

**APPLICATION FOR EMPLOYMENT**

**Applications must be submitted by 6th November at 6:00pm**

**Please note, only applications submitted by email will be accepted. Please email to:**

Email: operations.director@transformation-cornwall.org.uk

**confidential**

|  |  |
| --- | --- |
| **Application for the post of:** | **Social Media & Communications Officer** |

**Personal Details**

|  |  |
| --- | --- |
| **Surname** | **Preferred Title** (Mr/Mrs/Miss/Ms/Other) |
| **Forename(s)** | **Daytime Contact Telephone number**  **Mobile Number** |
| **Home Address** (including post code) | **Email Address** |
| **Do you need a work permit for permanent employment in the UK? YES ¨ NO ¨**  **If yes, do you have one? YES ¨ NO ¨** | **National Insurance No.** |

**Training**

Please provide details of all training and development undertaken relevant to this post if **not** detailed on your CV.

|  |  |  |
| --- | --- | --- |
| **Course/Training** | **Awarding body** | **Date** |
|  |  |  |

*Please continue on a separate sheet if necessary*

**Disability Discrimination Act 1995**

**Do you believe you have an impairment that would require us to make reasonable adjustments to enable you to attend for interview or do the job?**

**YES ¨ NO ¨**

**If so, what adaptations do you think would be needed?**

**References**

**Please give the name and addresses of two people who can provide an assessment of your suitability for this post. One must be your current if you are in employment or your most recent employer if not employed.**

|  |  |
| --- | --- |
| **Name** | **Address**  **Tel No.** |
| **Position Held** | **Email:** |
|  | |
| **Name** | **Address**  **Tel No.** |
| **Position Held** | **Email:** |

## Do you give your permission for us to contact your referee if you are shortlisted for interview?

## YES ¨ NO ¨

|  |
| --- |
| **If unsuccessful, do you give your permission for your application to be stored for 6 months in case another positions arises? YES ¨ NO ¨** |

**Disclosure of conviction(s)**

Applications from ex-offenders are welcomed and will be considered on their merit. Convictions that are irrelevant to this job will not be taken into account. You are required to disclose any convictions, which are not ‘spent’ by virtue of the Rehabilitation of Offenders Act 1974. For legal and accounting professions, you are required to disclose all convictions, including those that are ‘spent’ by virtue of the Rehabilitation of Offenders Act 1974.

**Have you been convicted of a criminal offence that is not spent? If yes, please give details of date(s), offence(s) and sentence(s) passed.**

**Declaration**

**Data Protection Act**

All personal information that you provide will be held and processed in accordance with the Data Protection Act 2018. Transformation Cornwall will use the information provided by you only for administrative purposes, including analysis for management information, statutory returns and benchmarking.

**Declaration**

By submitting an application form you are actively indicating your understanding and acceptance of the following provisions:

* To the best of your knowledge the information you have given on the application form is correct and may be used as part of your contract of employment;
* You consent to the processing of your data for the purposes described in the data protection section above;
* Any of the following will disqualify your application, or in the event of discovery after appointment, may result in the termination of your employment:
* Deliberately giving false, incomplete or misleading information;
* Failure to disclose any unspent criminal convictions within the meaning of the Rehabilitation of Offenders Act 1974.

***To the best of my knowledge and belief, the information supplied by me in each section of this form is correct. I hereby consent to the processing of sensitive personal data, as defined in the Data Protection Act 2018, involved in the consideration of this application.***

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

**Monitoring Form 1 of 2**

*Transformation Cornwall tries to encourage a diverse workforce and aims to provide a working environment where all staff at all levels are valued and respected.  This 2-page form will be removed and stored securely and confidentially, solely for the purpose of monitoring. By completing and returning this form, you are consenting to the use of this information for this purpose.*

*Please put an X in the relevant box.*

**Gender**

|  |  |  |
| --- | --- | --- |
| Please | Male | Female |

**Is your gender identity the same as the gender you were assigned at birth?**

|  |  |
| --- | --- |
| Yes | No |

**Age**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 16 – 24 | 25 – 34 | 35 – 44 | 45 – 54 | 55 – 64 | 65+ |

**Ethnicity**

|  |  |
| --- | --- |
| **Asian/ Asian British** | |
| Bangladeshi |  |
| Indian |  |
| Pakistani |  |
| Any other Asian background (specify if you wish) |  |
| **Black / Black British** | |
| African |  |
| Caribbean |  |
| Any other Black background (specify if you wish) |  |
| **Chinese** | |
| Any Chinese background (specify if you wish) |  |
| **Mixed Ethnic Origin** | |
| Asian and White |  |
| Black African and White |  |
| Black Caribbean and White |  |
| Any other mixed ethnic background (specify if you wish) |  |
| **White** | |
| British |  |
| Irish |  |
| Any white background (specify if you wish) |  |
| **Any Other Ethnic Background** | |
| Any other background (specify if you wish) |  |
| Prefer Not to Say |  |

**Monitoring Form 2 of 2**

**Sexual Orientation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Lesbian or Gay man | Bisexual | Heterosexual | Other | Prefer not to say |

**Religion/Belief**

|  |  |
| --- | --- |
| **Please state your religion and/or belief:** | |
| None |  |
| Christian-including Church of England, Catholic, Protestant and all other Christian denominations |  |
| Buddhist |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Any other, please state: | |
| Prefer not to say |  |

|  |  |
| --- | --- |
| Do you consider yourself to have a disability? | Yes / No |
| Do you require any reasonable adjustments for interview? | Yes / No |
| Nationality |  |
| Marital Status | Single/Separated/Widowed/Civil Partnership/Married/Divorced/Undeclared |
| Country of Birth |  |
| Date of Birth |  |
| Are you a parent of dependent children or carer of close family member? | Yes / No |
| What is the highest level of qualification that you have attained? |  |
| Date form completed | \_\_/\_\_/\_\_\_\_ |