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| Applicant Information |
| The information you provide will be treated as **CONFIDENTIAL** and will only be seen by members of the Brigstowe Project who are involved in appointing for this post. |
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| Where did you hear about this opportunity |       |
| Do you require a work permit to work in the UK? Yes No |
| If Yes, work visa expiry date: |       |

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| References |
| Please list two professional references: |
| Full Name: |       | Relationship: |       |
| Company: |       |
| Address: |       |
| Email: |       |
| Phone: |       Mobile:       |
|  |
| Full Name: |       | Relationship: |       |
| Company: |       |
| Address: |       |
| Email: |       |
| Phone: |       Mobile:        |

Name:

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| Rehabilitation of Offenders Act 1984 |
| Owing to the nature of our work at the Brigstowe Project, applicants are not entitled under the Rehabilitation of Offenders Act 1984 to withhold information about convictions, which for other purposes are ‘spent’ under the Act. You must disclose **ALL** criminal convictions, cautions, bind-overs or prosecutions pending on this form. Any failure to do so could result in your dismissal from the Brigstowe Project. All information given will be treated in the strictest confidence. If you have no criminal convictions or cautions, please write ‘**NONE**’ below. |
| **Nature of Conviction** | **Date** |
|       |       |
|       |       |
|       |       |
| **An enhanced DBS check is required for this post.**Do you have one currently?Yes [ ]  No [ ]  |

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| Interview |
| Do you have any access requirements we should meet to offer you a fair interview?Eg. wheelchair access, BSL interpretation etc. |
|  Yes No |
| If you require any specific arrangements that will make your interview easier, please give details about your access needs in the box below. |
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| Disclaimer and Signature |

Applicants may be asked to verify stated qualifications and employment. A false declaration may invalidate any offer of employment.

I declare that the information given above and in any accompanying documentation is accurate and complete. If any of the statements are untrue or misleading I understand my employment may be terminated. I understand the need for mandatory checks (including Disclosure from the Criminal Records Bureau) in relation to this employment application and give my consent to such checks being undertaken.

By completing and returning this form I understand that the Brigstowe Project will store and process the data contained within it in accordance with the requirements of its Data Protection Policy and in keeping with the Data Protection Act 1998.

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Dated**

**Please return this form by the due date and time to:**

**info@brigstowe.org**

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