

References

It is our policy to take up references for those shortlisted. Please give the names and addresses of two referees who know you well enough to comment on your suitability for the post. One of them must be your present or most recent employer. If you have not previously been employed, give the name of a responsible person who knows you well but is not a relative.

Please give your former name if different from that above to ensure we are asking for the correct reference.

Name of Referee and Status or Job Title	Address For Contact	May We Approach Them Before Interview?	
		Please tick	
1. Tel No:		Yes	
		No	
2. Tel No:		Yes	
		No	

Education and Qualifications (including any relevant training courses)

Please give details of your education and qualifications. Please note that if you are appointed to a post where qualifications are an essential requirement you will be asked, before your appointment is confirmed, to present the original copies issued to you by the examining body (photocopies will not be acceptable).

Education and Qualification Details	Results/ Grades Obtained	Where Obtained	How Obtained (full time) (part time) (correspondence)	Date From	Date To

Do you hold a current driving licence?

Car

Mini Bus

Do you have daily use of a car?

Current (most recent) Employment

Employer's Name And Address	Position Held	Date		Reasons For Wishing To Leave
		From	To	
Tel No	Salary/Wage	Full-time or Part-time		
Brief note of duties and responsibilities:				
Length of notice required:				

Previous Employment Experience

Employers Name and Address	Position Held	Brief outline of responsibilities	Salary/ Wage	Dates From - To	Reason for Leaving

Health

Are you aware of any aspects of your health which could affect your ability to undertake this job? **Yes/No** (please Circle)

If yes, please supply brief details

Experience

Demonstrate how your experience fit those in the job description and person specification for this post.

Skills & Abilities

Demonstrate how your skills and abilities fit those in the job description and personal specification for this post. Please pay particular attention to your skills and abilities in developing projects with and for young people.

Motivation & Outlook - Why do you want to work for e:merge?

Using what we have said about our context, what interventions/sessions might you plan to deliver and what impact would you expect them to make?

Describe yourself as a leader and give some examples of how you would lead and motivate others as part of the e:merge team?

As outlined above, we have two roles available of between 8 and 25 hours per week, dependent on the gifts and skills of those who are successful.

Please use the space below to outline in as much detail as you'd like to, the size and type of role you would prefer.

Are you legally eligible for employment in this country? **Yes/No** (please circle)

Do you require a work permit to work in this country? **Yes/No** (please circle)

Please give details of any criminal convictions (in accordance with the rehabilitation of offenders act 1974)

Please note all staff at e:merge must have a Disclosure & Barring Service disclosure check successfully completed to work here. Do you wish to advise us of any disclosure before the check is carried out? Yes / No (please circle)

I declare that the information I have give in this application form is correct to the best of my knowledge

Note: the withholding, falsification or omitting of relevant information by a successful candidate will be grounds for the job offer to be withdrawn and disciplinary action taken.

Signed

Date

For office use only:

Date Received	Date Acknowledged	References taken up by: (please circle)	Telephone	In writing	Qualifications Checked: (please circle)	Yes	No

Reason for not shortlisting	Comments
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Age:	<input type="checkbox"/> I prefer not to say <input type="checkbox"/> Female <input type="checkbox"/> Male		
Race:			
	White		
	<input type="checkbox"/> English/ Welsh/ Scottish/ Northern Irish/ British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller		
	<input type="checkbox"/> Any other White background, write in:	<input style="width: 100%;" type="text"/>	
	Mixed/ multiple ethnic groups		
	<input type="checkbox"/> White/Black Caribbean <input type="checkbox"/> White/Black African <input type="checkbox"/> White/Black Asian		
	<input type="checkbox"/> Any other mixed/multiple ethnic background, write in:	<input style="width: 100%;" type="text"/>	
	Asian/ Asian British		
	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese		
	<input type="checkbox"/> Any other Asian background, write in:	<input style="width: 100%;" type="text"/>	
	Black/ African/ Caribbean/ Black British		
	<input type="checkbox"/> African <input type="checkbox"/> Caribbean		
	<input type="checkbox"/> Any other Black/ African/ Caribbean/ Black British background, write in:		
	<input style="width: 100%;" type="text"/>		
	Other ethnic group <input type="checkbox"/> Arab		
	<input type="checkbox"/> Any other ethnic group, write in:	<input style="width: 100%;" type="text"/>	
	<input type="checkbox"/> I prefer not to say		
Language	What is your main language?		
	<input type="checkbox"/> English		
	<input type="checkbox"/> Other (including sign languages), write in:		
	<input style="width: 100%;" type="text"/>		
	How well can you speak English?		
	Very well <input type="checkbox"/>	Well <input type="checkbox"/>	Not well <input type="checkbox"/>
			Not at all <input type="checkbox"/>

Religion/belief

- No religion
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Buddhist Jewish Hindu Muslim Sikh
- Agnostic I prefer not to say
- Any other religion/ belief, write in:

Disability Do you consider yourself to have any of the following?

(Please tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Mental health condition | <input type="checkbox"/> Speech impairment |
| <input type="checkbox"/> Physical impairment | <input type="checkbox"/> Sensory impairment |
| <input type="checkbox"/> Cognitive impairment | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Long standing illness | <input type="checkbox"/> Learning difficulty |
| <input type="checkbox"/> I do not have a disability | <input type="checkbox"/> I prefer not to say |
| <input type="checkbox"/> Other, please state: <input type="text"/> | |