

21 Avenue Road, Southall, Middlesex, UB1 3BL

T: 020 8571 9595 · F: 020 85746781 · info@southallblacksisters.co.uk

www.southallblacksisters.org.uk

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| EMPLOYMENT APPLICATION FORM |

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| **PLEASE COMPLETE THIS FORM IN BLACK INK.**  You are required to complete all sections of this form. Additional information may be attached if necessary. Selection will be made according to the Person Specification provided and your application should demonstrate that you meet the required criteria. An equal opportunities monitoring form is attached to this application form for completion solely for the purposes of internal monitoring. For selection purposes this form will be detached from the application.  The completed signed application form must be returned to Southall Black Sisters, 21 Avenue Road, Southall, Middlesex UB1 3BL or by e-mail to hr@southallblacksisters.co.uk  Please note that if you have not heard from us within 3 weeks after the closing date, you can assume that your application has not been successful on this occasion. |

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| Post Title: |  |
| **How did you hear of this post?** |  |

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| 1. Personal details |

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| **Name:** |  |

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| Address: |  |
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| Postcode: |  |
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| **Daytime Telephone Number:** | |  | |
| **Mobile Telephone Number:** | |  | |
| May we use these telephone numbers? | | | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | |

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| **E-mail address:** |  | |
| May we use this e-mail address? | | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | |

## CURRENT WORK

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| Workplace: |
| Duties: |
| Paid or Voluntary? |

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| When would you be able to take up this post, if it were offered? |

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| **2. Educational History** |

**Please provide information about your educational background, beginning with the most recent.   
Please include professional qualifications.**

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| **Name of school / provider** | **Examinations / training undertaken and Qualifications gained**  **Start with most recent** |
|  | **(If you need extra space, continue typing and this box will expand automatically)** |

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| **3. Work Experience** |

**Please provide information on your work experience, whether paid or unpaid, beginning with the current or most recent position.**

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| **Post**  **Start with most recent** | **Paid or voluntary?** | **Employers name & address** | **Dates** | **Reason for leaving** |
|  |  | **(If you need extra space, continue typing and this box will expand automatically)** |  |  |

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| **4. Language Skills** |

**Please provide information on your language skills. Indicate your level of proficiency as POOR, GOOD, VERY GOOD or FLUENT.**

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| **Language** | **Spoken Skills** | **Written Skills** |
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| **5. Why are you applying for this post?** |

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| **(If you need extra space, continue typing and this box will expand automatically)** |

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| **6. Do you have a valid work permit?** |

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| |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | |
| **If yes, please specify when it expires and how many hours you are able to work.**  **(If you need extra space, continue typing and this box will expand automatically)** |

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| **7. Personal Statement** |

**Please write a concise statement giving details of your suitability for this post. Please give examples of how you meet the criteria in the person specification. You should include any ideas or observations you may have about the current or future work of Southall Black Sisters.**

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| **(If you need extra space, continue typing and this box will expand automatically)** |

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| **8.** |

**The centre deals with issues affecting mainly black women. Please indicate your awareness and understanding of the main issues faced by black women in Britain today.**

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| **(If you need extra space, continue typing and this box will expand automatically)** |

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| **9. References** |

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| **Please provide details of at least two referees (not friends or relatives). At least one of the references should be from your current or last employer.**  **Please indicate one referee whom we can contact prior to any offer of employment. SBS reserves the right to contact this person / organisation indicated in your application for the purpose of the references. All job offers are subject to the receipt of satisfactory references.** |

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| **Reference 1** |  | **Reference 2** |

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| --- | --- | --- | --- |
| **Name:** |  | **Name:** |  |

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| **Their Position (job title):** |  | **Their Position (job title):** |  |

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| **Work Relationship:** |  | **Work Relationship:** |  |

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| **Organisation:** |  | | **Organisation:** |  | |
| **Dates Employed:** | **From:** | **To:** | **Dates Employed:** | **From:** | **To:** |

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| **Address:** |  | **Address:** |  |
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| **Postcode** |  | **Postcode** |  |

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| **Telephone No:** |  | **Telephone No:** |  |

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| **E-mail:** |  | **E-mail:** |  |

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| **Reference 3** |  | **Reference 4** |

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| --- | --- | --- | --- |
| **Name:** |  | **Name:** |  |

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| **Their Position (job title):** |  | **Their Position (job title):** |  |

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| **Work Relationship:** |  | **Work Relationship:** |  |

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| **Organisation:** |  | | **Organisation:** |  | |
| **Dates Employed:** | **From:** | **To:** | **Dates Employed:** | **From:** | **To:** |

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| **Address:** |  | **Address:** |  |
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| **Postcode** |  | **Postcode** |  |

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| **Telephone No:** |  | **Telephone No:** |  |

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| **E-mail:** |  | **E-mail:** |  |

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| **If you are currently employed, please state period of notice required:** |  |

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|  | Signed: |  | **Date:** |  |  |

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| **10. Data Protection Act 1998** | | | | | |
| Data protection: Information from this application may be processed for purposes registered by the employer under the Data Protection Act 1998. Individuals have, on written request and on payment of a fee the right of access to personal data held about them.  I hereby give my consent to Southall Black Sisters processing the data supplied in this form for the purpose of recruitment and selection.  If I am offered employment, I consent to my information being held and processed by Southall Black Sisters or its agents in accordance with the Data Protection Act 1998  If I am not offered employment, I understand that my information will be held by Southall Black Sisters for 2 years in the event my skills may be suitable for an alternative role within the organisation. After two years my information will be securely destroyed. | | | | | |
|  | Signed: |  | **Date:** |  |  |

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| **11. Declaration** | | | | | |
| I certify that the information contained in this form and in any related documents is complete and accurate in all respects. I authorise Southall Black Sisters to disclose any of this information to its agents, carry out references checks, and verify the information that I have provided. I understand that should Southall Black Sisters not be able to arrange or maintain appropriate insurance, or should the facts given by me be inaccurate or untruthful, then Southall Black Sisters will be entitled to withdraw any offer, or terminate my employment without notice.  I understand that my job offer will be subject to proof of entitlement to work in the UK; a probationary or trial period; the receipt of reference; and where appropriate, a Criminal Record Bureau Check and/or a Medical Examination; all of which must be satisfactory to Southall Black Sisters. | | | | | |
|  | Signed: |  | **Date:** |  |  |

**The completed signed application form must be returned by one of the following methods:**

**By POST to: Southall Black Sisters, 21 Avenue Road, Southall, Middlesex UB1 3BL**

**By Email to:** [**hr@southallblacksisters.co.uk**](mailto:hr@southallblacksisters.co.uk)

**Please note that if you have not heard from Southall Black Sisters within 3 weeks after the closing date, you can assume that your application has not been successful on this occasion.**

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| **For office use only:**  **Candidate number** |