



## **GUIDELINES FOR COMPLETION OF THIS APPLICATION FORM**

HOPE INTO ACTION: COVENTRY asks all applicants to complete the information below fully and to the best of your ability.

Once complete, please return it by email to the address indicated in the advertisement or by post, ensuring it reaches us by the advertised closing date at:

Hope into Action: Coventry  
Langar Aid House  
6 Doe Bank Lane  
Coventry  
CV1 3AR

Please note that all applications received after the closing date will be automatically rejected as standard practice and without exception, in the interests of fair process.

### **Please complete the following forms to support your application:**

- Diversity Monitoring Form
- Self Declaration Section

Successful applicants will be required to attend an interview.

Most positions within Hope into Action will require an enhanced DBS check which will need to be conducted prior to undertaking the role. References will be requested after a provisional offer is made. Any start date will be subject to the references having been received and checked.

For further information please go to OUR WEBSITE.

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## **PRIVACY NOTICE FOR APPLICANTS**

### **Why we collect and use your data**

The information you provide when applying for a post here / agreeing to work here will be used in the following ways:

- To recruit and appoint our staff
- To support and manage our staff and to discharge our contractual obligations
- To maintain our accounts and records, including payroll
- To manage our activities

To fulfil our legal obligations, including checking your right to work and engaging with HMRC over income tax and national insurance

If you are not willing to provide all the information requested, we will be unable to process your application.

### **How we will hold and take care of your Information**

- in considering my application, Hope into Action will treat the information given in this form in confidence;
- not disclose information to any third party without my prior agreement;

I understand my right to request to see all the information held about me on any record at Hope into Action. It is our policy to retain details of all unsuccessful applicants for positions at Hope into Action for six months from the date of the advertisement. If you do not wish us to retain your details in this way, please let us know and we will dispose of your application form

# APPLICATION FORM



IN CONFIDENCE

The first section of this form contains all your personal and referee details. The second part of the form will be used for shortlisting and in your interview.

## SECTION 1

### 1.1. Job Details

Post Applied for	
Location	
Date of application	

### 1.2. Personal Details

Title (Mr / Mrs / Miss / Ms / Other)	
First name(s)	
Surname or family name	
Home address	
Postcode	
Email address	
Home telephone	
Mobile telephone	

Please indicate your preferred method(s) of contact							
Postal Address	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	Mobile	<input type="checkbox"/>	Email	<input type="checkbox"/>

<b>Eligibility to work in the UK:</b> To comply with legislation, all candidates must provide documentary evidence of their right to work in the United Kingdom.	
Are you legally permitted to work in the UK?	

Do you hold a current UK driving licence?	Yes / No
Have you any limitations of which we should be aware in considering your application?	

If appointed, how soon could you take up the post?	
Where did you find out about this vacancy?	

### 1.3. REFERENCES

Please give the name and addresses of at least two persons who have supervised you in a professional capacity who may be consulted regarding your suitability for this post. One reference should be your present or most recent employer. References should cover the current and preceding 5 year period. If you were known by a different name, please also state this.

#### Referee 1

Full Name:	
Position:	
Company:	
Address:	
Postcode:	
Telephone No:	
Email Address:	
In what capacity does this person know you?	
May we contact them before interview?	Yes / No

#### Referee 2

Full Name:	
Position:	
Company:	
Address:	
Postcode:	
Telephone No:	
Email Address:	
In what capacity does this person know you?	
May we contact them before interview?	Yes / No

#### Referee 3

Full Name:	
Position:	
Company:	
Address:	
Postcode:	
Telephone No:	
Email Address:	
In what capacity does this person know you?	
May we contact them before interview?	Yes / No

#### **1.4. CRIMINAL RECORDS**

For all tenant facing positions we require you to complete an Enhanced DBS check. For most other roles a Basic DBS check will be required.

Having a criminal record however will not necessarily bar you from working with Hope into Action but this will depend on the nature of the opportunity sought and the circumstances and background of the offence.

For more details an informal chat or to have any queries you may have answered, please contact admin

If you do not consent to these checks being carried out, or if consent is withheld, we will unfortunately be unable to proceed with your application.

*Delete as appropriate*

<b>Do you have any unspent criminal convictions?</b>	Yes	No
<b>Are you prepared to complete the self-declaration and DBS check?</b>	Yes	No

#### **SELF DECLARATION**

To be completed by all applicants.

I certify the information provided in this application (and any further information enclosed), is correct and complete.

I agree that Hope into Action UK may carry out a DBS check.

I accept that providing deliberately false information may result in my dismissal, if I am appointed.

Signature:

Date:

## **SECTION 2**

### **2.1. EDUCATION, TRAINING AND DEVELOPMENT**

Please list your training and education experience, starting with the most recent and include any other relevant personal development you have undertaken.

<b>Dates (From &gt; To)</b>	<b>Name of Education Provider and Course Name</b>	<b>Qualification/ Grade Attainment</b>

### **EMPLOYMENT HISTORY**

Please state all the paid or unpaid work you have undertaken and please account for any gaps there may be. Please continue a separate sheet stating clearly which section of the form you are continuing and include your name.

What is your current occupation?					
Employed	<input type="checkbox"/>	Retired	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Self Employed	<input type="checkbox"/>	Student	<input type="checkbox"/>	Other	<input type="checkbox"/>

### **2.2. RECENT EMPLOYMENT HISTORY**

<b>PRESENT OR LAST EMPLOYER</b>	
Employer's name and address	
Post Held	
Date commenced	
Date left, if applicable	
Give reason for leaving	
Please give a brief description of your duties and responsibilities <i>(continue on additional sheet if necessary)</i>	

### 2.3 PREVIOUS EMPLOYMENT HISTORY

Please state all the paid or unpaid work you have undertaken and please account for any gaps there may be. Please continue a separate sheet if needed, stating clearly which section of the form you are continuing and include your name.

Dates (month-year, from-to)	Employer's Name and Address	Duties and responsibilities	Reason for leaving

**Please give details of any relevant skills/experience you may have gained outside employment. (E.g. through voluntary service).**

### 2.4. PROFESSIONAL STATEMENT

A job description is supplied with all applications containing information on the main requirements of the role, along with the essential and desirable qualities of the individual(s) working in that role(s). Please provide, in the box below, a written statement evidencing your suitability to the role based on your qualities to match the role.

**2.5 PERSONAL STATEMENT**

*Please outline the development of your faith in the space below:*

### HOPE INTO ACTION - Equalities Monitoring Form

By completing this form you will help us to evaluate the accessibility and appropriateness of our recruitment, and events and services to people with protected characteristics. Funders require us to collect this information and it helps us to meet our obligations under the Equality Act 2010. Please tick as many boxes as suits your identity. Thank you.

Ethnic Background			
<b>Asian</b> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other	<b>Black</b> <input type="checkbox"/> African <input type="checkbox"/> British <input type="checkbox"/> Caribbean <input type="checkbox"/> Other	<b>White</b> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> European <input type="checkbox"/> Other	<b>Other</b> <input type="checkbox"/> Chinese <input type="checkbox"/> Latin American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say
Gender and gender identity		Sexuality	Marriage and Civil Partnership
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans (female to male) <input type="checkbox"/> Trans (male to female) <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say	Is your gender identity the same as you were assigned at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Bisexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual <input type="checkbox"/> Prefer not to say	Are you: <input type="checkbox"/> Married <input type="checkbox"/> Civilly Partnered <input type="checkbox"/> Single <input type="checkbox"/> Prefer not to say
			Pregnancy and maternity
			Are you: <input type="checkbox"/> Pregnant <input type="checkbox"/> Recent Mother <input type="checkbox"/> Prefer not to say
Disability or health issue			
<p>Our work is informed by the social model of disability - that it is social 'barriers' which cause 'disability', rather than impairments. The Equality Act 2010 defines a disability as: "a physical or mental impairment which has substantial and long-term (lasting more than 12 months) adverse effect on your day to day living". Do you consider yourself to have a disability?</p>			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say			
<input type="checkbox"/> Blind / Visually impaired <input type="checkbox"/> Learning difficulty <input type="checkbox"/> Mental Health <input type="checkbox"/> Other health issue	<input type="checkbox"/> Deaf / hearing impaired <input type="checkbox"/> Mobility <input type="checkbox"/> Other disability <input type="checkbox"/> Prefer not to say		
Religion		Age	
<input type="checkbox"/> Agnostic <input type="checkbox"/> Atheist <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Humanist	<input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> 16-18 <input type="checkbox"/> 19-21 <input type="checkbox"/> 22-25 <input type="checkbox"/> 26-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50	<input type="checkbox"/> 51-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> 71 plus <input type="checkbox"/> Prefer not to say