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| LGBTfoundation  Position Applied For: | LGBT Foundation  **Application Form – Part 1**  Talking Therapies Programme Manager |

Please complete all sections of the form in black ink or type directly into the boxes (the boxes will expand as you type into them). Application forms that are not completed in full will be automatically rejected. CV’s will not be accepted.

Applications should be returned to:

* EMAIL: [recruitment@lgbt.foundation](mailto:recruitment@lgbt.foundation)

The closing date for return of completed applications, including a completed equal opportunities monitoring form (available from [www.lgbt.foundation/jobs](http://www.lgbt.foundation/jobs)) if one is not included in your application pack): 9am on Tuesday 28th September.

Interviews will take place on TBC at LGBT Foundation.

If you require this form or any of the accompanying information in large print, please contact Simon Baker on 0345 3 30 30 30.

The lawful condition for processing this data under GDPR is ‘fulfilment of contract’.

LGBT Foundation will use this information to shortlist during and as part of the application process.

If successful, we will add you to payroll and to our pension provider, as well as our own internal HR system. We will not share this information with anyone else for any other purposes. We use authorised third parties to help us process our data who are also GDPR compliant.

# Personal contact details

Please fill in all of the below details. This section of the application form will be treated as confidential and will only be used to contact you.

|  |  |
| --- | --- |
| **Surname** |  |
| **First names(s)** |  |
| **Other Names you may want us to know you by** |  |
| **Pronouns (e.g. He/Him, She/Her, They/Them, Xe/Xyr) (set of pronouns that you want us to refer you as to reflect your gender identity)** |  |
| **Address** |  |
| **Post code** |  |
| **Home telephone number** |  |
| **Work telephone number** |  |
| **Mobile telephone number** |  |
| **Email address** |  |
| **Which method of contact do you prefer?** |  |

**Are there any restrictions on you taking up employment in the UK? (if yes, please provide more details)**

**Yes No**

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# References

Please provide two references that we are able to approach should you be offered the position. These references will not be taken up until we have offered the post and received confirmation of acceptance.

|  |  |  |
| --- | --- | --- |
|  | **Current Employer/ First Referee** | **Second Referee** |
| **Name you are known by to referee** |  |  |
| **Name of referee** |  |  |
| **Email** |  |  |
| **Capacity in which you are known** |  |  |
| **Address**  **(If known)** |  |  |
| **Postcode**  **(if known)** |  |  |
| **Tel (if known)** |  |  |

# Training and Education

Please complete this section, listing your qualifications/training received. If you need more space, please continue on a separate sheet clearly stating the section of the form, your name and position you are applying for.

|  |  |  |
| --- | --- | --- |
| **Dates** | **Course** | **Qualification/Grade** |
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# Declaration of criminal convictions

The Rehabilitation of Offenders Act 1974 (ROA) ensures that ex-offenders who have not re-offended for a period of time since the date of their conviction are not discriminated against when applying for jobs. The ROA enables ex-offenders to ‘wipe the slate clean’ of their criminal records in the sense that they are no longer legally required to disclose to an organisation convictions that are ‘spent’, **unless the role they are applying for is exempted from the Act**.

Any declaration you make will be kept confidential as part of the recruitment process and each case will be decided on its own merits (Note some people are banned from working with children under the Protection of Children Act 1999 & Criminal Justice and Court Services Act 2000). When looking at declarations the recruitment panel will consider:

* Whether the information revealed is relevant to the position
* The seriousness of the offence(s)
* The length of time since the offence(s)
* Whether this was part of a pattern of offending or a one-off incident
* The age of the applicant at the time and circumstances of the offence and explanation(s) of the applicant.

Please be as honest as possible at this stage as an Enhanced Criminal Records Disclosure may be requested prior to confirmation of appointment and your appointment will be subject to this being received and satisfactory as part of your recruitment. If you are unsure whether you need to declare something please contact the NACRO Resettlement Plus Helpline on 0207 8406464.

**HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENCE/S OR RECEIVED A CAUTION OR BIND OVER?**

**YES** / **NO** (please delete as appropriate)

If yes, please give particulars and dates:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name (Block Capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Declaration

Are you related to or known by anyone at LGBT Foundation who is either a volunteer or an employee?

**Yes No**

If yes, please give particulars

Please specify any special arrangements or reasonable adjustments you may require for interview if successful?

How much notice would you be required to give your current employer?

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I certify that the information given on this form is correct to the best of my knowledge.

**I agree to LGBT Foundation holding the information supplied subject to the Data Protection Act 1998. I also consent to LGBT Foundation obtaining a criminal record disclosure (DBS check) if this is required by the role.**

The information supplied will remain confidential within LGBT Foundation, and will only be accessible by authorised staff and volunteers, and will not be supplied to any third parties.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please ensure you have:

* Completed all sections of the application form (part 1 and part 2)
* Completed the Equal Opportunities monitoring form
* Attached any media files (if required)