



## Application for Employment

Surname

Forenames

Title

Mobile

Address

Email

Do you have a full current driving license? YES

NO

Do you have the right to work in the UK? Please note if you are not in receipt of a UK passport you will need either a biometric residence permit number or residence card no. From April 22 evidence for right to work must be gained via Home Office online services only

UK Resident:

Biometric Card No

### Rehabilitation of Offenders Act 1974 (Exceptions Order 1975)

Have you ever been convicted of a criminal offence under the Rehabilitation of Offenders Act 1974 including spent and unspent convictions? YES

NO

The post for which you are applying is exempt from the provisions of the Rehabilitation of Offenders Act 1974. Any information given will be considered only in relation to an application for positions to which the order applies. Failure to disclose such information could result in subsequent dismissal or disciplinary action. If YES, please list any convictions or cautions below:

### Disability

The Association is committed to offering equal opportunities in recruitment and career development to disabled people and applications from disabled people are welcome.

Do you consider yourself to have a disability? YES

NO

If YES please give details, and advise of any reasonable adjustments the Association can make to facilitate your application for the post.

Are you, to the best of your knowledge, related to any of the Association's existing staff, Board members, contractors or suppliers? YES

NO

If Yes please provide details

**EMPLOYMENT**

For official use only  
Application No:

Position applied for

Where did you see the position advertised?

**EDUCATION & PROFESSIONAL QUALIFICATIONS**

**Educational qualifications-**

Please list any relevant qualifications achieved including dates and place of study: GCSE,A Level, Degree or Equivalent or professional qualifications:

For official use only  
Application No:

**EMPLOYMENT HISTORY**-Please list your previous places of employment (up to 5) including employer name, address and final salary.

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Application No:

**WHY ARE YOU APPLYING FOR THE JOB AND DO YOU HAVE THE RELEVANT SKILLS?**

Please use the space below to outline the skills and competencies you have gained and which are relevant to your application for this job. Please ensure that you refer to the job description and **person specification**.

**Please note all successful candidates will be required to supply 2 references of which must be your current employer. The information you provide will be treated in accordance with the *Data Protection Act 2018 and General Data Protection Regulation (GDPR)***

## **DECLARATION**

**Sign and date the declarations and authorisations below:**

*I declare that the information given by me, to the best of my knowledge, is true and complete.  
I acknowledge that dishonesty or the giving of incorrect information on purpose may render this application and any subsequent employment invalid and subject to summary termination.*

Name (Block Capitals)

Date

Signed

## **PROCESS**

- Applications should be returned to [recruitment@fcha.org.uk](mailto:recruitment@fcha.org.uk).
- Applications will be scored in a uniform manner and the highest scoring applicants will be invited for interview, **unsuccessful applicants at the shortlisting stage will not be notified, please assume if you have not been contacted within 7 days of the shortlisting date that you were unsuccessful on this occasion.**

**Closing date for applications:**

**Interview date:**

## DIVERSITY MONITORING

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The Association wishes to reflect the diverse communities within which it works and to re-dress any under representation there may be within our governance arrangements. Could you please complete the following:

Any information provided will be treated confidentially and in accordance with the Data Protection Act 2018 and General Data Protection Regulation (GDPR)

Name:

Position Applying for:

Age:

**A. How would you describe your ethnic group?**

If other, type in the box

**B. How would you describe your National Identity?**

If other, type in the box

**C. What is your Religion or Belief?**

If other, type in the box

**D. Which gender most accurately describes you?**

If other, type in the box

**E. Which best describes your sexual orientation?**

If other, type in the box

**F. What is the sex you were registered at birth?**

If other, type in the box

**G. What is your Relationship Status?**

If other, type in the box

**H. What region does your main residence fall in?**

If other, type in the box

**I. What is your main Language?**

If other, type in the box

## DIVERSITY MONITORING

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**J. Are you a disabled person and / do you have a long term health condition?**

YES

NO

Prefer not to say

**K. Do you have any caring responsibilities?**

YES

NO

Prefer not to say

**L. Do you have any access requirements?**

**M. Please select your Welsh Language ability**  
Select more than one if applicable

Understand spoken Welsh

Speak Welsh

Read Welsh

Write Welsh

None of the above

Prefer not to say