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**Application Form**

**APPLICATION FOR THE POST OF: Assistant Services Manager – Children and Young People**

This page is used for monitoring purposes only and will not be seen by members of the selection panel until after the shortlisting process has been completed. Please answer all questions fully.

Title: Mr/Mrs/Miss/Ms/Other Surname: ….....................................................................................

First Names: ...........................................................................................................................................

Address: ...........................................................................................................................................

....................................................................................................... Post Code: …...............................

Telephone: ........................................(home) .........................................(mobile)

Email......................................................................................................................

1. Gender:
2. Date of birth:
3. Ethnic origin:

|  |  |  |  |
| --- | --- | --- | --- |
| *White* | | *Mixed / Multiple ethnic groups* | |
| English / Welsh / Scottish / Northern Irish / British |  | White and Black Caribbean |  |
| Irish |  | White and Black African |  |
| Gypsy or Irish Traveller |  | White and Asian |  |
| Any other White background, please describe: ……………...……………. |  | Any other Mixed / Multiple ethnic background, please describe: ....…………… |  |
| *Asian / Asian British* | | *Black / African / Caribbean / Black British* | |
| Indian |  | African |  |
| Pakistani |  | Caribbean |  |
| Bangladeshi |  | Any other Black / African / Caribbean background, please describe: ……………… |  |
| Chinese |  |  |  |
| Any other Asian background, please describe: …………………………….. |  |  |  |
| *Other ethnic group* | |  |  |
| Arab |  |  |  |
| Any other ethnic group, please describe: …………………………….. |  |  |  |

1. Do you consider yourself to have a disability? Yes/No
2. Do you have any special requirements to facilitate your employment? Yes/No

Please specify: .......................................................................

1. Where did you hear about the position?

................................................................................................................................

1. Referees

Please give details of two referees, at least one from present or last employment, who we can approach if the position is offered to you.

Name: Name:

Organisation: Organisation:

Position: Position:

Address: Address:

Tel. No. Tel. No.

Fax. No. Fax. No.

Email: Email:

How do they know you? How do they know you?

(e.g. line manager) (e.g. work colleague, former employer, friend)

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| Sutton Mencap is committed to safeguarding and promoting the welfare of children, young people and adults at risk. Our recruitment procedures are designed to ensure all employees and volunteers share this commitment. |

**APPLICATION FORM**

**1. POSITION APPLIED FOR: Assistant Services Manager – Children and Young People**

**2. PRESENT OR LAST EMPLOYMENT:**

Name of employer: ............................... Position held:...................................

Address: .......................................... Dates of employment

Start .................................

Finish ...............................

Post code: .......................................... Present salary p.a. £ ...........................

Tel No: ..........................................

Period of notice required: ...................

Reason for leaving: ...............................................................................

Brief description of duties undertaken:

Please continue on a separate sheet if necessary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3. EMPLOYMENT RECORD**  **Please list in chronological order, ensuring a continuous record, with an explanation of any gaps in employment** | | | | |
| Name/Address of Employer | Position held | From | To | Reason for leaving |
|  |  |  |  |  |

Please continue on a separate sheet if necessary

|  |  |  |  |
| --- | --- | --- | --- |
| **4. COMMUNITY/VOLUNTEER EXPERIENCE (please give details)** | | | |
| Name & address of organisation | From | To | Duties |
|  |  |  |  |

Please continue on a separate sheet if necessary

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **EDUCATION**   (Schools attended from age 11) | DATES  From | To | Examinations  (subjects/results) |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **POST SCHOOL EDUCATION:**   (Place of Education) | Dates  From | To | Qualifications  (subjects/results) |
|  |  |  |  |

Please continue on a separate sheet if necessary

1. **STATEMENT OF SUITABILITY**

State briefly why you consider that your experience, qualifications, ability and interests make you suitable for this post. Refer to the person specification throughout.

Please continue on a separate sheet if necessary

1. If appointed, when would you be able to start work?
2. Do you require a special permit to work in the UK? Yes / No
3. Do you have any criminal convictions except those ‘spent’ under the Rehabilitation of Offenders Act 1974? Yes / No

If yes, please list below.

I confirm that to the best of my knowledge the information provided by me on this application form is complete and correct and that any untrue or misleading information will give Sutton Mencap the right to terminate any employment contract offered.

Name: Signature: Date:

Note: We accept email applications, which are interpreted as agreeing to this statement.

Please email your completed application form to info@suttonmencap.org.uk (subject header –

Assistant Services Manager – CYP) or post it to:

Assistant Services Manager application

Sutton Mencap, 8 Stanley Park Road

Wallington SM6 0EU

**Closing date: Monday 12th November, 5.00pm**

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