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| --- | --- |
| Applicant no.  |  |

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**Application for the post of: Supportline Lead**

Please **complete** the form below. **Do not** submit a separate CV. **Return** the form by email to: info@csass.org.uk. **Please also complete** an anonymous monitoring form here: <https://forms.office.com/r/UiGfvxkpdQ>

**If any information is not clear or accessible for you, please contact us for support.**

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| **Full name:**  |
| **Address and postcode:**  |
| **Telephone:**  |
| **Email:**  |

## Referees Please give details of two people (not relatives) who can provide a reference - ideally your two most recent employers, or academic (school) contact. Personal referees can be used if there is no employer or school/college to contact. If you are invited for interview these references may be taken up before your interview, unless you request otherwise on this form.

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| **Name:**  |
| **Address and postcode:** |
| **Relationship to referee:**  |
| **Email: Telephone:**  |

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| --- |
| **Name:**  |
| **Address and postcode:** |
| **Relationship to referee:**  |
| **Email: Telephone:**  |

**Where did you hear about this role?**

|  |  |
| --- | --- |
| Applicant no.  |  |

Add further rows and use as much space as needed to provide, concisely, all relevant information.

**Qualifications obtained (which you feel are relevant to this post).**

|  |  |  |
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| **Qualification**  | **Institution**  | **Date obtained**  |
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| **Employment history:** Please give details, with the most recent first. Please state the employer/organisation, your post, duties and the dates you started and finished. |

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| **Voluntary work or Community** **Involvement** Please outline your involvement in any charities or community activities, including your role/s, duties and dates of involvement.  |

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| **Please tell us why you are applying for this post and what you would bring to it, *referring to the job description and person specification.*** |

**Confidential**

CSASS is committed to best practice in the recruitment of workers and will ensure that those working directly with vulnerable people are appropriately screened.

Have you ever been convicted of any criminal offence by a Court of Law?

(delete as appropriate) **Yes/No**

If the answer to the above is Yes, please complete the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Place | Offence | Sentence |
|  |  |  |  |

I would like to receive occasional information about activities, services, opportunities, or ways I can support CSASS - for example events, fundraising requests, or campaigns, usually via our newsletter or by email.

*(This is optional, and will not affect the selection process)* **Yes/No**

I understand that CSASS will keep my personal information accurate, up-to-date, secure and confidential, and only for as long as needed. It will only be used or kept for recruitment purposes and then destroyed if I do not go on to join the CSASS team. If I do join, my personal information will only be used or kept in order to provide support, management and future references in relation to my role/s at CSASS (usually up to 7 years after my role has ceased), or to improve the service. I can ask to see my personal information held by CSASS, usually within a month of asking. CSASS will not share my personal information with anyone outside CSASS without my permission, unless required by law, or to prevent immediate harm. I understand I can change these preferences at any time, by contacting the Centre Manager at the CSASS office, or via info@csass.org.uk

I am happy to be contacted by: Post **Yes/No** Email **Yes/No**

Phone **Yes/No** Text/Whatsapp **Yes/No**

By completing and returning this form you will be providing us with your consent to these uses.

*(We need this consent for you to be considered for this role)*

**Declaration**

I declare that all this information is complete and true. I understand that any false declaration or misleading statement or any significant omission may disqualify me and may lead to dismissal. I understand that any offer is subject to satisfactory references and a probationary period. I understand that I will be subject to a Disclosure and Barring Service Check from the Criminal Records Bureau.

**Name Date**

**If any information is not clear or accessible for you, please contact us for support.**