

**Application for the post of: Independent Living Co-Ordinator**

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| **PERSONAL DETAILS** |
| Name: |  |
| Address: |  |
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|  |
| Postcode: |  |
| Daytime tel: |  |
| Home tel: |  |
| Mobile tel: |  |
| E-mail address: |  |

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| **CURRENT EMPLOYMENT** |
| Please give details about your current/ last job |
| Start Date:  | End Date: |
| Company name: |
| Job title: |
| Salary (on leaving): |  | Notice Period: |  |
| Description of duties & responsibilities: |

|  |  |  |
| --- | --- | --- |
| **EMPLOYMENT HISTORY** |  |  |
| Start Date | End Date | Company | Job Title | Reason for Leaving |
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|  |  |  |  |  |

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| --- | --- | --- |
| **EDUCATION** |  |  |
| Start Date | End Date | Place/method of study | Qualification | Grade |
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| **WORK BASED LEARNING & COURSES** |
| Date | Description | Place/method of study |
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| **REASON FOR APPLICATION** |

Please detail your reasons for applying for this position, what qualities and experience you can bring to the post and any other relevant information to support your application. If needed please continue on a separate sheet.

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| **REFERENCES** |

Please provide names, addresses, relationships and contact details for 2 references, one of which should be your current/most recent employer. We will not contact any referee without your consent.

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| Name: |  | Name: |  |
| Company: |  | Company: |  |
| Position: |  | Position: |  |
| Address: |  | Address: |  |
|  |  |
|  |  |
| Postcode: |  | Postcode: |  |
| Relationship: |  | Relationship: |  |
| Tel No. |  | Tel No. |  |

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| **DECLARATION** |

**I declare all the information given on this application is to my knowledge true and accurate and I understand that any false information may affect my position.**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **EQUAL OPPORTUNITIES** |

We are committed to equal opportunities through the services we provide and in our recruitment process. We intend to ensure that all applicants and users of our services receive equal treatment under the Equality Act 2010.

The completion of this form is voluntary. The information you supply on this form will be kept confidential.

**Your ethnic origin**

|  |  |
| --- | --- |
| **Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh** [ ]  Asian / Asian British [ ]  Bangladeshi [ ]  Chinese[ ]  Indian [ ]  Pakistani [ ]  Other Asian background (specify if you wish): Click here to enter text.  | **White** [ ]  British [ ]  English [ ]  Gypsy or Irish Traveller [ ]  Irish [ ]  Scottish [ ]  Welsh [ ]  Other White background (specify if you wish): Click here to enter text.  |
| **Black, Black British, Black English, Black Scottish, or Black Welsh**[ ]  African [ ]  Caribbean [ ]  Other Black background (specify if you wish): Click here to enter text. | **Mixed** [ ]  White and Asian [ ]  White and Black African [ ]  White and Black Caribbean [ ]  White and Chinese [ ]  Other mixed background (specify if you wish): Click here to enter text. |
| **Other ethnic group**[ ]  Arab[ ]  Other ethnic group (specify if you wish): Click here to enter text. | **Prefer not to say** [ ]  |

**Your gender**

[ ]  Male [ ]  Female [ ]  Transgender [ ]  Prefer not to say

Your age

[ ]  16 - 24 [ ]  25 - 34 [ ]  35 - 44 [ ]  45 - 54 [ ]  55 - 64 [ ]  65+

[ ]  Prefer not to say

**Your sexual orientation**

[ ]  Heterosexual / straight

[ ]  Gay man

[ ]  Gay woman

[ ]  Bisexual

[ ]  Transsexual

[ ]  Prefer not to say

**Marriage and civil partnership**

[ ]  Single

[ ]  Married

[ ]  Civil Partnership

[ ]  Co Habiting

[ ]  Separated

[ ]  Divorced

[ ]  Widowed

[ ]  Prefer not to say

Your religion or belief

|  |  |
| --- | --- |
| [ ]  No religion [ ]  Buddhist [ ]  Christian (including Church of England, Catholic, Protestant and all other Christian denominations) [ ]  Hindu | [ ]  Jewish [ ]  Muslim [ ]  Sikh [ ]  Other (specify if you wish): Click here to enter text.[ ]  Prefer not to say |

Disability

The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

**Do you consider yourself to be disabled?**

[ ]  Yes

[ ]  No

[ ]  Prefer not to say