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| **Application form** | Application reference |

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| Please complete this form in black ink or black type. |

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| Post applied for | **Charity Shop Manager** |

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| **Personal Details** (please complete this section in **Block Capitals**) |
| Surname |  | Telephone/text phone/fax/mobile(Please indicate which) |
| Other names |  | Home |  |
| Address |  | Work |  |
| Mobile |  |
| Email(Home) |  |
| Email(Work) |  |
| Post Code |  | NI Number |  |
| Do you need a work permit to work in the UK? | Yes / No | Do you have a full driving license? Yes / NoIf YES give details, including any endorsements e.g. car, HGV |
| Are you able to travel if the job requires it? | Yes / No |  |
| Would you have the use of a car for work? | Yes / No |

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| **Education, qualifications and training** |
| **Please note**: Where a specific qualification is an essential requirement in the person specification you will be required to produce original certificates if you are offered the post. |
| Schools Attended (Secondary Onwards) | Dates From | To | Qualifications attained (including grades) |
|  |  |  |  |
| Colleges / Universities Attended | Dates From | To | Subjects taken and Qualifications attained |
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| Other relevant qualification or courses | Place of study | Dates |
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| **Employment History** |
| **CURRENT EMPLOYER (or recent past employer)** |
| Employer’s Name |  |
| Type of Business |  | Main duties and responsibilities |
| Address |  |  |
| Post Code |  |
| Position held |  |
| Current Salary |  |
| Date Appointed |  |
| Reason forleaving |  |
| Notice requiredor date left |  |
| Date left |  |
| Pre bookedholidays |  |
| **Previous Posts** (most recent first) |
| Employer |  |  |
| Address |  |
| Position held |  |
| Date started |  |
| Date left |  |
| Reason forleaving |  |
|  |
| Employer |  |  |
| Address |  |
| Position held |  |
| Date started |  |
| Date left |  |
| Reason forleaving |  |

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| Employer | Date from | Date to | Job title |
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| **Leisure** |
| Please note your leisure interests, sports, hobbies and other pastimes etc. including positions of responsibility held. |

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| **Attendance, Reliability and Punctuality** |
| Please give details of your lateness and absence records over the last 12 months. |

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| **Additional information** |
| Do you have an unspent criminal conviction?(If yes, please give brief details) | * Yes
 | * No
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| **Please note:** If the post for which you have applied is exempt from the provisions of the Rehabilitation of Offenders Act, you will be required to complete a separate form. |
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| **Personal Statement** |
| Please explain why you are applying for this post and provide details of what previous experience / qualifications you possess. Refer to the job description and person specification and continue on a separate sheet if necessary |
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Please continue on a separate sheet if necessary

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| **References** |

Please provide two employment references, one of these should be from your current or most recent employer and both should be from people who are able to comment on your conduct and behaviour at work and know you in a professional capacity (i.e. either as your manager, supervisor or client).

If you are unable to provide employment references (e.g. you are a school leaver) please provide two alternatives (e.g. academic or personal).

References may be taken up before interview, please indicate whether this is acceptable by ticking the relevant box below.

|  |  |  |
| --- | --- | --- |
| Current or most recent employer |  | **Second reference** |
| Name |  |  | Name |  |
| Position |  |  | Position |  |
| Organisation |  |  | Organisation |  |
| Address |  |  | Address |  |
| Telephone |  |  | Telephone |  |
| Email |  |  | Email |  |
| May we contact this refereeif you are shortlisted? | Yes / No |  | May we contact this refereeif you are shortlisted? | Yes / No |

Are you connected to a business, which trades with Carers Together □ Yes □ No

(If ‘yes’, please state relationship and business name)

 Are you related to, or partner of, a Carers Together committee member or employee? □ Yes □ No

(If ‘yes’, please state the name(s), relationship and if an employee, their job title)

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| **Declaration** |
| I confirm that the details given in this form are correct and understand that any false declaration may result in disciplinary action being taken, which could result in my dismissal from post.If I am appointed, I hereby explicitly consent to Carers Together holding my personal details within a manual or electronic filing system *in accordance with the Data Protection Act 1998.* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature |  |  | Date |  |

**Please sign and return this completed form to:**

Carers Together 9 Love Lane, Romsey SO51 8DE

info@carerstogether.org.uk

**Equal Opportunities Monitoring Information**

PLEASE NOTE: THIS WILL BE SEPARATED FROM YOUR APPLICATION FORM PRIOR TO SHORTLISTING

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| Confidential | Please complete in black ink and return with your completed application form |

In accordance with Carers Together equal opportunities policy, the organisation will select new employees on job-related criteria only - that is, the ability to meet the criteria of the job as outlined in the person specification.

The questions below will help the organisation monitor the effectiveness of its equal opportunities policy and to address areas of under-representation. The information you supply on this form will be used for statistical purposes. It will be detached from the application form prior to shortlisting. Please complete all questions by ticking the appropriate response or entering the information requested.

|  |  |
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| Full name |  |

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| Post applied for |  |

How did you hear about this vacancy?

* Advertisement in newspaper (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Job centre \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Employment agency (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Friend/relative/colleague \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Internal advert through the Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Carers Together website \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| Age |  | Date of birth |  |

Title (Mr,Mrs,

Miss, Ms, etc.)

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| Marital Status | * Single
 | * Married
 |

Please indicate how you prefer to describe your ethnic origin.

Note: These are categories recommended by the Commission for Racial Equality

* Bangladeshi
* Black African
* Black Caribbean
* Black other (please specify)
* Chinese
* Indian
* Irish
* Pakistani
* White
* Other (please specify)

I confirm that the details given in this form are correct and understand that any false declaration may result in disciplinary action being taken, which could result in my dismissal from post.

If I am appointed, I hereby explicitly consent to Carers Together holding my personal details within a manual or electronic filing system in accordance with the Data Protection Act 1998.

For employment purposes, a disabled person is defined as a person with a physical, sensory or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities.

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| For employment purposes, are you disabled? | * Yes
 | * No
 |

If yes, please state the nature of your disability

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**Please sign and return this completed form to:**

Carers Together 9 Love Lane Romsey SO51 8DE

Email: info@carerstogether.org.uk