must be your current or most recent employer** (where applicable), stating how they are known to you.**Reference 1:** Name:Address:Email:Telephone: Relationship:**Reference 2:** Name:Address:Email:Telephone:Relationship: |
| **EDUCATION AND TRAINING:** Please give details of any relevant qualifications or training, including any part-time courses. **Where obtained** **Qualification Date** |
| **CURRENT AND PREVIOUS EMPLOYMENT/VOLUNTARY WORK:** **Job Title/Description Employer Duties Dates** |
| **IN ORDER TO BE SHORTLISTED FOR INTERVIEW, YOU MUST DEMONSTRATE HOW YOU MEET EACH OF THE ESSENTIAL CRITERIA LISTED IN THE ROLE PROFILE OF THE JOB DESCRIPTION.** The desirable criteria may be used at the interview stage to decide between candidates who perform equally well. Describe in detail your relevant work experience, qualifications and skills, explaining why you consider they will be useful in this job. Use the job description and role profile we have sent you to help you complete this section.  |
| **Please tell us why you wish to apply for this post:** |
| **SPECIAL TRAINING -** Are there areas of responsibility in the job description for which you will require special training or induction: |
| **DRIVING LICENCE –** if relevant to post applied for.Do you hold a full, clean driving licence valid in the UK and are willing to use it for the purposes of this post? |
| **DBS Check -** this post is offered subject to a satisfactory enhanced Disclosure and Barring Service. In the event of employment any failure to disclose such convictions could result in dismissal or disciplinary action. Information given will be completely confidential.If 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) by SI 2013, please give the details below: |

Statement to be Signed by the Applicant

The West of England Rural Network is committed to an anti-fraud culture and participates in statutory anti-fraud initiatives. Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

## *I acknowledge that West of England Rural Network is under a duty to protect the Service Users it supports and to this end I agree it may use information provided on this form for the prevention and detection of crime and it may share this information with other bodies solely for these purposes. I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for data registration purposes.*

*I hereby certify that:*

* *all the information given by me on this form is correct to the best of my knowledge*
* *all questions relating to me have been accurately and fully answered*
* *I possess all the qualifications which I claim to hold*
* *I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.*

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| **Applicants signature:****Date:** |

West of England Rural Network undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 2018.

**PLEASE ENSURE THIS FORM IS SAVED IN MICROSOFT WORD AND EMAILED TO:**

**info@wern.org.uk**

**CONFIDENTIAL**

**Equalities Monitoring Form for Job Applicants**

WERN is committed to equal opportunities, and we wish to ensure that opportunities for employment are open to all sections of the community. This form is intended to help us in actively implementing equal opportunities and we would appreciate it if you would complete all the details requested below.

The forms are treated confidentially and in accordance with GDPR regulations, they have no names and will not be identified with the individuals completing them.

**1. How would you describe your race/ethnic origin?**

**WHITE**

English/Welsh/Scottish/Northern Irish/British [ ]

Irish [ ]

Gypsy (including English, Scottish and Roma Gypsy) or Irish Traveller [ ]

Eastern European [ ]

Any other white background (please describe)...............................................

**MIXED/MULTIPLE ETHNIC BACKGROUND GROUPS**

White and Black Caribbean [ ]

White and Black African (non Somali) [ ]

White and Asian [ ]

Any other Mixed/multiple etnic background (please describe)................................

**ASIAN/ASIAN BRITISH**

Indian [ ]

Pakistani [ ]

Chinese [ ]

Any other Asian background (please describe)...............................................

**BLACK/AFRICAN/CARIBBEAN/BLACK BRITISH**

African (non Somali) [ ]

Somali [ ]

Caribbean [ ]

Any other Black/African/Caribbean background (please describe)..........................

**OTHER ETHNIC GROUPS**

Arab [ ]

Iranian [ ]

Iraqi [ ]

Kurdish [ ]

Turkish [ ]

Any other ethnic group (please describe)........................................................

Prefer not to say [ ]

**2. What is your gender?**

Female [ ]

Male [ ]

Prefer not to say [ ]

**3. Are you transgender?**

(is your gender identity different from the gender you were assigned at birth?)

Yes [ ]

No [ ]

Prefer not to say [ ]

**4. Please say how you would define your sexual orientation:**

Lesbian [ ]

Gay [ ]

Heterosexual [ ]

Bisexual [ ]

Questioning [ ]

Intersex [ ]

Prefer not to say [ ]

Prefer to self-describe …………………..

**5. Do you consider yourself to be a disabled person?**

Yes [ ]

No [ ]

Prefer not to say [ ]

It helps us to know whether we are reaching all disabled people, please can you tick the relevant impairment (disability) group below and you are welcome to tick more than one box if appropriate.

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 [ ]

Prefer not to say [ ]

**6. What is your age group?:**

16 to 24 [ ]

25 to 49 [ ]

50 to 64 [ ]

65 to 74 [ ]

75 and over [ ]

Prefer not to say [ ]

**Thank you for completing this form**