

**PRINCES PARK GARDEN CENTRE**

**(ABILITY COOPERATIVE LIMITED)**

**APPLICATION FORM**

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| **Post: Work Support Mentor** | **Grade: £17,000 per annum** |

Please complete this form and return by.Late applications will not be considered. Curriculum vitae will only be accepted with a completed Application Form.

Candidates will outline clearly how their qualifications and experience meet the requirements as detailed on the accompanying person specification. All information given will be treated with the strictest confidence.Continuation sheets may be added if necessary.

Completed forms can be emailed to [office@princesparkgardencentre.com](mailto:office@princesparkgardencentre.com) or sent to Elaine Barber, Princes Park Garden Centre, Liverpool Road Irlam, Manchester, M44 6BR by Sunday, 31st May, 2020.

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Surname:** | **Telephone number (Home):** |
| **Forenames:** | **Telephone number (Mobile):** |
| **Title:** | **Telephone number (Work):** |
| **Address:** | **Email address:** |
| **Postcode:**  **Date of birth:** |  |

|  |  |  |
| --- | --- | --- |
| **Do you have the right to work in the UK?:**  Note: Proof of this right will be required before an offer of employment can be confirmed, e.g., Birth Certificate, Passport and/or any other appropriate document required to confirm your right to work in the UK as required by the Asylum and Immigration Act 1996 |  |  |
| **Do you have a clean, current drivinglicence?:** |  |  |
| **Have you a car/ access to a car for business use?:** |  |  |

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **From** | **To** | **School/ College** | **Examinations taken and Qualifications Gained**  **(Specify Grades)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**FURTHER/ HIGHER EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **From** | **To** | **Name of University/ College**  **(state if full-time or part-time)** | **Subjects Taken and Qualifications Gained (Specify Grades or Degree Class Obtained)** |
|  |  |  |  |
|  |  |  |  |

**EMPLOYMENT RECORD** (Please list chronologically, starting with current or last employer)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of Employer and Nature of Business** | **From**  **To** | **Job Title**  **Job Function/ Responsibilities** | **Reason for Leaving** |
|  |  |  |  |
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|  |  |  |  |

**MEMBERSHIP OF PROFESSIONAL ORGANISATIONS**

|  |  |  |
| --- | --- | --- |
| **Date Joined** | **Institute/ Organisation** | **Grade of Membership (if applicable)** |
|  |  |  |
|  |  |  |

**TRAINING**

|  |
| --- |
| **Details of training courses attended and awards achieved, including dates** |

**SUPPORTING STATEMENT**

Please complete this section as fully as possible, referring to the person specification and job description to see what skills, experience and knowledge are required for this job. Include why you want the job and what relevant experience you have. Please continue on a separate sheet if necessary

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**SUPPORTING STATEMENT (CONTINUED)**

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**DISABILITY DISCRIMINATION ACT 1995(EQUALITY ACT 2010)**

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| Section 1 of this Act describes a disabled person as a person with a ‘physical or mental impairment which has a substantial or long-term effect on his/her ability to carry out normal day-to-day activities’.  Using this definition, would you consider yourself to be disabled? **YES/ NO**  If yes, do you require any special arrangements to be made to assist you is called for interview?  Please provide details: |

**REFERENCES**

Please give the details of two work related referees, including your current or most recent post. Referees will not be contacted without your prior approval.

|  |  |
| --- | --- |
| Name: | Name: |
| Position: | Position: |
| Company: | Company: |
| Address:  Telephone No.:  Email address: | Address:  Telephone No.:  Email address: |
| Nature of Relationship: | Nature of Relationship: |

**DATA PROTECTION ACT 2018**

|  |
| --- |
| I confirm that the information provided on this form may be used to enable a personal file and or computerised record to be set up.  Signature: Date: |

**DECLARATION**

|  |
| --- |
| I certify that all information which I have provided is correct. I understand that any false information given may result in a job offer being withdrawn.  Signature: Date: |



**PRINCES PARK GARDEN CENTRE**

**(ABILITY COOPERATIVE LTD)**

**EQUAL OPPORTUNITIES MONITORING**

**Completion of this form is optional but helps us to understand our recruitment with regard to being an inclusive employer. The form is confidential and is separate from your application meaning this form will not be used in the shortlisting or interview processes.**

**Ethnicity**

|  |  |
| --- | --- |
| **Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh**  Asian / Asian British  Bangladeshi  Chinese  Indian  Pakistani  Other Asian background (specify if you wish): | **White**  British  English  Gypsy or Irish Traveller  Irish  Scottish  Welsh  Other White background (specify if you wish): |
| **Black, Black British, Black English, Black Scottish, or Black Welsh**  African  Caribbean  Other Black background (specify if you wish): | **Mixed**  White and Asian  White and Black African  White and Black Caribbean  White and Chinese  Other mixed background (specify if you wish): |
| **Other ethnic group**  Arab  Other ethnic group (specify if you wish):  **Prefer not say** |  |

**Age**

16 - 24  25 - 34  35 - 44  45 - 54  55 - 64  65+

Prefer not to say

**Gender**

Male  Female  Prefer not to say

Is your gender different to the one assigned at birth?

Yes No Prefer not to say

**Sexual Orientation**

Bisexual

Gay man

Gay woman/lesbian

Heterosexual/straight

Other (specify if you wish):

Prefer not to say

**Marriage and Civil Partnership**

Single

Married

Civil Partnership

Separated, but still legally married or in a civil partnership

Divorced, formerly married or in a civil partnership that has been legally dissolved

Widowed/Surviving partner from a civil partnership or marriage

Prefer not to say

**Religion or Belief**

|  |  |
| --- | --- |
| No religion  Buddhist  Christian (including Church of England, Catholic, Protestant and all other Christian denominations)  Hindu | Jewish  Muslim  Sikh  Other (specify if you wish):  Prefer not to say |

**Disability**

The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term adverse affect on their ability to carry out normal day-to-day activities.

Do you consider yourself to be disabled?

Yes.

Please specify:

No

Prefer not to say