



## **Application Form**

Please complete and return to <a href="https://example.com/HR@barnsleycvs.org.uk">HR@barnsleycvs.org.uk</a> or alternatively HR department, Barnsley CVS, 23 Queens Road, Barnsley, S71 1AN. If you are returning by post, please note that the application must still reach us by the closing date.

## DO NOT ENCLOSE OR ATTACH DOCUMENTS OTHER THAN CONTINUATION SHEETS.

I understand that all personal data completed in this application is taken in line with GDPR, I have read and understood Barnsley CVS's Recruitment Privacy Notice and in signing this form agree for my information to be used in accordance with this.

APPLICATION FOR THE POST OF:			
Closing date for application:			
SURNAME (Capitals)			
FORENAME(S) in full			
ADDRESS			
TELEPHONE NO.			
MOBILE NO.			
E MAIL ADDRESS			
NATIONAL INSURANCE NUMBER			
I confirm that I am eligible to work in the UK			
			7
DO YOU WISH TO BE CONSIDERED FOR JOB SHARE?		YES / NO	It is our policy not to discriminate against
DO YOU HAVE UNEXPIRED CRIMINAL CONVICTIONS?		YES / NO	people with criminal convictions unless these are relevant to the post. If you answer Yes to this, you will be questioned about it before any offer of employment.
DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY		YES / NO	

We are positive about employing disabled people and we may need to make appropriate adjustments.

## About your current/last position (Paid/Unpaid)

Name & address of current	/last employer:			
Title of post:				
Date appointed:				
Date finished (if last emplo	yer):			
Salary:				
Reason for leaving:				
Notice Period:				
Briefly outline your respons	sibilities:			
		//		
<b>EMPLOYMENT RECORD - Ple</b> please cover at least 5 years			ncluding voluntary work v	where applicable),
Employer	Position and brief description		Reason for leaving	From/To

skills obtained which are relevant to the j GCSE's to degrees and online courses/da	ase give details of any qualifications achie ob together with dates. This can range fro ys attended e.g. Eventbrite or anything th	om in house training courses, to
position. Please use additional sheets if n		
Training  Training	eeded.  Dates/duration	Qualification (if relevant)
We would like to know more about you,	please tell us what you enjoy doing and	any other interests.

We would really love to know why you are interested in working for the Barnsley Community and Voluntary Services. Please detail why you think you are suitable for the job, giving clear and concise examples of how you meet each of the requirements detailed in the Person Specification. You can format this in bullet points or headed		
paragraphs (completing this is key to shortlisting).		

Please use additional sneets if necessary. Please note the question on the additional sneet(s).

	First reference	Second reference	
Name			
Address			
Email			
Capacity in which known			
Length of time known			
Can we take up reference before interview	YES / NO	YES / NO	
of omissions may lea		best of my knowledge and I accept that any false ated to the post. I believe the information I have suinformation.	
Signed:			
Date:			

Names and Addresses of two Referees, one of whom should be your most recent Employer and the second someone

## **EQUAL OPPORTUNITIES MONITORING**

Barnsley CVS is committed to providing equality of opportunity for all and opposes all forms of unlawful or unfair discrimination on the grounds of sex, race, nationality, ethnic origin, marital status, age, sexuality, religious belief or disability. In order to ensure the effectiveness of our policy and to meet legal requirements, we monitor the numbers of staff in post and the numbers of applicants for employment, training, and promotion by reference to the characteristics listed below. All information is confidential. This form will be separated from your application before consideration of candidates takes place and will not be available to those involved in the selection process. Barnsley CVS will store the data confidentially and for the production of de-personalised statistics.

Gender:	Female □ Male □	
	Other  Prefer not to say	
· · · · · · · · · · · · · · · · · · ·	rson as anyone who has, or has had, a physical or mental	
activities.	n effect on their ability to carry out normal day to day	
Taking the above information into account, do you consider yourself to be disabled?	Yes   No	
,	Prefer not to say □	
If 'Yes' please provide details		
Please indicate any arrangements which would fa	acilitate a more comfortable interview if you are short listed.	
<b>Ethnic origin:</b> Tick one box from the section below to indicate your ethnic group. The categories are as recommended by the Equality and Human Rights Commission.  Prefer not to say $\Box$		
8	Scottish   Welsh   Any other white  se provide details:	
Mixed  White and Black Caribbean □ White and Black African □ White and Asian □ Any other mixed background □  Please provide details:		
Asian, Asian British, Asian English, Asian Scottish or Asian Welsh Indian □ Pakistani □ Bangladeshi □ Any other Asian background □ Please provide details:		
Black, Black British, Black English, Black Scottish or Black Welsh Caribbean □ African □ Any other Black background □ Please provide details:		
•	·	
Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other ethnic group  Chinese   Any other ethnic background		
Please provide details:		