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**Application for employment**

The information you provide on this form will be used as the basis for short-listing and selection. You are advised to read all the background information carefully and ensure that you complete the form as fully as possible. The job description provides you with information about the job and all the skills, experience, personal qualities and qualifications needed to carry it out.

Please return your completed form via email to [Nikki.Stephens@wesport.org.uk](mailto:Nikki.Stephens@wesport.org.uk).

If you do not hear from us by the interview date shown on the job advertisement please assume on this occasion you have been unsuccessful.

|  |
| --- |
| Post title: |
| Post reference (if applicable): |
| Where did you FIRST see the post advertised? |

**Personal information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title: | | | | First name: | | |
| Surname: | | | | Middle names: | | |
| Address: | | | | | | |
|  | | | | Postcode: | | |
| E-mail: | | | | Mobile no.: | | |
| Home telephone no.: | | | | Work telephone no.: | | |
| National insurance no.: | | | | | | |
| Please confirm your current status in terms of entitlement to work in the UK: Tick one  British citizen  Overseas national with permission to work in the UK  If yes, Please outline reasons below:-    Overseas national currently without permission to work in the UK  *If employment is offered, you will be required to produce original documentary evidence confirming your entitlement to work in the UK.* | | | | | | |
| Please specify any language skills you possess, including level of competence | | | | | | |
| Basic |  | Conversational |  | | Fluent |  |

**Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **Secondary/higher education** | | | |
| Name of school, college,  university | Full or  part-time | From - To | Qualifications and grades |
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|  |  |  |  |
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|  |  |  |
| --- | --- | --- |
| **Vocational training and/or professional memberships held** | | |
| Name of course | Qualification/Level obtained | Date obtained |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Employment experience**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current or most recent employment** | | | |
| Name and address of employer: | | | |
| Position held: | | | |
| Brief description of duties and responsibilities: | | | |
| Period of appointment:  (dd/mm/yy) | Full or  part-time: | Salary/ pay grade: | Period of notice required: |
|  |  |  |  |
| Reason for leaving: | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Previous employment,** (most recent first) Please specify exact employment dates (DD/MM/YY) | | | | |
| Name and Address of Employer | Post Held | Full or  Part-Time | From To | Reason for leaving |
|  |  |  |  |  |
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**Additional information**

Please give reasons why you wish to apply for this post. Give details of any experience or training   
you have had which you consider to be relevant, together with any other information you wish to   
add in support of your application.

When doing so please refer to the skills & experience referenced within the job description and personal specification as this will be used to form the basis of the shortlisting process.

|  |
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|  |

Are you related to or have a relationship with a Trustee or employee of the West of England Sport Trust (Wesport).

Yes  No

If so, please give details:

|  |
| --- |
|  |

**Referees**

Please provide the details of two referees.

One of your referees should be your current or most recent line manager or employer. If you have had no or limited previous employment please provide referees from your school, college or training scheme or from any voluntary/temporary work.

Do not include family members or friends.

**References will only be taken up if you are offered the role.**

|  |  |  |
| --- | --- | --- |
| **Current/most recent employer**  Please give the name of a referee from your current or most recent employer with line management  responsibility for your role. | | |
| Name (including title): |  | Position: |
| Address: |  | e-mail address: |
|  | Telephone no.: |
| **Second referee** | | |
| Name (including title): |  | Position: |
| Address: |  | e-mail address: |
|  | Telephone no.: |

Signature:       Date:

Please PRINT name:

If you are sending this application form to Wesport by e-mail then in the absence of this signature you should note that the e-mailing of this application constitutes your personal certification that the details in this application are correct.

**Equal opportunities in employment**

The information on equality and diversity that you are asked to provide in your application (i.e. gender, ethnic origin, disability etc) is detached from your application upon receipt and will not be used as part of the selection process.

This information will be treated in the strictest confidence and will only be used to help Wesport monitor the effectiveness of its Equality & Diversity work in this area.

Please ensure you complete your date of birth as well as your age.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender**: | Female: | | | Male: | Other: | | Prefer not to say: | Age | Date of birth: |
|  |  |
|  | | | | | | | | | |
| Is your gender identity **different** to the gender you were assigned at birth: | | | | | | | | | |
| Yes: | | No: | Prefer not to say: | | |

**Nationality and ethnicity**

|  |  |
| --- | --- |
| What is your nationality? |  |

In addition, please mark one box below to describe your ethnic group:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | White – British |  | White - Irish |  | | Other White background |
|  | Black or Black British –  African |  | Black or Black British –  Caribbean |  | Other Black background | |
|  | Asian or Asian British – Bangladeshi |  | Asian or Asian British – Indian |  | Asian or Asian British –  Pakistani | |
|  | Other Asian background |  | Mixed – White and Asian |  | Mixed – White and Black  African | |
|  | Mixed – White and Black Caribbean |  | Other Mixed background |  | Other ethnic background | |
|  | Chinese |  | Prefer not to say |  |  | |

**Disability**

*\*Please read the definitions overleaf before completing this section.*

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Do you consider yourself to be disabled? | Yes | No | Prefer not to say |
| 2. Do you meet the Disability Discrimination Act 1995  and DDA 2005 definition of disability? | Yes | No | Prefer not to say |

3. If you answered Yes to either question please tick below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Specific learning  disability *(such as  dyslexia or dyspraxia)* |  | General learning disability *(such as Down’s Syndrome)* |  | Cognitive impairment  *(such as autistic spectrum disorder or resulting from  a head injury)* |
|  | Long standing illness  or health condition  *(such as cancer, HIV,  diabetes, chronic heart disease or epilepsy)* |  | Mental health condition  *(such as depression or schizophrenia)* |  | Physical impairment or  mobility issues *(Such as difficulty using arms or  using a wheelchair or crutches* |
|  | Deaf or serious hearing impairment |  | Blind or serious visual  impairment |  | Other type of disability |
|  | Prefer not to say |  |  |  |  |

**Guidance on completing the questions on disability**

Wesport recognises that there are two definitions of disability; the social model of disability and the definition of disability under the Disability Discrimination Act 1995 and DDA 2005.

Question 1 refers to the social model of disability definition, this definition describes a disabled person as someone who has an impairment and experiences externally imposed barriers which disables them, or who self identifies as a disabled person.

Impairments are long-term characteristics of an individual that affect their functioning and/or appearance. Many people who have an impairment or ill health would not consider themselves to be disabled. Impairment covers both physical and mental impairments and includes sensory impairments, learning disabilities and mental illness. Some disabilities may not be immediately obvious, such as diabetes or depression.

Question 2 refers to the Disability Discrimination Act definition. A person has a disability under the Disability Discrimination Act 1995 and DDA 2005 if they have a physical or mental impairment, which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities (for example, lifting and carrying or mobility).

A long-term adverse effect means the effect has lasted, or is expected to last for 12 months. A long-term adverse effect include those which are likely to reoccur; e.g. if it is likely to reoccur at least once within the 12 month period following the last occurrence.

Please answer questions 1 and 2 by ticking yes or no or if you prefer not to say you should tick the relevant box. If you answer yes to either or both of the first two questions then please also answer question 3.