**LIVING OPTIONS DEVON**

**Job Application Form**

**Strictly Confidential**

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| --- | --- |
| **Please note, CVs are not accepted. Please type or write in black ink.**  **Please contact us if you need your application form in another format – 01392 459222** | Post Title: **IMCA/Paid Representative**  Closing Date: **Friday Oct 25th 2024**  Interview date**: Tuesday November 5th 2024**  Ref. No. (office use only): |
| **When completed. please email your application as a Word document to:** jobs@livingoptions.org |

**Present or most recent Employment**

|  |  |
| --- | --- |
| Name of Employer |  |
| Address of workplace, including postcode |  |
| Job Title |  |
| Start Date |  |
| Salary and other benefits |  |
| Date left/period of notice required |  |
| Reason for Leaving |  |
| Brief Description of Duties |  |

**Past Employment**

(Start with the most recent and work backwards)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **From** | **To** | **Name & Address of Employer** | **Position Held** | **Salary** | **Reason for Leaving** |
|  |  |  |  |  |  |

**Education and Qualifications**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Schools/ Colleges Attended** | **From** | **To** | **Full time or Part time** | **Qualifications Gained (or being sought)** | **Date Awarded** | **Grades Obtained** |
|  |  |  |  |  |  |  |

**Training**

(Please list any other relevant training courses you have attended)

|  |  |
| --- | --- |
| **Dates** | **Details** |
|  |  |

**Volunteering**

(Please give details of any relevant volunteering you have undertaken)

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|  |

|  |  |  |
| --- | --- | --- |
| **References** | | |
| Please provide details of two people who will be your referees. Reference 1 should be your current or most recent employer. | | |
| Reference 1 | | Reference 2 |
| Name |  | Name |
| Job Title |  | Job Title |
| Address |  | Address |
| Email address |  | Email address |

**Driving**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you hold a current full driving licence? | Yes/No | Do you own a vehicle? | Yes/No |

**Disability Confident** - **Offer an Interview Scheme**

As part of our commitment as a Disability Confident Leader all disabled and Deaf people who meet the essential requirements against the person specification for the post will be offered an interview.

Do you wish to apply under the Disability Confident - Offer an Interview scheme?  

Yes / No

**Further Details**

In this space please give us information about why you have applied for this position and why you think you would be good at it (use the Job Description and Person Specification to help you). Please tell us why your work experience, or skills/experience outside work will make you good at the job. If you need more space you may attach one more sheet of A4 paper.

Confidential

We will take off this part of the form before we shortlist applicants to make sure we are giving everyone equal opportunity. Please complete as much as you are comfortable with.

Living Options is committed to a policy of equal opportunities in employment and is against discrimination. We choose applicants only because of their ability to do the job. To ensure this policy is working, we monitor the equality & diversity information overleaf.

This personal information is confidential and no-one will see it when we are choosing applicants, neither will it be given to any other organisations. However, if you are appointed this form will become part of your personnel file.

Personal Details

|  |
| --- |
| Title: Mr / Mrs / Miss / Ms / Dr / Other................................... (Delete as appropriate)  First Names ................................................................................................................  Surname ……..............................................................................................................  Address ......................................................................................................................  ................................................................................ Post code ..................................  Home Tel. No. ........................................... Mobile No. …………….……………  Email address: ………………….…………………  Which is your preferred contact number regarding the outcome of this post? ………  National Insurance No. ............................................................................................... |

Convictions

|  |
| --- |
| Do you have any criminal convictions (unless spent under the Rehabilitation of Offenders Act 1974)? If yes, please give details in a separate sealed envelope. This will only be opened if you are short-listed. |

This information is correct and I understand that false information could lead to dismissal.

Signed ......................................................................... Date ..............................................

On which website/paper did you see the advert for this post? ...........................................

Are you related to any directors, staff or Trustees of Living Options? Yes No

If Yes, please give details ……………………………………………………………………….

Equality and Diversity Monitoring Form

Living Options is a user-led charity which works to ensure that disabled people and Deaf people (for whom British Sign Language is their first or preferred language) can live the life they choose. We are committed to a policy of equal opportunities and to ensure this policy is working, we monitor equality and diversity information.

The information you provide is kept anonymous and will be treated in confidence and held securely by Living Options Devon and will not be shared with any other organisations. **All the questions are optional. If you would prefer not to answer any please leave them blank.**

By taking the time to answer the questions below you will be helping us to ensure Living Options services are reaching a representative section of society and help us identify inequalities.

|  |  |
| --- | --- |
| **Disability** | |
| In the Equality Act (2010), a disability is defined as a physical or a mental condition which has a substantial and long-term impact on your ability to do normal day to day activities. The term ‘substantial’ is defined as meaning more than minor or trivial. ‘Long term’ under this legislation means either to have lasted for 12 months or be expected to last for 12 months or more  Please note many people who do not consider themselves to be disabled may be covered by the Equality Act definition because they have a health condition that has a long term impact on their lives. We are interested in knowing whether you have a disability / are disabled in this broad sense. | |
| **Please tick** | **Do you have a disability, impairment, neurodivergency or long term health condition - lasting or expected to last 12 months or more? Please select all that apply** |
|  | **Acquired brain injury** |
|  | **Blind or partially sighted** |
|  | **Deaf (sign language user)** |
|  | **Hard of hearing / hearing impairment** |
|  | **Learning difficulty** (e.g. dyslexia) |
|  | **Learning disability** |
|  | **Long term illness or health condition (lasting more than 12 months)** e.g. genetic and progressive conditions (such as muscular dystrophy);progressive illnesses (such as multiple sclerosis, cancer, HIV/AIDS); hidden conditions such as asthma or diabetes) |
|  | **Mental health condition or illness** |
|  | **Physical disability / limited mobility** |
|  | **Neurodivergence (s**) e.g. Autism, ASD, ADHD |
|  | **Speech impairment** |
|  | **None of the above** (I do not have a disability, impairment, neurodivergence or long term health condition) |
|  | **Other (please describe)** |
| Please tick | Are you a volunteer or family carer who looks after or supports someone in their home who needs help with their day to day life due to a disability, illness, or old age? |
|  | No |
|  | Yes |

|  |  |
| --- | --- |
| Please tick | Gender (Please tick all that apply) |
|  | Female |
|  | Male |
|  | Non binary |
|  | Other |
| Do you identify as Transgender or formerly Transgender (your gender is different to your sex registered at birth? | |
|  | No |
|  | Yes |

|  |  |
| --- | --- |
| Please tick | Your age |
|  | 18-24 |
|  | 25-34 |
|  | 35-44 |
|  | 45-54 |
|  | 55-64 |
|  | 65-74 |
|  | 75-84 |
|  | 85+ |

|  |  |
| --- | --- |
| What is your religion / belief? (Please select one option) | |
|  | Atheist |
|  | Baha’i |
|  | Buddhist |
|  | Christian (including Church of England, Protestant, Catholic and other Christian denominations) |
|  | Hindu |
|  | Humanist |
|  | Jewish |
|  | Muslim |
|  | Pagan |
|  | Sikh |
|  | No religion or belief |
|  | Other (please state) |

|  |  |
| --- | --- |
| Please tick | Ethnicity |
|  | Arab / British Arab |
|  | Asian / British Asian (Bangladeshi, Chinese, Indian, Pakistani and other Asian background) |
|  | Black / Black British (African / Caribbean and other Black background) |
|  | Gypsy / Traveller / Roma |
|  | Mixed Heritage |
|  | White British |
|  | White Other |
|  | Other (please state) |

|  |  |
| --- | --- |
| Please tick | Sexual orientation |
|  | Bisexual |
|  | Heterosexual / straight |
|  | Lesbian or gay |
|  | Other (please state) |

**Thank you for completing this form**