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Employment application form

All applicants are required to complete the application form in full. Please use black ink or type to complete the form.

Return completed forms to: emily.morton@disabilitysheffield.org.uk

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| Application for the post of: **Sheffield Cycling 4 All Co-ordinator** |
| Closing date: **9am Friday 1st July2022**Interview date: **Thursday 14th July 2022** |

Personal details

|  |  |  |
| --- | --- | --- |
| Surname  | Forenames  | Title  |
| Address  |
| Postcode  | Email  |
| Main contact phone number  | Alternative number |
| National Insurance number  |  |
|  |

**Education and qualifications (Secondary & higher education only is required) in chronological order**

|  |  |  |
| --- | --- | --- |
| Establishment | Qualification and subjects | Date |
|  |  |  |
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|  |  |  |

Training courses

Please give details of any non-qualification training courses recently undertaken, relevant to the application.

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| --- | --- | --- |
| Date and duration | Title | Brief details |
|  |  |  |
|  |  |  |

Employment

Please state exact dates and, where applicable, hours per week for any part-time appointments.

Current/most recent employment

|  |  |  |  |
| --- | --- | --- | --- |
| Employer name and address | Full-time or part-time | Date of appointment | Salary  |
|  |  |  |  |

Is this employment through an agency?  YES NO

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| Post and brief description of duties |
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| Reasons for leaving and notice required |
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Previous employment

Please start with the most recent employment, including details of any relevant unpaid work.

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| --- | --- | --- | --- |
| Employer | Post, brief description of duties and reason for leaving | Full-time or part-time | DateFrom to |
|  |  |  |  |
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ALL APPLICANTS - other information in support of application

Please outline your relevant experience, skills and abilities – gained both in and out of work – demonstrating how you meet the skills/experience detailed on the person specification. Please continue on a separate sheet if necessary (maximum 2 sides A4) **CV’s will not be accepted.**

**References**

Please provide the names of two referees, one of which must be your current or most recent employer. Please use **BLOCK CAPITALS** and give all addresses in full with email details if possible.

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|  YES NO |

References will be requested for successful candidates once you have received a conditional offer.. Do you agree to us approaching your referees at that time?

**Any offer of appointment will be subject to the receipt of references which are satisfactory to Disability Sheffield**

Current/most recent employer

|  |  |
| --- | --- |
| Name  | Position held  |
| Address  | Postcode  |
| Phone number (work)  | (mobile) |
| Email  |  |

Additional referee

|  |
| --- |
| Name  |
| Address Postcode |
| Phone number  | Email |
| Post/title/capacity in which person is known to you:  |

|  |  |
| --- | --- |
| Do you have the right to work in the UK? |  YES NO |

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| --- |
| **Disability** Disability Sheffield has a policy of shortlisting and interviewing all disabled applicants who meet the minimum requirements for our jobs.Definition of Disability - The Equality Act 2010 defines disability as 'A physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities. Long term in this context means likely to last longer than 12 months or likely to recur. Please note that cancer, HIV and multiple sclerosis are covered by the Act from the point of diagnosis. **Do you consider yourself to have a disability as defined above?** **Yes** **No** **Prefer not to say** |

Declaration

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| I declare that, to the best of my knowledge, the information given in this application is correct. I understand that deliberate omissions and incorrect statements could lead to my application being rejected or to my dismissal. |
| **Signature**  |
| **Date**  |
| If you are sending this form to Disability Sheffield by email then you should note that, in the absence of this signature, the emailing of this application constitutes your personal certification that the details are correct. |