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**APPLICATION FORM**

**Thank you for your interest in joining the Elfrida Society**

Please ensure you complete the application form in full as we cannot accept CVs. This form will be kept in confidence.

Please note that no applicant will be unfairly discriminated against. This includes discrimination on account of age, cultural/religious/political belief, disability, ethnicity, gender, race, relationship status, sexual orientation, and/or Trade Union membership or stewardship.

**Please send your completed application form along with the Equality and Diversity Monitoring Form to** [**dolly.galvis@elfrida.com**](mailto:dolly.galvis@elfrida.com) **or post your application to the attention of Dolly Galvis at The Elfrida Society, 34 Islington Park Street, London N1 1PX.**

If you have any special requirements to support, you to complete this form (e.g. the need for large print or additional time) please contact the Recruitment Manager Kat Edwards [Kat.Edwards@elfrida.com](mailto:Kat.Edwards@elfrida.com).

**Disclosure and Barring Service -** This post will be subject to an Enhanced DBS check and satisfactory references.

|  |  |
| --- | --- |
| **Position** | |
| Position applied for: |  |
| Preferred employment type (e.g. part time, full time): |  |
| **Personal Details** | |
| Surname: | First name(s): |
| Current Address: | Postcode: |
| Telephone number (home): | Telephone number (mobile): |
| Email address: | |
| Own Transport  **Yes/No** | How long has your licence been held? |
| Details: | |
| Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National (please circle)?  **YES / NO**  If no, please detail current immigration status and the relevant visa currently held (including Visa number): | National Insurance Number: |
| Are you are related to a member of staff or Service User at The Elfrida Society, please circle only:  **YES / NO** |
| **Equality Act 2010** | |
| Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a 'substantial' and 'long-term' adverse effect on your ability to carry out normal day to day activities. Further information regarding the definition of disability can be found at: [www.gov.uk/definition-of-disability-under-equality-act-2010](http://www.gov.uk/definition-of-disability-under-equality-act-2010)  Reasonable adjustments will be made available should you be invited to interview. According to the definition of disability do you consider yourself to have a disability?  **YES / NO / Prefer not to discuss.** | |

**Education**

|  |  |
| --- | --- |
| **School/College/University** | **Examinations Passed, Qualifications Gained and year obtained.**  (All qualifications will be subject to a satisfactory check). |
|  |  |

**Training Courses Attended or Completing**

|  |  |  |
| --- | --- | --- |
| **Subject**  (evidence of attending courses is required) | **Location/Details** | **Date** |
|  |  |  |

**Employment History**

Please record below the details of your full employment history beginning with your current or most recent first. Use a separate attached sheet if required; please sign the sheet(s).

|  |  |
| --- | --- |
| **Name and address of your most recent/last employer:** |  |
| Start date and end date: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
|  |  |
| **Name and address of employer prior to the employer listed above:** |  |
| Start date and end date: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
|  |  |
| **Name and address of employer prior to the employer listed above:** |  |
| Start date and end date: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |

|  |  |
| --- | --- |
|  |  |
| **Name and address of employer prior to the employer listed above:** |  |
| Start date and end date: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| Please detail here any gaps in employment and state why: | |

**Supporting Statement**

|  |
| --- |
| Please add here your reasons for applying. You should refer to the job description and person specification to guide you. It would also be of value to describe particular strengths and talents that set you apart from others as well as including skills gained from work, home and other activities (maximum 800 words) |

**Referees**

You must provide references from your two most recent employers. Please provide a character reference if you are unable to obtain two professional references, e.g. in the case of an applicant who has been raising children for ten years. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

|  |
| --- |
| **Current or Most Recent Employer** |
| **Name:** |
| **Address:** |
| **Postcode:** |
| **Tel No:** |
| **Job title:** |
|  |
| **Second Reference** |
| **Name:** |
| **Address:** |
| **Postcode:** |
| **Tel No:** |
| **Job title:** |
| **In what capacity are you known to this referee?** |

**Safeguarding**

Ex-Offenders Declaration

Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest of confidence.

Rehabilitation of Offenders Act 1974

|  |
| --- |
| The Elfrida Society aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. The Elfrida Society undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.  Answering 'yes' to the question below will not necessarily prevent your employment. This will depend on the relevance of the information you provide in respect of the nature of the position and the particular circumstances. |
| Are you currently bound over, or do you have any current UNSPENT convictions that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?  **YES NO** |
| Do you have any current UNSPENT police cautions, reprimands or final warnings in the United Kingdom or in any other country?  **YES NO** |

**Privacy**

|  |
| --- |
| The Elfrida Society will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this application form you consent to The Elfrida Society holding the information contained within this application form. If successfully shortlisted, data will also include shortlisting scoring and interview records. We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you)*.* When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles. We have privacy policies that you can request for further information.  Please be assured your data will be securely stored by the Recruitment Manager and only used for the purposes of recruiting for this vacant post. You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time, please contact the Recruitment Manager or Data Protection Officer on 020 7354 6343. |

**Declaration**

|  |  |
| --- | --- |
| The information in this application form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by The Elfrida Society. Where applicable, I consent that The Elfrida Society can seek clarification regarding professional registration details. | |
| Name: | Date: |
| Signature | |

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**Equality and Diversity Monitoring Form**

Elfrida Society wants 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 you provide will stay confidential and be stored securely and limited to only relevant staff in the organisation’s Human Resources section.

**Thank you in advance for your time with this.**

**Gender**

Man  Woman  non-binary  Prefer not to say 

If you prefer to use an alternative, please specify here:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you married or in a civil partnership?**

Yes  No  Prefer not to say 

**Age**

16-24  25-29  30-34  35-39  40-44  45-49 

50-54  55-59  60-64  65+  Prefer not to say 

**What is 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

**White**

English  Welsh  Scottish  Northern Irish  Irish 

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

Any other white background, please write in:

**Mixed/multiple ethnic groups**

White and Black Caribbean  White and Black African 

White and Asian  Prefer not to say 

Any other mixed background, please write in:

**Asian/Asian British**

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

Any other Asian background, please write in:

**Black/ African/ Caribbean/ Black British**

African  Caribbean  Prefer not to say 

Any other Black/African/Caribbean 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 ability to give your best at 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.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is your sexual orientation?**

Heterosexual  Gay woman/lesbian  Gay man  Bisexual 

Prefer not to say 

If you prefer to use your own term, please specify here:

**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:

**What is your current working pattern?**

Full-time  Part-time  Prefer not to say 

What is your flexible working arrangement?

None  Flexi-time  staggered hours  Term-time hours 

Annualised hours  Job-share  Flexible shifts  Compressed hours 

Homeworking  Prefer not to say 

If other, 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 

**Thank you for completing this form. Please read the information on the first page again as a reminder of what to do with this completed form.**

**Thank you.**