### C:\Users\emmasummerhayes\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\MGMA7VK2\DW_logo_v2.jpg

## **Application Form**

###### *Confidential*

Please read the enclosed guidance notes before completing this form. Write clearly using black ink. Please note that CVs will not be accepted.

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| --- | --- |
| **Position Applied For:** | Mentoring Project Officer |
| **Closing Date:** | 18:00 5th July 2021 |

Your personal details are detached from this form before your application enters the selection process. This ensures that the short listing panel is not influenced by this information.

**Applicant Information:**

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| --- | --- |
| **Last Name:** | **First Name:** |

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

|  |  |
| --- | --- |
| **Telephone (WORK)** |  |
| **Telephone (HOME)** |  |
| **Telephone (MOBILE)** |  |
| **E-Mail Address:** |  |

|  |  |
| --- | --- |
| **Preferred Method of Contact:** |  |

|  |  |
| --- | --- |
| **National Insurance Number:** |  |
| **Where did you learn of this vacancy:** |  |
| **Are you entitled to work in the UK?** | ***(Please circle****)* YES or NO |

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| --- |
| **Criminal Convictions:**  Have you ever been convicted of a criminal offence (declaration subject to the Rehabilitation of Offenders Act 1974) YES or NO ***(Please circle)*** |

Do you identify yourself as a disabled person? ***(Please circle)*** YES or NO

Please note that only applications from disabled people will be considered for this post. This specification is included I the essential criteria for the post. Please see Job Information for further details.

**Am I a disabled person?**

DW’s **definition of 'disabled person'** is one who on account of having a physical and/or sensory impairment, learning difficulty or mental health issue faces barriers due to attitudinal, societal and/or environmental factors.

DW is an organisation run and controlled by disabled people. We recognises that there are a range of disabling barriers within society that prevent many people from achieving full participation such as in education, employment or living independently in the community. These barriers may be access to the physical environment, information or communication, lack of support and flexibility, or negative attitudes and stereotypes. You may not identify yourself as a disabled person but if you have encountered any of these barriers or others in relation to a long-term health condition, injury or hidden impairment then you are eligible to apply.

**Please give examples of some of the barriers you face as a disabled person *(see definition of Social Model of Disability)***:

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**Question 1: Employment History**

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| **Current or Most Recent Employment** |
| **Name and Address of Employer:**  **Position Held:**  **Date Employed From:**  **Job title and duties: *(use continuation sheets if necessary)*** |
| **Period of notice required:**  **or Leaving date:**  **Current/last salary:**  **Reason for leaving:** |

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| **Previous employment: (from most recent first)**  **Include any unpaid or voluntary work your may have undertaken – *(use continuation sheets if necessary)*** |

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| --- | --- | --- | --- |
| **Employer** | **Job title/duties** | **Reason for**  **Leaving** | **Date**  **From and to** |
|  |  |  |  |

**Question 2: Language Skills. *(Please tick)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | None | Poor | Medium | Good | Very Good |
| Welsh Verbal |  |  |  |  |  |
| Welsh Written |  |  |  |  |  |

**Question 3: Relevant disability groups/voluntary sector experience:**

Disability Wales recognises that many disabled peo9ple are denied opportunities for formal paid work. Please list any voluntary work experience relevant to this post. ***(Use continuation sheets if necessary)***

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| **Name of group/organisation Duties Dates** |
|  |

**Question 4: Education and Training**

|  |  |  |  |
| --- | --- | --- | --- |
| **School/College/University** | **Subject** | **Examinations/qualification obtained** | **Date** |
|  |  |  |  |

|  |
| --- |
| **Other relevant qualifications/skills and dates obtained** |
|  |

**Question 5: Membership of institutes/professional bodies**

|  |  |  |
| --- | --- | --- |
| Institute/Professional Body | Type of Membership | Date Joined |

**Question 6: About your Application – Relevant knowledge, skills and experience:**

Please use this section to show how your experience, skills and training gained both in paid employment and in voluntary work, or through study, make you suitable for this post. Please ensure that you have read the job description and person specification for the post and have given sufficient information to describe how you meet the requirements set out in the person specification. The information you give here will be used to decide whether or not to interview you. *(Please use continuation sheet if necessary) max 500 words!*

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**References:**

Please give us the name, address and status of two referees who are willing and able to provide a reference for you. Referees should be your latest substantive employer and/or all employers from the previous 3 years of employment; a college tutor, school head or teacher where there is no work history or a personal referee where there is none of the above.

References are normally taken up when the candidate is invited for interview. If you do not wish referees to be contacted prior to interview please tick the appropriate boxes.

**Referee No. 1**

Full Name:

Email Address:

Telephone number/mobile:

Postal Address:

How long have your know them and in what context?

Contact prior to interview? YES or NO

**Referee No. 2**

Full Name:

Email Address:

Telephone number/mobile:

Postal Address:

How long have your know them and in what context?

Contact prior to interview? YES or NO

**Data Protection**

Disability Wales will take care to ensure that all applicant data is appropriately and securely stored and handled.

The information on this sheet will be held securely by DW’s Finance and Resources Manager, and will be anonymised when sent to recruiting panel. If an applicant is not appointed for a post, their application and personal details forms will be destroyed.

Where an applicant is appointed, their application will be moved into an Employee Folder and remain as long as the employee is employed at Disability Wales.

Full details of DW’s approach to Data Privacy and protection, please contact the Finance and Resources Manager.

**Declaration**

I understand that Disability Wales is permitted to hold personal information about me as identified on this application form, as part of its recruitment procedures and personnel records.

By submitting this application form, I hereby declare that the information contained in this form is correct. Any false or misleading information provided by me on my application form or any other related documents may results in any subsequent employment being terminated.

Signed: Date:

Thank you for completing this form. Please return to:

Private and Confidential HR

Disability Wales Bridge House

Brydon House, Block B, Caerphilly Business Park, Van Road,

Caerphilly CF83 3ED

Tel: 02920 887325 Fax: 029 20888702

Email: emma.cooksey@disabilitywales.org

Registered Charity: 517391 Registered Company: 1998621

|  |
| --- |
| **Continuation Sheet 1.** |

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| **Continuation Sheet 2.** |

Further sheets may be attached if necessary.

**Participation**

All interviews will be held in wheelchair-accessible premises equipped with an induction loop system. However, the selection process may involve one or more exercises in which you may be required to deliver a presentation or undertake a specific task relevant to the job criteria. Please give details of any additional facilities that you will require to participate effectively in the selection process if short-listed.

This part of your application form will be removed before short-listing begins. Your access needs are **not** part of the selection criteria.

Name:

Facilities required.