

Under the terms of the Equality Act 2010, should you have a disability which makes completing this application form difficult, we will be happy to accept your application in another suitable medium, e.g. by recording or telephone. Please contact us on 01202 718266 should you wish to make alternative arrangements.

### PERSONAL DETAILS

<b>Title</b> ( <i>Mr, Mrs, Miss, Ms, Dr etc.</i> )	
<b>Forename(s)</b>	
<b>Surname</b>	
<b>Address</b>	
<b>Email</b>	
<b>Contact Telephone Number</b>	
<b>National Insurance Number</b>	
<b>Do you have a current driving licence?</b> <i>(Is it Full or Provisional, and Manual or Automatic?)</i>	
<b>Are you authorised to work in the UK?</b> Y/N	
<b>Do you require a permit/visa to work in the UK?</b> <i>(If yes, please give details of your permit/visa type and expiry date, plus any other useful information)</i>	
<b>If offered this position, would you continue to work in any other capacity or for another organisation?</b> <i>(If yes, please give details)</i>	

### APPLICATION INFORMATION

<b>Position Applied For</b>	
<b>Service</b> (Children / Adults)	
<b>Full time/Part time/Zero Hours/Bank?</b>	
<b>How did you become aware of this vacancy?</b> <i>(If referred, who by?)</i>	
<b>Please indicate any dates when you are not available for interview</b>	

### EDUCATION

*Any offer of employment will be conditional upon providing original proof of relevant qualifications, if applicable.*

<b>Name of Institution</b>	<b>Qualifications gained (Please state subjects and grades)</b>	<b>Date of Award (Month / Year)</b>

## MEMBERSHIP OF PROFESSIONAL BODIES (if applicable)

<b>Professional Body</b> (e.g. HCPC - Health and Care Professions Council)	<b>Class of Membership</b>	<b>Date (Month / Year)</b>

## TRAINING

<b>Name of Organisation / Provider</b>	<b>Subject</b>	<b>Length of Course</b>	<b>Date (Month / Year)</b>

## EMPLOYMENT HISTORY

<b>Your Current or Most Recent Employer</b>	
<b>Organisation Name</b>	
<b>Organisation Address</b>	
<b>Position held within the company</b>	
<b>Please describe the position held and key responsibilities</b>	
<b>Dates of Employment</b> (From MM/YY - To MM/YY)	
<b>Full / Part Time / Zero Hours / Temporary?</b>	
<b>Salary</b>	
<b>Additions to Salary (please indicate in what form)</b>	
<b>Reason for seeking alternative employment</b>	
<b>Please state when you would be available to take up employment if offered</b>	

## Previous Employment and Other Activities

Please detail your previous employment history and/or activities in reverse date order, including voluntary or community work and **accounting for all gaps**. This information will be discussed at interview.

*If completing by hand, please attach additional sheets as required.*

*\*\*If any gaps please state what you were doing i.e. unemployed / travelling / studying etc\*\**

<b>Dates</b> (From MM/YY - To MM/YY)	<b>Name &amp; Address of Employer</b>	<b>Position Held and Key Responsibilities</b>	<b>Reason for Leaving</b>

## Sickness

**How many days absence have you had due to sickness in the past three years?** *(Please tick as appropriate)*

Less than 10 days		10 - 20 days	
20 - 30 days		More than 30 days	

**Have you had any operations, back trouble, or major illnesses?** *(If yes, please give details)*

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**Are you vaccinated against COVID-19?** *Whilst we recognise there is no mandatory vaccine requirement, we actively encourage vaccination as a matter of professional responsibility.*

Yes		No		Exempt	
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## PERSONAL STATEMENT

**Dignity and respect, working together, commitment to quality care and support, and learning and reflection** are all key values that are central to providing good quality, personalised and effective care to the people we support at Diverse Abilities.

**In support of your application, please give details along with examples** which demonstrate your knowledge, skills, attributes, and competencies relevant to the position and explain how and where these were gained, whether at or outside of work. Please include any other information you feel is relevant, your reason for applying and what you can offer to the position and Diverse Abilities.

## REFERENCES

Please nominate two referees who may be contacted regarding your knowledge, skills, attributes, competencies, and suitability for this position, **including your current/most recent line manager** plus another work-related referee. They must not be family members or friends. Referees will normally be contacted should you be offered and accept a position with Diverse Abilities unless there is a statutory requirement to do otherwise.

### Reference 1 - your current or most recent employer

**\*\*Please complete all the information below\*\***

<b>Name of Referee</b>	
<b>Referees Position (Job Title)</b>	
<b>Capacity in which known (Manager / Supervisor / HR)</b>	
<b>Organisation Name</b>	
<b>Organisation Address</b>	
<b>Contact Telephone Number</b>	
<b>Contact Email Address</b>	
<b>Did they know you by any other name?</b> <i>(If yes, please state)</i>	
<b>May we contact prior to interview?</b> <i>(Yes/No)</i>	

### Reference 2 - a previous employer or alternative professional referee

**\*\*Please complete all the information below\*\***

<b>Name of Referee</b>	
<b>Referees Position (Job Title)</b>	
<b>Capacity in which known (Manager / Supervisor / HR)</b>	
<b>Organisation Name</b>	
<b>Organisation Address</b>	
<b>Contact Telephone Number</b>	
<b>Contact Email Address</b>	
<b>Did they know you by any other name?</b> <i>(If yes, please state)</i>	
<b>May we contact prior to interview?</b> <i>(Yes/No)</i>	

**Referees will automatically be approached for references when a job offer has been made and accepted.**

## DECLARATION

### Convictions

Due to the nature of our work, posts involving contact with our clients are exempt from the provisions of Section 4.2 of the Rehabilitation of Offenders Act by virtue of the Rehabilitation of Offenders Act 1974, Exceptions Order 1975. Applicants are not entitled therefore to withhold information about convictions which for other purposes are spent under the provisions of the act. Disclosure of an offence as detailed below will not automatically bar applicants from being offered employment. However, if you are offered employment and failed to disclose such convictions this could result in dismissal and/or disciplinary action, or the withdrawal of any offer made. Any information given will be kept strictly confidential.

**Have you been convicted by the courts, cautioned, or reprimanded, or given a final warning by the police, including as a juvenile? (Yes/No)**

**If yes, please give details of the offences and penalty dates if you are applying for a post that does not involve contact with clients, you only need to give details of convictions not spent, other applicants must give details of all convictions.**

**Are you aware of any police inquiries undertaken following allegations made against you which may have a bearing on your suitability of the post? (Yes/No)**

**If yes, please give details**

I understand that this declaration forms part of my application of employment. I understand too that an enhanced level of DBS disclosure from the Criminal Records Bureau will be sought if I am successful in applying for a post involving contact with clients of Diverse Abilities.

**Please sign and print your name below to confirm your agreement to the following declaration:**

I declare that all the information on this application form and any other documents relating to this appointment is, to the best of my knowledge and belief, true and correct. I understand that any false statement may result in disqualification of my application or give cause for dismissal should I be employed. I understand that Diverse Abilities will process the information given on this form including 'sensitive' information as may be necessary during the recruitment and selection process, and that if my application is unsuccessful it may be held on file for a maximum of 6 months. I understand that, where appropriate, my details may be passed onto other line managers.

**Signature**

*(If completing this form electronically, we will accept your printed name as confirmation of your agreement to this declaration)*

**Print Name**

**Date**

**Please continue to the final section of this application form below.**

Diverse Abilities actively supports the principle of equal opportunities in employment and is committed to ensuring that individuals are treated fairly, with respect and are valued. The sole criterion for selection or promotion in Diverse Abilities is the suitability of any application for the position. To enable us to monitor that our policy is working, it would be helpful if you would complete this form. **This information is NOT used as part of the screening/selection process and the information on this form will be treated in the strictest confidence.** The information will not be used for any other purposes, is for monitoring purposes only and will be stored securely. If you believe you need a reasonable adjustment, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

<b>Title</b> ( <i>Cllr, Dame, Dr., Lady, Lord, Miss, Mr., Mrs., Ms, Mx, Professor, Rt. Hon., Sir etc.</i> )	
<b>Forename(s)</b>	
<b>Surname</b>	
<b>Date of Birth</b>	
<b>Position Applied For</b>	

<b>Sex</b> ( <i>Male / Female / Other</i> )					
<b>Gender Identity</b> - is your gender identity the same as the gender you were assigned at birth? ( <i>Yes / No / Prefer not to say</i> )					
<b>Which of the following are your preferred pronouns?</b>	He / Him		She / Her		They / Them

<b>Ethnicity</b> ( <i>please mark below by indicating with a tick or 'Yes' in the relevant box</i> )			
Asian or Asian British - Any Other		Other Ethnic Group - Any Other	
Asian or Asian British - Bangladeshi		Other Ethnic Group - Arab	
Asian or Asian British - Chinese		Prefer not to say	
Asian or Asian British - Indian		White - Any Other	
Asian or Asian British - Pakistani		White - British	
Black or Black British - Any Other		White - English	
Black or Black British - African		White - Gypsy or Traveller	
Black or Black British - Caribbean		White - Irish	
Mixed or Multiple Ethnic Groups - Any Other		White - Irish Traveller	
Mixed or Multiple Ethnic Groups - White-Asian		White - Northern Irish	
Mixed or Multiple Ethnic Groups - White-Black African		White - Scottish	
Mixed or Multiple Ethnic Groups - White-Black Caribbean		White - Welsh	

<b>Religion or Belief</b> (please mark below by indicating with a tick or 'Yes' in the relevant box)			
Agnostic		Judaism - Hassidic	
Atheist		Judaism - Orthodox	
Buddhist - Hinayana		Judaism - Reformed	
Buddhist - Mahayana		Not specified	
Christian - Orthodox		Other	
Christian - Protestant		Prefer not to say	
Christian - Roman Catholic		Shintoism	
Confucianism		Sikhism	
Hinduism		Spiritualism	
Islam - Shiite		Taoism	
Islam - Sunni			

<b>Sexual Orientation</b> (please mark below by indicating with a tick or 'Yes' in the relevant box)			
Asexual		Other	
Bisexual		Pansexual	
Gay		Prefer not to say	
Heterosexual		Undecided	
Lesbian			

What is your legal marital or civil partnership status?			
Civil Partnership		Partner	
Co-Habiting		Prefer not to say	
Dissolved Civil Partnership		Separated	
Divorced		Single	
Married		Widowed	

<b>Disability</b>	
<p>The Equality Act 2010 defines a disabled person as anyone who has, or has had, a physical or mental impairment which has a substantial and long-term effect on their ability to carry out normal day to day activities. Long term is taken to mean lasting for a period of greater than twelve months. <b>Taking the above into account, do you consider yourself to be disabled within the definition of the Equality Act 2010?</b></p> <p>(Yes / No / Prefer not to say - please state in the box opposite)</p>	
<p>What is the effect or impact of your disability or health condition on your work? Please write in here:</p>	

Do you have caring responsibilities? If yes, please tick all that apply			
None		Primary carer of an older person	
Primary carer of a child/children (under 18)		Secondary carer (another person carries out the main caring role)	
Primary carer of a disabled child/children		Prefer not to say	
Primary carer of a disabled adult (18 or over)			

Thank you for completing the Diverse Abilities application form. Please return this form to our HR team as below.

**By email:** [recruitment@diverseabilities.org.uk](mailto:recruitment@diverseabilities.org.uk)

**By our website:** upload at [diverseabilities.org.uk/careers](http://diverseabilities.org.uk/careers)

**By post:** Diverse Abilities, Langside School, Langside Ave, Poole BH12 5BN