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| Role Applied for: | **Referrals Co-ordinator** |

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| Stoke-on-Trent Foodbank Application Form |

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| --- | --- | --- | --- |
| Closing Date: | 23/10/2020 | Interview Date: | 26/10/2020 |

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| --- |
| Please complete this form fully on-line only. C.V.s are not accepted. Applications received after the closing date will not normally be considered. |
| **THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.** |

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| Section 1 Personal details |

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: |       | **First Name:** |       |

|  |  |
| --- | --- |
| Address: |       |
|  |       |
|  |       |

|  |  |
| --- | --- |
| Postcode: |       |

|  |  |
| --- | --- |
| **Home Telephone No:** |       |

|  |  |
| --- | --- |
| **Daytime Telephone No:** |       |

|  |  |
| --- | --- |
| **Mobile Telephone No:** |       |

|  |  |
| --- | --- |
| **E-mail address:** |       |

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| Section 2 Present Employment |
| **Present Employment** (If now unemployed give details of last employer) |

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| --- | --- |
| Name of Employer: |       |

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| --- | --- |
| Address: |       |
|  |       |
|  |       |

|  |  |
| --- | --- |
| Postcode: |       |

|  |  |  |
| --- | --- | --- |
| Post Title: |       | **Start date:** |
| **End date:** |

|  |
| --- |
|  |
| Department / Section: |       |

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| --- |
| **Brief description of duties:** |
|       |
| Continue on a separate sheet if necessary |

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| --- | --- |
| **Reason for leaving**(if no longer employed)**:** |       |

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| --- | --- | --- | --- | --- |
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| Section 3 Previous Employment |
| **Previous Employment** (most recent employer first). Please cover the last 10 years and state nature of business - if not public sector |
|  |

|  |  |
| --- | --- |
| Name of Employer: |       |

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| --- | --- |
| Address: |       |
|  |       | Postcode |       |

|  |  |  |
| --- | --- | --- |
| Position Held: |       | **Start date:** |
|  | **End date:** |

|  |
| --- |
| **Summary of duties:** |
|       |

|  |  |
| --- | --- |
| **Reason for leaving:** |       |
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|  |  |
| --- | --- |
| Name of Employer: |       |

|  |  |
| --- | --- |
| Address: |       |
|  |       | Postcode |       |

|  |  |  |
| --- | --- | --- |
| Position Held: |       | **Start date:** |
| **End date:** |
|  |

|  |
| --- |
| **Summary of duties:** |
|       |

|  |  |
| --- | --- |
| **Reason for leaving:** |       |
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|  |  |
| --- | --- |
| Name of Employer: |       |

|  |  |
| --- | --- |
| Address: |       |
|  |       | Postcode |       |

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| --- | --- | --- |
| Position Held: |       | **Start date:** |
| **End date:** |

|  |
| --- |
| **Summary of duties:** |
|       |

|  |  |
| --- | --- |
| **Reason for leaving:** |       |
| Continue on a separate sheet if necessary |

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| Section 4 Training and Development |
| Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses. |

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| --- | --- |
| **Title of Training Program or Course** | **Duration of Course** |
|       |       |
|  |  |
|  |  |
| Continue on a separate sheet if necessary |

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| Section 5 Personal Statement |
| **Abilities, skills, knowledge and experience.**Please use this section to explain in detail how you meet the requirements of the Personal Specification. You will need to demonstrate here how you meet the criteria of the role. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used. |

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|       |
| Continue on a separate sheet if necessary |

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| **Section 6 Rehabilitation of Offenders Act (1974)** |

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| --- | --- | --- | --- | --- |
| Do you have any convictions that are unspent under the rehabilitation of offenders’ act 1974, that Stoke-on-Trent is legally entitled to know about? | Yes | [ ]  | No | [ ]  |

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| --- |
| If yes, please give details / dates of offence(s) and sentence: |
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| **Section 7 Protecting Children and Vulnerable Adults** |

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| Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this role? | Yes | [ ]  | No | [ ]  |

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| **Section 8 Disability Discrimination Act** |

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| This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities. |

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| --- | --- | --- | --- | --- |
| Do you have a disability which is relevant to your application? | Yes | [ ]  | No | [ ]  |

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| --- |
| If yes, please give details: |
|       |

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| --- |
| **We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do we need to make any specific arrangements in order for you to attend the interview?** | Yes | [ ]  | No | [ ]  |

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| --- |
| If yes, please give details: |
|       |
|  |
| **Section 9 References** |

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| Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are. |

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| **Reference 1** |  | **Reference 2** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | **Name:** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Position (job title): |       | **Position (job title):** |       |

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| --- | --- | --- | --- |
| Work Relationship: |       | **Work Relationship:** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation: |       | **Organisation:** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |       | **Address:** |       |
|  |       |  |       |
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|  |       |  |       |
|  | Postcode |       |  | Postcode |       |

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| --- | --- | --- | --- |
| Telephone No: |       | **Telephone No:** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| E-mail: |       | **E-mail:** |       |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you willing for this referee to be approached prior to the interview? | Yes | [ ]  | No | [ ]  | Are you willing for this referee to be approached prior to the interview? | Yes | [ ]  | No | [ ]  |
| **I hereby certify that:*** **all the information given by me on this form is correct to the best of my knowledge**
* **all questions relating to me have been accurately and fully answered**
* **I possess all the qualifications which I claim to hold**
* **I have read and, if appointed, am prepared to accept the conditions set out in the role description.**

**Signed:****Dated:** |

**Please return to: - Sheila Cowell (Office Manager), Foodbank Office,**

 **Magdalen Road,**

 **Blurton, Stoke-on-Trent, ST3 3HS**

 **Please ensure that you make the envelope PRIVATE & CONFIDENTIAL**

 **Or email to** **sheila@stokeontrent.foodbank.org.uk** **or call on 01782 317942**