



# Application Form

**Please read the Notes & Guidance for Applications before completing this form.**

**This form has been designed to be completed electronically. If you wish to print it and complete it manually, please ensure that you create sufficient space in each of the sections for your answers.**

## Section 1 – Personal Details

Application for the post of: Please state position applied for		Location of post: Please state the name of the service applied for
Title	First Name[s]	Surname
Home Address		Correspondence Address [if different]
Postcode		Postcode
Home Telephone no [inc STD code]		Work Telephone no [inc STD code] [if we may contact you there]
Email		Mobile telephone no
Do you have a current, full driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have access to a car for work purposes? Yes <input type="checkbox"/> No <input type="checkbox"/>
National Insurance number		

## Section 2 – General Information

Do you have a relationship with a Board Member, volunteer, employee or service user of Framework?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details:			
What is their position at Framework?			
What is their relationship to you?			

Have you previously been employed by Macedon, Nottingham Help the Homeless Association (NHHA) or Framework – either in paid work or as an unpaid volunteer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details:			

## Section 3 – Education & Training

Name of Education/Training establishment	From/Until Month/Year	Qualifications/Level	Grade/Class

## Section 4 – Membership

Please tell us if you are a member of any professional organisation[s] relevant to this job.

Name of Organisation	Type of Membership & No.	Date Joined
E.g. CIPD	Graduate 123456	Since Sept 2000

## Section 5 – Present or Most Recent Employer (If any)

If you have not been recently employed but are, or have recently been volunteering, please include this here.

Name and address	Date started	
	Date left	
Position Held	Salary/Wage	Weekly working hours
	Notice Period	
Brief description of responsibilities	Reason for leaving	

## Section 6 - Past Employment & Experience

(Paid or unpaid) since leaving full time education

From Month/Year	Until Month/Year	Employer 's name and address	Job Title & Brief Responsibilities	Reason for Change

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If there have been any gaps in your employment history, please tell us about them below

From Month/Year	Until Month/Year	Reason for gap

### Section 7 – – Outside Activities

Have you any other work (paid or unpaid) that you intend to continue if you are successfully appointed by Framework?

Yes  No

If yes please give details below.

## Section 8 – References

Please give details of two referees, one of whom must be your current/most recent employer. References will only be taken up for the successful applicant after a provisional offer has been made.

**Please ensure you provide all address details to ensure referees can be contacted.**

Name	Name
Job title	Job title
Company Name [if applicable]	Company Name [if applicable]
Address [inc Post Code]	Address [inc Post Code]
Telephone Number	Telephone Number
Email Address	Email Address
If either referee knows you by another name, please give it here:	
Which referee does this apply to?	

## Section 9 – Criminal Convictions

Is there anything currently or in your past that would affect your ability to work with service users with drug and alcohol misuse issues? If yes, please give details below.

Due to the nature of Framework's work, many of our posts are exempt from the Rehabilitation of offenders Act 1974.

Have you ever been formally cautioned or convicted of any criminal offence?

Yes  No

If yes, please give details including when the caution or conviction was.  
Please provide as much detail as you can, particularly for any convictions in the last 3 years.

Date	Caution/Conviction Details

Disclosure will not necessarily mean that your application is rejected. Careful consideration is given to providing opportunities for ex-offenders to develop their skills towards their future careers.

As Framework meets the requirements of exempted questions under the Rehabilitation of Offenders Act 1974, most applicants who are offered employment will be subject to a criminal records check from the Criminal Records Bureau before the appointment is confirmed. This will include details of all cautions, reprimands or final warnings as well as convictions, even those you may consider to be 'spent'..

Please see Framework's Rehabilitation of Ex-Offenders Policy available on our Website.

## Section 10 – Vetting and Barring Scheme

Are you registered with the Independent Safeguarding Authority (ISA)?

Yes  No

Was that registration obtained when you were in a volunteering position?

Yes  No  Not applicable

If you are registered, please provide your ISA registration number

## Section 11 – Other Information in Support of Your Application

Please provide details of any experience and skills, using actual examples which demonstrate how you meet the requirements of this job, as set out in the person specification.

We encourage applications from people with a history of homelessness/support service use. Please include how your experiences are relevant to your application of this post.

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Please briefly give your reasons for applying for this post

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## Section 12 – Data Protection

The information detailed in this application form will be used for the purpose of administration and legitimate issues relating to employment. Framework will observe the principles of the Data Protection Act 1998 at all times.

*I confirm that the details I have given in this application are accurate. If my application is successful, I understand that any false statement or failure to disclose information where required to do so, will render me liable to action which may include dismissal.*

Signed	Dated
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If you choose to email your application to us, your electronic transmission will be deemed to evidence your signature.

## Recruitment Monitoring

To help us monitor our Equal Opportunities in Employment Policy please tick or complete the following boxes. **This will be removed before your application form is read for short listing.**

**Your Name**

**Position applied for (e.g Supported Housing Worker)**

**Date of Birth**

**Gender**

Male  Female  Transgender

**Sexuality**

Heterosexual  Homosexual  Bisexual  Other  Prefer Not to Say

**Your Religion (Optional)**

None  Christian  Buddhist  Hindu  Muslim  Sikh  Jewish  Other

**Disability**

Do you have any physical or mental impairment which you feel has a substantial and long term adverse effect on you?

Yes  No

If yes, please give details as well as any reasonable adjustments that you might need in the work place?

**Medical Details**

How many days have you had off work due to sickness in the last two years?

Have you had any illness that may recur or which requires on-going treatment?

Yes  No

If yes, please give details.

Please note that an offer of employment may be subject to satisfactory health clearance following a medical examination.

**Caring Commitments**

Do you have any caring commitments to any of the following groups (Indicate all that apply)

Children  Elderly Person(s)  Disabled Person(s)

**Ethnic Origin**

Choose one section from (A) to (E) then tick the appropriate box to indicate your cultural background. These categories are based on the 2001 Census.

**A White**

- British
- Irish
- Any other white background

**D Black or Black British**

- Chinese
- African
- Any other black background

**B Mixed**

- White & Black – Caribbean
- White & Black – African
- White & Asian
- Any other mixed background

**E Chinese/Other Ethnic Group**

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**C Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

**Recruitment Source**

How did you find out about this job? Please specify the source or publication below.