#### A purple speech bubble with white text  Description automatically generatedCONFIDENTIAL

Nottingham Community and Voluntary Service

**Job Application Form**

Application for the post of: **NCVS Central Administrator**

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| **Personal Details:** |  |  |
| Full name: |  |
| Address: |  |
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|  |  |
| Home Phone: |  | Work Phone: |  |
| MobilePhone: |  | E Mail: |  |

**Referees**: Please supply name, address, email and contact phone numbers of two referees (one of which should be your current or most recent employer):

|  |  |
| --- | --- |
| 1. Name
 | 2. Name |
|  How does this person know you? | How does this person know you? |
| Address | Address |
|  |  |
|  |  |
| Phone | Phone |
| E-mail | E-mail |
| Can be contacted prior to interviewYes/No | Can be contacted prior to interviewYes/No |

Referees may be contacted before the interview unless you have stated above that this is not possible. **NCVS reserves the right to contact your current, most recent or any other previous employer.**

Where did you see the post advertised? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are shortlisted for interview, do you have any access requirements we need to take into account? (e.g. bsl interpreter, loop system, interpreter) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Education and Qualifications**Please provide details of qualifications obtained, making sure all dates, where known, are entered in full starting with the most recent first. |
| Date from | Date to | Name of Education establishment | Qualification obtained | Date obtained |
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| **Membership of Professional Bodies**Please provide details of any professional organisations to which you belong.If membership of a particular professional body is required, it will be listed on the Person Specification. |
| Date Obtained | Level of membership | Name of Body | Designatory letters |
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| **Training Courses**Please provide details of any training courses you have recently undertaken that are relevant to this post, e.g. skills development, conferences and events. |
| Duration | Course Title | Brief DetailsDesignatory letters |
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| **Voluntary Experience, Interests and Achievements**Please use this section to tell us about any community or voluntary experience you have had, interests or achievements that you feel are relevant to this post. |
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| **Employment History**This section is for details about your employment history. Please include any part-time or casual work you have done. |
| Present / Most Recent Employer |
| Date From | Date To | Name of Organisation | Job Title |
|  |  |  |  |
| Please provide a brief description of your main duties and responsibilities, including any budgetary or line management responsibilities, your salary and your reason for leaving. |
| Previous Employment (most recent first) |
| Date From | Date To | Name of Organisation | Job Title | Brief details and reason for leaving |
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| **Personal Statement**Please use this section to address the person specification, demonstrating how your skills and experience are relevant to this post and why you are applying. If necessary, please continue on a separate page, but your statement must not be more than 4 A4 sides of paper (including this one). |
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| **Personal Declaration** |
| Are you related to, or a partner of, a current member of staff, trustee or volunteer for NCVSYes NoIf yes, please give the name and nature of your relationshipName : Staff member Trustee VolunteerNature of relationship : **Personal Data :**Personal data entered on this form may be held by NCVS’ on an electronic database.If appointed when could you start / number of weeks notice required by  weekscurrent employer**Declaration :**I confirm that, to the best of my knowledge, the information I have provided in this application is true and correct.**Signed:** **Dated:**  |

Canvassing NCVS employees, trustees or volunteers directly or indirectly in respect of any appointment or providing false or misleading information on this form will disqualify you from appointment or could result in your dismissal.

Please return your completed application form by the closing date to: recruitment@nottinghamcvs.co.uk

We are presently only accepting applications via email. If you require a different method of delivery, please call 0115 934 8400.

**NCVS Equality & Diversity Monitoring**

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| **Vacancy:** | **NCVS Central Administrator** |

**This monitoring form will be detached upon receipt of your application and does not form part of the recruitment and selection process. The information provided below will not be seen by the shortlist or interview panel.**

We are committed to equality of opportunity and we welcome applications from all sections of the community. This monitoring form will allow us to evaluate our effectiveness as an equal opportunities employer and will only be used for this purpose. All applications are considered on merit only and no application will be treated less favourably on any grounds other than ability to perform the role.

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| **Marketing** - Please tell us where you heard about this vacancy.☐ NCVS website ☐ Facebook☐ NCVS e-bulletin ☐ Twitter☐ Word of mouth e.g. Friend, Colleague ☐ LinkedIn☐ Nottingham Post / Nottinghamshire Live ☐ Other (please write in below) ☐ Search engine e.g. Google  |
| **Gender**You may wish to select one or more options: ☐ Woman☐ Man☐ Non-binary☐ Transgender☐ Intersex☐ Gender non-conforming☐ Prefer not to say☐ A gender not listed here (please write in below) | **Religion or Belief**☐ No religion or belief☐ Buddhist☐ Christian (Inc. all denominations)☐ Hindu☐ Jewish☐ Muslim☐ Sikh☐ Prefer not to say☐ Any other religion or belief (please write in below)  | **Age**☐ 16-24☐ 25-29☐ 30-34☐ 35-39☐ 40-44☐ 45-49☐ 50-54☐ 55-59☐ 60-64☐ 65+☐ Prefer not to say |
| **Sexual Orientation**☐ Heterosexual ☐ Lesbian ☐ Gay☐ Bisexual☐ Pansexual☐ Asexual☐ Prefer not to say☐ Another identity (please write in below) |
| **Disability**The [Equality Act 2010](http://www.legislation.gov.uk/ukpga/2010/15/section/6) defines a disability as: *A physical or mental impairment that has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.*I consider myself to be: ☐ Disabled ☐ Not Disabled ☐ Prefer not to sayForm continues on next page |
| **Ethnicity**Choose one option that best describes your ethnic group or background. Ethnicity is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.**White**☐ English/ Welsh / Scottish / Northern Irish / British☐ Irish☐ Gypsy or Irish Traveller☐ Prefer not to say☐ Other white background (please write in below)**Mixed / multiple ethnic groups**☐ White and Black Caribbean☐ White and Black African☐ White and Asian☐ Prefer not to say☐ Another mixed background (please write in below)**Asian / Asian British**☐ Indian☐ Pakistani☐ Bangladeshi☐ Chinese☐ Prefer not to say☐ Another Asian background (please write in below)**Black / African / Caribbean / Black British**☐ African☐ Caribbean☐ Prefer not to say☐ Another Black / African / Caribbean / background (please write in below) **Other ethnic group**☐ Arab☐ Prefer not to say☐ Another ethnic group (please write in below)  |