# APPLICATION FORM

**Please complete all sections**

**Curriculum Vitae will only be accepted as an accompaniment to this application form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Position applied for:** | Asset and Decarbonisation Manager | | | | | | |
| **Closing date for applications:** | 10:00am, 24 March 2025 | | | | | | |
| **What job type position would you like to be considered for? (please tick)** | | Full-time |  | Part-time |  | Both |  |
| **Where did you see this vacancy advertised?**  ***(Please give name if referred by a member of staff)*** | |  | | | | | |

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| **PERSONAL DETAILS** | | | | | | | | | | | |
| **Surname:** | | |  | | | | | | | | |
| **Forenames:** | | |  | | | | | | | | |
| **Current address:** | | | **Post code:** | | | | | | | | |
| **Home telephone no:** | | |  | | | | | | | | |
| **Mobile no:** | | |  | | | | | | | | |
| **Work no:** | | |  | | | | | | | | |
| **Email address:** | | |  | | | | | | | | |
| **CURRENT EMPLOYMENT DETAILS** | | | | | | | | | | | |
| **Name of employer :** | |  | | | | | | | | | |
| **Position held:** | |  | | | | | | | | | |
| **Dates employed:** | | **From: To:** | | | | | | | | | |
| **Notice period** | |  | | | | | | | | | |
| **Brief outline of role and responsibilities:** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Salary & other remuneration details:** | |  | | | | | | | | | |
| **If you are not currently in paid employment, please tell us what you are presently doing: For example, voluntary employment, studying, working in the home, unemployed etc.** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **PREVIOUS EMPLOYMENT** | | | | | | | | | | | |
| **Dates**  **(from – to):** | **Employer:** | | **Leaving Salary** | | **Job Title and Main duties** | | | | | **Reason for Leaving** | |
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| **EDUCATION AND TRAINING** | | | | | | | | | | | |
| **Level / Qualification** | | | | **Subject** | | | | **Date** | | | |
|  | | | |  | | | |  | | | |
| **Name of Training Course** | | | | **Course Provider** | | | | **Date** | | | |
|  | | | |  | | | |  | | | |
| **Name of Professional or Statutory Body** | | | | **Registration Number** | | | | **Membership Level** | | | |
|  | | | |  | | | |  | | | |
| **PERSONAL PROFILE** | | | | | | | | | | | |
| **Experience:** | | | | | | | | | | | |
| **Skills and Abilities:** | | | | | | | | | | | |
| **Knowledge and Understanding:** | | | | | | | | | | | |
| **Any Additional Relevant Information:** | | | | | | | | | | | |
| **PERSONAL STATEMENT**  Please tell us why you are applying for this role, what interests you about it, and how your skills, knowledge and experience make you a suitable candidate for this post (please use additional paper if necessary). | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Other Relevant Information** | | | | | | | | | **Yes (✓)** | | **No (✓)** |
| Do you need a work permit to work in the UK?  (You will be required to demonstrate this if selected for the post) | | | | | | | | |  | |  |
| If offered this position, will you continue to work in any other capacity?  *If Yes, please give details;* | | | | | | | | |  | |  |
| Are you a close relative of an officer or employee?  *If Yes, please give details;* | | | | | | | | |  | |  |
| Do you have a tenancy with the Association? | | | | | | | | |  | |  |
| Do you have a valid driver’s licence? | | | | | | | | |  | |  |
| Do you have access to a car? | | | | | | | | |  | |  |
| **Convictions**  If you have been convicted of a criminal offence, please give details of the date, the offence and penalty, except spent convictions under the Rehabilitation of Offenders Act 1974, any failure to disclose such convictions could result in dismissal or disciplinary action by the employers. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **REF**  **REFERENCES** | | | | | | | | | | | |
| Please give details of **two** people to whom we may apply for references. One of these should be your present or most recent employer (members of your family or friends are not acceptable).  We will not contact your referees unless you are offered a position with Bro Myrddin Housing Association. You should note it will be your responsibility to help us gain references. You will be unable to start work until at least two references, satisfactory to the Association, have been received. | | | | | | | | | | | |
| **Name:** |  | | | | | **Name:** |  | | | | |
| **Address:** |  | | | | | **Address:** |  | | | | |
| **Tel no:** |  | | | | | **Tel no:** |  | | | | |
| **Email:** |  | | | | | **Email:** |  | | | | |
| **Occupation:** |  | | | | | **Occupation:** |  | | | | |
| **EQUALITIES MONITORING FORM** | | | | | | | | | | | |
| Bro Myrddin Housing Association wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.  All the information you give is stored confidentially either on electronically or as manual records and will not be used in any way that could lead to individuals being identified. We will report the results of this monitoring to the Board of Management. We will not use this information for any other purposes or reveal it to any other organisations without your permission except under statutory obligations.  The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.  Information provided will be treated in accordance with the General Data Protection Regulation (GDPR). | | | | | | | | | | | |

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| **1. How would you describe your ethnic group?** | | | | | | | | | |
| **White** | | | | | | | | **Please (✓)** | |
| Welsh/English/Scottish/Northern Irish/British | | | | | | | |  | |
| Irish | | | | | | | |  | |
| Gypsy or Irish Traveller | | | | | | | |  | |
| Any other white background\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  | |
| **Mixed/multiple ethnic groups** | | | | | | | |  | |
| White and Black Caribbean | | | | | | | |  | |
| White and Black African | | | | | | | |  | |
| White and Asian | | | | | | | |  | |
| Any other Mixed/multiple ethnic background \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  | |
| **Asian/Asian British** | | | | | | | |  | |
| Indian | | | | | | | |  | |
| Pakistani | | | | | | | |  | |
| Bangladeshi | | | | | | | |  | |
| Chinese | | | | | | | |  | |
| Any other Asian Background \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  | |
| **Black/African/Caribbean/Black British** | | | | | | | |  | |
| African | | | | | | | |  | |
| Caribbean | | | | | | | |  | |
| Any other Black/African/Caribbean Background  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  | |
| **Other ethnic group** | | | | | | | |  | |
| Arab | | | | | | | |  | |
| Any other ethnic group  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  | |
| **Prefer not to say** | | | | | | | |  | |
| **2. Gender** | | | | | | | | | |
| Male | | | |  | | | | | |
| Female | | | |  | | | | | |
| Prefer not to say | | | |  | | | | | |
| If you prefer to use your own term, please specify below: | | | |  | | | | | |
| **3. What is your age group?** | | | | | | | | | |
| 16-24 |  | 25-29 |  | 30-34 | |  | 35-39 | |  |
| 40-44 |  | 45-49 |  | 50-54 | |  | 55-59 | |  |
| 60-64 |  | 65+ |  | Prefer not to say | |  | | | |
| **4. Do you consider yourself to have a disability or health condition?** | | | | | | | | | |
| Yes | | | | |  | | | | |
| No | | | | |  | | | | |
| Used to have a disability but have now recovered | | | | |  | | | | |
| Don’t know | | | | |  | | | | |
| Prefer not to say | | | | |  | | | | |
| **4b. We would like to know if we are reaching all disabled people, please can you tick the relevant impairment (disability) group below and you are welcome to tick more than one box if appropriate.** | | | | | | | | | |
| Physical impairment / | | | | |  | | | | |
| Visual impairment | | | | |  | | | | |
| Hearing impairment | | | | |  | | | | |
| Deaf BSL user | | | | |  | | | | |
| Learning difficulties | | | | |  | | | | |
| Specific learning difficulties like dyslexia | | | | |  | | | | |
| Mental and emotion distress / iechyd meddwl a thrallodd emosiynol | | | | |  | | | | |
| A health condition e.g. HIV, multiple sclerosis, cancer | | | | |  | | | | |
| Prefer not to say / well peidio dweud | | | | |  | | | | |
| **5. What is your sexual orientation?** | | | | | | | | | |
| Gay woman \ lesbian | | | | |  | | | | |
| Bisexual | | | | |  | | | | |
| Gay man | | | | |  | | | | |
| Heterosexual | | | | |  | | | | |
| Prefer not to say | | | | |  | | | | |
| If you prefer to use your own term, please specify below: | | | | |  | | | | |
| **6. What is your religion or belief?** | | | | | | | | | |
| No religion or belief | | | | |  | | | | |
| Christian | | | | |  | | | | |
| Jewish | | | | |  | | | | |
| Sikh | | | | |  | | | | |
| Buddhist | | | | |  | | | | |
| Hindu | | | | |  | | | | |
| Muslim | | | | |  | | | | |
| If other religion or belief, please write beneath: | | | | |  | | | | |
| **7. What is your marital status?** | | | | | | | | | |
| Single | | | |  | | | | | |
| Married | | | |  | | | | | |
| Living with partner | | | |  | | | | | |
| Separated | | | |  | | | | | |
| Widowed | | | |  | | | | | |
| Divorced | | | |  | | | | | |
| Same-sex civil partnership | | | |  | | | | | |
| Prefer not to say | | | |  | | | | | |
| **8. I do not wish to provide any of the information requested on this form** | | | | | | | | | |
| **DECLARATION** | | | | | | | | | |
| I confirm that the information given on the form is, to the best of my knowledge, complete and accurate. | | | | | | | | | |
| **Signed:** | | | | | | | | | |
| **Date:** | | | | | | | | | |

**DATA PROTECTION STATEMENT**

Please read this statement carefully as it provides information regarding the processing of sensitive personal data.

The information you provide on this form and that obtained from other relevant sources will be used to process your application for employment and may be shared with other members of Bro Myrddin Housing Association. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process.

If you succeed in your application and take up employment with us, the information will be used in the administration of your employment with us and provide you with the information about Bro Myrddin Housing Association. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process or your employment.

We may check the information with third parties, or with other information held by us. We may also use or pass to certain thirds parties information to prevent or detect crime, to protect public funds, or in other way as permitted by law.

Information is collected lawfully and in accordance with the Data Protection Act 2018 and the Association will do its best to ensure your details are accurate and kept up to date. By signing the application form you are consenting to the Bro Myrddin Housing Association processing your data (as described above), in accordance with our registration with the Information Commissioner.

The Association’s Privacy Notice is available on our website[**www.bromyrddin.co.uk**](http://www.bromyrddin.co.uk)**.**

**NEXT STEPS**

Please post your application form to HR department at Bro Myrddin Housing Association, Plas Myrddin, Merlin Street, Carmarthen, SA31 1RU or you can send it electronically to [**jobs@bromyrddin.co.uk**](mailto:jobs@bromyrddin.co.uk).

If you require further information or help with the application process please contact the Association.

If you are successful, this application will be retained by Bro Myrddin and placed on your personal file. If you are unsuccessful, this form will be retained for up to 6 months, after which time it will be shredded.

**Thank you and we look forward with interest, to receiving your application.**