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| **Community Action Dacorum** **(working name of Dacorum CVS)**48 High Street Hemel Hempstead Herts HP1 3AF **Tel:** 01442 253935 **Fax:** 01442 239775 **Email:** recruitment@communityactiondacorum.org.uk **Website** www.communityactiondacorum.org.uk | A group of people in a circle  Description automatically generated |

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| APPLICATION FORMPRIVATE AND CONFIDENTIAL |

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| POST APPLIED FOR: Radio Dacorum Development Manager |

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| PERSONAL DETAILS |
| Surname/Family Name: | First Name |
| Current Address: | Telephone NumbersHome:Work:Email: |

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| **EDUCATION** |
| **School/College/****University** | **Qualifications Gained****Level Subject Grade** |
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**TRAINING AND DEVELOPMENT**

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| **Details** |
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**MEMBERSHIP OF PROFESSIONAL BODIES**

|  |  |  |
| --- | --- | --- |
| **Name of Professional Body/Institute** | **Current Level of Membership** | **Membership No** |
|  |  |  |
| **EMPLOYMENT** |

CURRENT OR MOST RECENT EMPLOYER

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| NAME & ADDRESS: |
| DATE OF APPOINTMENT: | LEAVING DATE OR NOTICE REQUIRED: |
| POSITION HELD: | SALARY: £ |
| BRIEF OUTLINE OF DUTIES: |
| **EMPLOYMENT** |

PREVIOUS EMPLOYERS

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| --- | --- | --- | --- |
| NAME & ADDRESS | POSITION HELD | LENGTH OF SERVICE | REASON FOR LEAVING |
|   |  |  |  |
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| If you have a disability or additional needs, please tell us if there are any reasonable adjustments, we can make to help you in your application or our recruitment process (e.g. accessible venue) |
| Are there any dates when you will not be available for interview? |
| When can you start working for us? |
| Right to work in the UK Do you need a work permit to work in the UK? Yes / No |
| Do you currently hold a full driving licence that is valid in the UK? YES/NODo you have the use of a car? YES/NO |
| **Please give details of any unspent convictions, in accordance with the Rehabilitation of Offenders Act 1974** |
| **LEISURE ACTIVITIES (please tell us what you do in your spare time e.g. voluntary work)** |
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| **Supporting Statement** |

Please refer to the Job Description and Person Specification enclosed in the application pack to complete this section. Please include here details of your relevant experience, knowledge and skills to demonstrate how you meet the criteria on the person specification. Where you have no or very little work experience please include details of any other activities you have undertaken or skills that you have that are transferable and relevant to this post.

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| **THIS SECTION IS AN IMPORTANT PART OF OUR SELECTION PROCESS** (use separate sheet if necessary) |
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| **REFEREES**1. Your current or most recent employer (2) Name & address of other referee

Name: Name:Job Title/Position Job Title/PositionCompany Name: Company Name: Address: Address: Tel No Tel NoEmail: Email:Can we contact before interview? YES/NO Can we contact before interview? YES/NO |

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| **ADVERTISEMENT** Where did you see the advertisement? |

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| **DECLARATION** |
| I declare that the information given on this form is to the best of my knowledge correct. I understand that canvassing of any Community Action Dacorum employee or Trustee or giving false information will make my application unacceptable and, if appointed, may lead to my dismissal.Signed: Date: |

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| Please return completed application form by **5 pm** on **Thursday 10th October 2024** to **Alex@communityactiondacorum.org.uk** or by post marking the envelope “Confidential” to:  Alex Care Head of Wellbeing Community Action Dacorum 48 High Street  Hemel Hempstead Herts HP1 3AF |

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| EQUAL OPPORTUNITIES INFORMATION |

Community Action DAcorumwants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes.

If you have any questions about the form contact Helen@communityactiondacorum.org.uk

Please return the completed form to Helen@communityactiondacorum.org.uk

 **What is your Gender** Male  Female  Non-binary  Prefer not to say 

If you prefer to use your own gender identity, please write in:

**Age** 16-24 25-29  30-34  35-39 40-44  45-49  50-54 55-59  60-64  65+  Prefer not to say 

**How would you describe 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

***Asian or Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say 

Any other Asian background, please write in:

***Black, African, Caribbean or Black British***

African  Caribbean  Prefer not to say 

Any other Black, African or Caribbean background, please write in:

***Mixed or Multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian  Prefer not to say  Any other Mixed or Multiple ethnic background, please write in:

***White***

English  Welsh  Scottish  Northern Irish  Irish 

British  Gypsy or Irish Traveller  Prefer not to say 

Any other White background, please write in:

***Other ethnic group***

Arab  Prefer not to say  Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes No  Prefer not to say 

What is the effect or impact of your disability or health condition on your work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

 **How would you describe your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual 

Prefer not to say 

If you prefer to use your own identity, please write in:

 **What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish 

Muslim  Sikh  Prefer not to say  If other religion or belief, please write in:

**Do you have caring responsibilities? If yes, please tick all that apply**

None 

Primary carer of a child/children (under 18) 

Primary carer of disabled child/children 

Primary carer of disabled adult (18 and over) 

Primary carer of older person 

Secondary carer (another person carries out the main caring role) 

Prefer not to say 