

Confidential

Disability Stockport
23 High Street, Stockport SK1 1EG

APPLICATION FORM

Position Applied For: _____

Surname:	Other Names:
Address:	
Postcode:	
E-mail address:	
Daytime Telephone No	
Evening Telephone No	
Mobile Telephone No	

Please give details and a brief description of your duties and responsibilities of past and present work. This can be paid work, voluntary work or work at home. Start with the most recent.

Employer's Name and Address	
Job Title/ Main Duties	
Date from / to	
Notice period	
Reason for leaving	

Employer's Name	Job Title/ Main Duties	Reason for leaving	Date From / to

**Qualifications (Academic and/or Professional)
General Education (GCSE, A Levels, GNVQ etc)**

Subject	Level	Grade	Name of School/College	Date

Further Education

Qualification	Level	Grade	Name of College/University	Date

Special Training - include any short courses you have undertaken

Details	Date

Additional Information:

Please outline how you meet the requirements of the role:

Referees

You will be asked to provide names and addresses of two people who are willing to provide references, one of whom must be your current/previous employer, after the interview stage.

Disclosure and Barring Service (DBS)

Have you been barred from working with vulnerable adults [YES] [NO] [N/A]

You will be required to complete a DBS form.

Eligibility to work in the UK

Do you have an entitlement to work in the UK? [YES] [NO]

Declaration

I confirm that to the best of my knowledge the information I have provided in this application is correct.

Signature: _____ Date: _____

DISABILITY STOCKPORT

Equal Opportunities Policy Statement and Monitoring Form

The Equal Opportunities Policy is concerned to ensure that no one receives less favourable treatment on the grounds of race, age, disability, gender, sexual orientation, marital status, religion, health, socio-economic background, religious or political belief, colour, nationality or ethnic or national origin.

Disability Stockport is committed to developing positive policies to promote equal opportunities and to eliminate discrimination.

In order to ensure that this policy is being carried out, and for no other reason, you are asked to complete this form. The information will be used solely for monitoring purposes and will be treated as confidential. It will be detached from the rest of the application form before consideration of the candidate takes place and not form part of the application process.

*Do you regard yourself as

White	[]	Black Caribbean	[]	Black African	[]
Indian	[]	Pakistani	[]	Bangladeshi	[]
Chinese/Oriental	[]	Other (please specify)			

Do you have a disability? Yes [] No []

What type of disability do you have? (You may tick more than one box)

Sensory	[]	Physical	[]	Learning	[]
Illness (mental)	[]	Illness (physical)	[]	Other	[]

Are you Female [] Male []

Are you currently Employed [] Unemployed []
Student [] Other []

What age category do you fall into?

16 – 24 years	[]	25 – 35 Years	[]	36 – 45 years	[]
46 – 55 years	[]	56 – 60 years	[]	Over 60	[]

Are you: Married/Living with Partner [] Widowed []
Single [] Divorced/Separated []

Which category do you fall into? (You may tick more than one box)

Connect Staff	[]	Primus Staff	[]	DS/SCIL Staff	[]
Connect Member	[]	Primus Member	[]	Office/SCIL Volunteer	[]
Connect Volunteer	[]	Primus Volunteer	[]	Other (please specify)	

Thank you for your co-operation in completing this form.

***Ethnic origin questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic groups. UK citizens can belong to any of the groups indicated.**

Key: Disability Stockport (DS) Stockport Centre for Independent Living (SCIL)