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|  | Girlguiding London & South East EnglandApplication Form |

Please complete this form electronically in full and email your application to recruitment@girlguidinglaser.org.uk.

**Personal Details**

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| --- | --- |
| **Position applied for:** |  |
| Location: |  |
| Where did you find out about this vacancy? (Please give the specific publication / web site name if applicable): |

|  |  |
| --- | --- |
| Title (Mr/Mrs/Miss/Ms/Dr/other): |  |
| Surname: |  |
| Forename(s): |  |
| Address: |  |
| Postcode: |  |

**Contact details**

|  |  |
| --- | --- |
| Mobile number: |  |
| Home telephone number: |  |
| Email address: |  |

**Education and Training**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates from/to | Full/Part time | Institute/Awarding Body | Qualifications gained/Training attended |
|  |  |  |  |
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**Professional Memberships**

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| Are you a member of a professional body or other organisation(s) relevant to the post / job? Yes / No |
| If ‘Yes’, please provide details here (including level of membership): |

**Employment history**

(Including vocational, temporary or voluntary work and any periods of unemployment)

**Present or last employer**

|  |  |
| --- | --- |
| Employer’s name:  |  |
| Employer’s address &postcode |  |
| Contact Name & Surname: |  |
| Telephone number: |  |
| Email address: |  |
| Dates employed: |  |
| Position(s) held: |  |
| Brief description of duties: |  |
| Reason(s)for leaving: |  |
| Current salary per year: | £ |
| Length of notice required: |  |

**Previous employment (most recent first)**

|  |  |
| --- | --- |
| Employer’s name:  |  |
| Employer’s address &postcode |  |
| Contact Name & Surname: |  |
| Telephone number: |  |
| Email address: |  |
| Dates employed: |  |
| Position(s) held: |  |
| Brief description of duties: |  |
| Reason(s)for leaving: |  |

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| --- | --- |
| Employer’s name:  |  |
| Employer’s address &postcode |  |
| Contact Name & Surname: |  |
| Telephone number: |  |
| Email address: |  |
| Dates employed: |  |
| Position(s) held: |  |
| Brief description of duties: |  |
| Reason(s)for leaving: |  |

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| --- | --- |
| Employer’s name:  |  |
| Employer’s address &postcode |  |
| Contact Name & Surname: |  |
| Telephone number: |  |
| Email address: |  |
| Dates employed: |  |
| Position(s) held: |  |
| Brief description of duties: |  |
| Reason(s)for leaving: |  |

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| Have you applied to, been interviewed by, or worked for Girlguiding London & South East England previously? Yes / NoIf ‘Yes’, please provide details here: |
| Are you related to current or former employees, committee members or a member of any other official guiding body? Yes / NoIf 'Yes', please give details here: |

**Eligibility to Work in the UK – Asylum and Immigration Act 1996**

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| Do you have a legal right to work in the UK? Yes / NoIf ‘Yes’, are there any conditions attached, for example start or finish dates, please specify:If ‘No’, what type of work permit do you require? |

**Criminal Convictions – Rehabilitation of Offenders Act 1974**

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| Have you ever been convicted of a criminal offence? Yes / NoIf ‘Yes’, please give details here, and refer to Guidance Note 4. |

**Personal Statement**

Using the job description and person specification, provide us with your reasons for applying for the job and provide examples of work, voluntary or life experiences that are relevant to the job and person specification. Please also explain how your skills, qualifications and overall experience relate to the requirements of the job.

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| Personal Statement: |

**Declaration**

By submitting this application form you are giving permission for your personal information to be stored and processed for the purpose of arriving at selection decisions, for it to be used as a basis for a personal record and sensitive data to be used for the purpose of equal opportunities monitoring. If you are appointed to this post, based on any false information you have knowingly supplied, your employment may be terminated.

Please note - upon successful appointment to the position you will be required to complete a medical questionnaire which will be assessed by our appointed company doctors.

The information I have given in this application is, to the best of my belief, accurate.

|  |  |
| --- | --- |
| Name:  | Date:  |

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| discover | **Girlguiding London & South East England** **Equal Opportunities form - private and confidential** |

**Diversity Questionnaire – Private and Confidential**

Girlguiding is made up of a broad mix of people from different backgrounds. It is something we value and regard as a strength. This questionnaire is intended to help us understand more clearly who applies for vacancies and to inform us in improving our practices.

We recognise that some people may regard some of this information as personal and we have, therefore, included an option in most questions for ‘prefer not to say’. You do not have to complete all of this form but it will help us if you can complete as much as possible and return the form to recruitment@girlguidinglaser.org.uk. Information contained within this form will be separated out from your Application Form and will not form part of the short-listing process. It will not be used for any other purpose than for diversity monitoring. Thank you.

**Full Name:**

**Post applied for:**

1. My age is …………………. Prefer not to say [ ]
2. I would describe my ethnic origin as:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **A. Asian/Asian British** |
| Bangladeshi | [ ]  |
| Indian | [ ]  |
| PakistaniChinese | [ ] [ ]  |
| Any other Asian background Type here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  |

|  |
| --- |
| **B. Black/African/Caribbean/Black British** |
| African | [ ]  |
| Caribbean | [ ]  |
| Any other Black backgroundType here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  |
|  |  |

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| **C. White** |  |
| English/Welsh/Scottish/Northern Irish/ British  | [ ]  |
| Irish | [ ]  |
| Gypsy or Irish Traveller  | [ ]  |
| Any other White backgroundType here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  |
|  |  |
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| **D.** **Mixed** |  |
| White and Asian | [ ]  |
| White and Black African | [ ]  |
| White and Black Caribbean | [ ]  |
| Any other Mixed background Type here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  |

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| **E.** **Other ethnic group** |
| ArabAny other ethnic background(specify here if you wish) Type here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  [ ]   |
|  |  |

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| **F. Other** |  |
| Prefer not to say | [ ]  |
|  |  |

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**The above are based on Census 2001 categories.**

**4. My gender is:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Male |  | Female |  | Transgender  |  | Prefer not to say |  |

For the purpose of this question ‘transgender’ is defined as an individual who lives, or wants to live, in the gender opposite to the one they were assigned at birth.

**5. I would describe myself as being of the following religion (or belief)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Buddhism  |  | Judaism |  | Other (please specify below)  |  |
| Christianity  |  | Islam |  | Sikhism |  |
| Hinduism  |  | No religion  |  | Prefer not to say  |  |

**6. I would describe myself as being of the following sexual orientation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bi-sexual |  | Heterosexual/straight |   | Gay man |  |
| Gay woman |  | Other (specify if you wish) |  | Prefer not to say |  |

**7. Do you consider yourself to have a disability according to the terms given below?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

The Equality Act 2010 protects disabled people. It says that a person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse affect on their ability to carry out normal day-to-day activities. This would include things like using a telephone, reading a book or using public transport

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If you have answered yes, please indicate the type of impairment which applies to you below.Type hereWould you need any adjustments to be made to carry out this role? Type here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you need any special assistance in attending interview? If so, please give details:Type here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_People may experience more than one type of impairment, in which case please mark all the types that apply. If your disability does not fit any of these types, please mark Other.

|  |  |  |
| --- | --- | --- |
|  | Physical impairment, such as difficulty using your arms or mobility issues which mean using a wheelchair or crutches | [ ]  |
|  | Sensory impairment, such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment | [ ]  |
|  | Mental health conditions, such as depression or schizophrenia | [ ]  |
|  | Learning disability (such as Down’s syndrome or dyslexia) or cognitive impairment (such as autism or head injury) | [ ]  |
|  | Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy | [ ]  |
|  | Prefer not to say  | [ ]  |
|  | Other, such as disfigurement (specify here if you wish) Type here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  |

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