

GUIDANCE NOTES FOR COMPLETING THE APPLICATION FORM

To have the best chance of success:

* Tailor your application for the job advertised focusing on the PERSON SPECIFICATION.
* Explain how you meet each of the criteria, by providing information about, or examples of, your skills and experience gained. This may be in paid employment, as a volunteer or within your personal capacity.
* Answer each point in detail – **the recruitment panel cannot guess or make assumptions**. For example, it is not enough to say `I am well organised’ – you need to explain how you organise yourself.
* Remember that the short listing panel are seeking to appoint the applicant who best meets the criteria specified in the person specification in accordance with equal opportunities.

**Please do not send a CV or an additional letter, as it will not be considered when short listing takes places.**

**Please write clearly and concisely, using black ink or type.**

# Equal Opportunities

Healthwatch Warwickshire is an Equal Opportunities employer, therefore, please do not add your name to any part of the main application form. The short-listing panel will not see the information provided by you on the personal details and the monitoring forms.

**PERSONAL DETAILS FORM**

NB: PLEASE COMPLETE IN BLACK INK OR TYPESCRIPT.

**VACANCY APPLIED FOR: ENGAGEMENT AND OUTREACH OFFICER FOR NORTH WARWICKSHIRE, NUNEATON AND BEDWORTH.**

Surname: Click or tap here to enter text. First Names:Click or tap here to enter text.

Home Address: Click or tap here to enter text.

Post Code: Click or tap here to enter text.

Telephone Numbers: Home / Mobile: Click or tap here to enter text.

 Work: Click or tap here to enter text.

 (May we contact you there – **YES** [ ]  **/ NO** [ ] )

E-mail: Click or tap here to enter text.

National Insurance Number: Click or tap here to enter text.

Do you require a work Permit? **YES** [ ]  **/ NO** [ ]

(To comply with the Immigration, Asylum and Nationality Act 2006, you will be asked to provide original documentation of your eligibility to work in the UK.)

**REFERENCES**

Please give below the names and addresses of two referees who have known you for a minimum of six months, one of whom should be your present or most recent employer.

References will be taken up for all shortlisted applicants, ideally, prior to interview.

|  |  |
| --- | --- |
| 1. First Referee
 | 1. Second Referee
 |
| Name: Click or tap here to enter text. | Name: Click or tap here to enter text. |
| Position held: Choose a building block. | Position Held:  |
| Address: Click or tap here to enter text. | Address: Click or tap here to enter text. |
| Email: Click or tap here to enter text. | Email: Click or tap here to enter text. |
| Can Healthwatch Warwickshire contact this referee:  |
| Prior to Interview: YES [ ]  / NO [ ] Prior to Offer: YES [ ]  / NO [ ]  | Prior to Interview: YES [ ]  / NO [ ] Prior to Offer: YES [ ]  / NO [ ]  |

**DECLARATION**

I declare that to the best of my knowledge the information given throughout this form is correct and truthful:

 Signed: Date: Click or tap to enter a date.

# MONITORING FORM

VACANCY APPLIED FOR:

**ENGAGEMENT AND OUTREACH OFFICER FOR NORTH WARWICKSHIRE, NUNEATON AND BEDWORTH.**

Healthwatch Warwickshire is working to become an Equal Opportunities organisation and would like to monitor the effectiveness of its Equal Opportunities policy in the recruitment and employment of staff. We would find it helpful to receive some additional information from you. This form will be separated from your application and not seen by the shortlisting and selection panel. So it will not influence whether you get selected for interview or not.

1. **Are you**

[ ]  Male

[ ]  Female

[ ]  **Rather not say**

1. **Disability**

The Equality Act 2010 defines disability as – ‘A physical or mental impairment which has a substantial, long term, adverse effect on their ability to carry out normal day to day activities”

Do you consider yourself disabled in light of this definition?

[ ]  **YES** [ ]  **NO** [ ]  **RATHER NOT SAY**

If so, what support could be provided to enable you to fulfil these duties?

1. **How do you define your ethnic origin?**

[ ]  Asian or Asian British [ ]  Mixed

[ ]  Black or Black British [ ]  White

[ ]  Chinese or other ethnic group [ ]  other

 4. How would you describe your religion/belief?

[ ]  Christian [ ]  Jewish [ ]  Other [ ]  Sikh [ ]  Would rather not state

[ ]  Buddhist [ ]  Muslim [ ]  None [ ] Hindu [ ]  Don’t know/Not sure

 5. What is your age?

[ ]  16-21 [ ]  22-35 [ ]  36-44 [ ]  45-55 [ ]  56+ [ ]  Would rather not state

 **6. How would you describe your sexuality?**

[ ]  Heterosexual [ ]  Bisexual [ ]  Would rather not state

[ ]  Gay/Lesbian [ ]  Don’t know/Not sure

By providing the information requested on this form, you are giving your consent that it may be processed and handled under the Principles of Data Protection as detailed in the Data Protection Act 1998, for the purposes of Equal Opportunities monitoring.

## DATA PROTECTION ACT 1998

## Sensitive Personal Data Consent Form

HEALTHWATCH WARWICKSHIRE must obtain consent to hold and use personal information about individuals that could be considered sensitive such as age, racial or ethnic origin, political opinions, religious belief, trade union membership, physical or mental health condition, sexual life. The Data Protection Act prohibits the processing of sensitive data except in specified circumstances for example equal opportunities monitoring. It is only in this sensitive area that HEALTHWATCH WARWICKSHIRE wishes to monitor in order to assess the effectiveness of its equal opportunity policy and reduce the possibility of discrimination occurring.

Please sign below to give your consent:

I understand that this information will be used only for the purpose set out above and my consent is conditional upon HEALTHWATCH WARWICKSHIRE complying with the obligations under the Data Protection Act 1998.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: (BLOCK CAPITALS) Click or tap here to enter text.

Date Click or tap to enter a date.

**MAIN APPLICATION FORM** – PLEASE COMPLETE AND EMAIL TO: info@healthwatchwarwickshire.co.uk by midday on Monday 25th March 2024

WE **DO NOT** CONSIDER CVs.

1. **EDUCATION AND TRAINING**

(sight of certificates may be required before appointment)

|  |  |  |
| --- | --- | --- |
| School / College /University | Qualifications | Grade |
|  |  |  |

1. **PROFESSIONAL, TECHNICAL OR MANAGEMENT QUALIFICATIONS**

(sight of certificates may be required before appointment)

|  |  |
| --- | --- |
| Professional/Technical/ Management Qualifications | Course Details |
|  |  |
| **Membership of any Professional/Technical Associations – Please state level of membership** |

1. **TRAINING AND DEVELOPMENT**

Please give details of any training and development courses or non-qualification courses that support your application. Include any on the job training as well as formal courses.

|  |  |
| --- | --- |
| Title of Training Programme or Course | Duration of Course |
|  |  |

1. **PRESENT OR MOST RECENT EMPLOYMENT**

|  |
| --- |
| Name of Employer:  Address of Employer: Job Title:Date of Appointment: |
| Brief details of current duties and responsibilities: |

1. PAST EMPLOYMENT (MOST RECENT FIRST)

|  |  |  |
| --- | --- | --- |
| Employer | Position | DatesFrom To |
|  |  |  |

1. **GAPS IN EMPLOYMENT OR TRAINING**

Please indicate and explain any gaps since leaving secondary education.

|  |  |
| --- | --- |
| Dates | Reason |
|  |  |

1. **PERSONAL STATEMENT**

Please use this section to explain how you meet the requirements of the Job Description and Person Specification. If you are or have been involved in voluntary/unpaid activities, please also include this information in support of your application. Attach and label any additional sheets used.

|  |
| --- |
| A. Qualifications/ Knowledge |
| **B. Work Experience** |
| **C. Skills and abilities****Please continue on a separate sheet if necessary, using the same headings – no names**  |

1. **OTHER INFORMATION**

|  |
| --- |
| Do you hold a current driving licence? [ ]  YES / [ ]  NO If so, please detail what type, for example ‘full’, ‘provisional’, etc.If required, are you prepared to use your own transport for work purposes? [ ]  YES / [ ]  NO  |

1. **DECLARATION OF CRIMINAL RECORDS**

If shortlisted for interview, you will be required to complete a form providing details of any criminal convictions as this post is exempt from the Rehabilitation of Offenders Act 1974.

Should you wish to return the completed application form by post, please mark the envelope “Private & Confidential” – Healthwatch Job Application” and send to:

HEALTHWATCH WARWICKSHIRE

4 & 6 Clemens Street

Leamington Spa

CV31 2DL