HSB Ref. CO/2023

**Halifax Society for the Blind CIO**

Reg. Charity Number 1195373

### **APPLICATION FORM**

Please complete all sections as fully as possible and return your application by email to [jacqui.farmer@halifaxblindsociety.org.uk](mailto:jacui.farmer@halifaxblindsociety.org.uk) Alternatively, post your application to Halifax Society for the Blind 36 Clare Road Halifax HX1 2HX in an envelope marked ‘Private and Confidential’. Should you require this form in an alternative format please email at the above address or tel. 01422 352383. **Please do not send a CV**.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **SECTION 1: POSITION APPLIED FOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position Applied for: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Where did you see the post advertised? | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 2: PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: | | | |  | | | | | | | | | | | | | | | | | | | Home Tel No: | | | | | | | | | | | | |  | | | | | | | | | |
| Surname: | | | |  | | | | | | | | | | | | | | | | | | | Work Tel No: | | | | | | | | | | | | |  | | | | | | | | | |
| Forename (s) | | | |  | | | | | | | | | | | | | | | | | | | Mobile Tel No: | | | | | | | | | | | | |  | | | | | | | | | |
| Known As: | | | |  | | | | | | | | | | | | | | | | | | | Email: | | | | | | | | |  | | | | | | | | | | | | | |
| Home Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Post Code: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 3: EDUCATION, QUALIFICATIONS & TRAINING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Qualification Achieved** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subject | | | | | | | | | | | | | Type of Qualification  Eg GCSE, BTEC, NVQ, BSc | | | | | | | | | | | | | | | | | | | | | | Grade Achieved | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Qualification currently studying or working towards** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subject | | | | | | | | | | | | | Type of Qualification  Eg GCSE, BTEC, NVQ, BSc | | | | | | | | | | | | | | | | | | | | | | Grade Achieved | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Training & Membership of Professional or regulatory bodies** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list any relevant training courses attended and/or any current membership for professional or regulatory bodies: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 4: CURRENT EMPLOYMENT** (present or most recent post) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Title |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer Name & Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dates of Employment | | | | | | | | | | | | | | | From mm | | | / | | | | | | | | | | | | | To | | | | | | | / | | | | | | | |
| Notice Period | | | | |  | | | | | | | | | | | | | | | | | | | Current Salary | | | | | | | | | | | | | |  | | | | | | | |
| Reason for leaving | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Role Purpose / Summary of responsibilities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 5: EMPLOYMENT/VOLUNTEER HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please detail your career history for the past 15 years (or since leaving education) both paid employment and voluntary work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job title/Volunteer role and duties | | | | | | Employer name & location | | | | | | | | | | | | | | Dates Employed From | | | | | | | | | Dates Employed To | | | | | | | | | Reason for leaving | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | (mth / yr) | | | | | | | | | (mth / yr) | | | | | | | | |  | | | | | | | |
| **Please list periods when you were not employed (since leaving full time education) and the reasons why.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date From | | | Date To | | | | | | | | | | | Reasons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (mth / yr) | | | (mth / yr) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Health Record** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please state the total number of days sickness absence and periods of absence you have taken from work in the past two years. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of periods of absence | | | | | | |  | | | | | | | | | | | | | | | Total number of days | | | | | | | | | | | | |  | | | | | | | | | | |
| If there is any other information which we need to be aware of concerning your health record or if there are any adjustments you require should you be called for interview, please provide details here: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 6: OTHER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been employed by HSB? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes / No** | | | | | | | |
| If **Yes,** please give details of the job and dates employed | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you previously applied for a job with HSB? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes / No** | | | | | | | |
| If **Yes,** please provide details of job applied for and date applied | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you own a vehicle for use at work? | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes / No** (Not a requirement) | | | | | | | | | | | | | | | | | |
| Do you have a current clean full driving licence? | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes / No (**Not a requirement) | | | | | | | | | | | | | | | | | |
| **SECTION 7: GENERAL EXPERIENCE AND FURTHER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please use this section to tell us in not more than 600 words (a) how you meet the requirements set out in the person specification and (b) why this position is of interest to you. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 8: REFERENCES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please give names and addresses of two referees, one of whom must be your current or most recent employer. We would expect to write to your line manager or your human resources department.  References may be taken up for all short-listed candidates. If you do not wish us to contact your referees in advance of interview, please tick the box alongside each referee. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Referee 1 (**current / most recent employer) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact | | | | | | | | | **Yes / No** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referee Name | | | | | | | | |  | | | | | | | | | | | | | | | | Position | | | | | | | | | | | | |  | | | | | | | |
| Organisation Name & Address | | | | | | | | |  | | | | | | | | | | | | | | | | Telephone Number | | | | | | | | | | | | |  | | | | | | | |
| Post Code | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |
| Capacity in which known | | | | | | | | | |  | | | | | | | | | | | | | | | Email | | | | | | | | | | | | |  | | | | | | | |
| Dates employed/known from | | | | | | | | | Month/year | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |
| **Referee 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact | | | | | | | | | **Yes / No** | | | | | | | Referee Type | | | | | | | | | | **Employment / Character** | | | | | | | | | | | | | | | | | | | |
| Referee Name | | | | | | | | |  | | | | | | | | | | | | | | | | | Position | | | | | | | |  | | | | | | | | | | | |
| Company Name &  Full Address | | | | | | | | |  | | | | | | | | | | | | | | | | | Tel Number | | | | | | | | Work / home | | | | | | | | | | | |
| Post Code | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |
| Capacity in which known | | | | | | | | | | |  | | | | | | | | | | | | | | | Email | | | | | | | | |  | | | | | | | | | | |
| Dates employed/known from | | | | | | | | | Month/year | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | |
| **SECTION 9: EMPLOYMENT CHECKS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Entitlement to Work in the UK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Asylum and Immigration Act 1996 requires the Charity to check that prospective applicants are legally entitled to work in the United Kingdom. Please provide details of your National Insurance Number. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work Permit Required | | | | | | | | | | | | Yes / No | | | | | Temporary Permit Valid Until Date: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Permanent Work Permit Held | | | | | | | | | | | | Yes / No | | | | | National Insurance Number | | | | | | | | | | | | |  | | |  | | | |  |  | | |  |  |  |  |  |
| Disclosure & Barring Service Check | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All positions involving contact with the Charity’s service users will require a disclosure from the Disclosure & Barring Service. Possession of a criminal record will not necessarily prohibit an offer of employment, but you are asked to disclose on a separate sheet all previous convictions INCLUDING SPENT CONVICTIONS under the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 Schedule I Part II, Paragraph 12. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a criminal conviction? | | | | | | | | | | | | | | | | | | **Yes / No** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **General** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a service user of HSB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes / No** | | | | |
| Are you related to any current employee/Trustee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes / No** | | | | | |
| Have you volunteered, or are you currently a volunteer HSB? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes / No** | | | | | |
| **SECTION 10: DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If it is discovered that any of the information in your application is false or if you have concealed any fact concerning your eligibility for this post, we will not proceed with your application. If you have already been appointed to the post when such a discovery is made, you may be liable to summary dismissal.  I declare that the information provided on this application form (and any attachments enclosed) is true and accurate. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signed | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | |  | | | | | | |

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| **SECTION 11: MONITORING INFORMATION** |
| The Charity is committed to implementing an Equality and Diversity Policy. A disability or health condition does not preclude full consideration for the job and applications from candidates with disabilities are welcomed. To enable us to monitor the effectiveness of our policy you are asked to complete the following questions. This information will be for used for monitoring purposes only. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Position Applied For** | |  | | | |
| **Please place ONE cross (X) in ethnic monitoring section A – E below** | | | | | |
|  | **X** | |  | | **X** |
| **A. White** | | | **D. Black or Black British** | | |
| British |  | | Caribbean | |  |
| Irish |  | | African | |  |
| Any other White background, please write in: |  | | Any other Black background, please write in | |  |
| **B. Mixed** | | | **E. Chinese or ethnic group** | | |
| White & Black Caribbean |  | | Chinese | |  |
| White & Black African |  | | Any other ethnic group, please write in | |  |
| White & Asian |  | |  | |  |
| Any other Mixed background, please write in: |  | | **Disability Monitoring** | | |
| **C.** Asian or Asian British | | | The Equality Act uses the following definition of disability. | | |
| Indian |  | | A person ‘has a physical or mental | | |
| Pakistani |  | | Impairment that has a substantial and | | |
| Bangladeshi |  | | long term adverse effect on their ability | | |
| Any other Asian background, please |  | | to carry out normal day to day activities’ | | |
| write in: |  | | Using this definition, do you consider | | |
|  |  | | yourself to be disabled? | **Y / N** | |
|  |  | | Do you have a visual impairment | **Y / N** | |

|  |  |
| --- | --- |
| Date of Birth (dd/mm/yyyy) | dd/mm/yyyy |
| Sex |  |
| Gender |  |