**Application form**

|  |
| --- |
| **Post Applied for: Group Facilitator (peer-to-peer support)**Please complete all sections of this form to give us an accurate overview of your experience, skills and qualifications.**Please return this application, by Monday 30th November, 11.00am . Late applications will not be considered.T**o: Jill.Mountford@nxgtrust.org.ukIf completing by hand please use black ink. |
| **Personal Details** |
| **First Name:** | **Surname:**  |
| **Address:** **Postcode:** | **Telephone number:** **Email address:** **Nationality**:  |
| Please select the option below that best describes your work status in the UK:[ ]  I have a full British passport**[ ]**  I have the right to work in the UK (please provide details)**[ ]**  Other. Please provide details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please explain how you believe you meet the person specification for the role. Give as much information as necessary to demonstrate your abilities, skills, experience and knowledge and how they relate to this role. This includes voluntary and leisure interests. Make sure you show how you meet the criteria on the person specification listed as shortlisting points.Continue on a separate sheet if necessary. |
|  |
| **Employment History – Please provide details of your employment history, starting with the current or most recent.** |
| **Employer** | **Post held and main duties** | **Dates of post** | **Reason for leaving** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Please add additional rows if required** |
|  |
| **Please provide details of your qualifications, starting with the most recent** |
| **Qualification** | **Grades awarded** | **Date achieved** | **School/College/other institution** |
|  |  |  |  |
|  |  |  |  |
| **Please add additional rows if required** |
| **Please provide two references, one of whom should be your last employer** |
| **Full Name:** **Company (if applicable):** **Address:** **Telephone Number:****Email:** | **Full Name:** **Company (if applicable):** **Address:** **Telephone Number:****Email:** |
| **I declare the information I have given to support my application is true and accurate.****Signed: Date:**  |

**Equality Monitoring Questionnaire**

**1. Are you (please delete as appropriate): Male Female Non-binary**

**2. Please select your age group**

|  |  |
| --- | --- |
| [ ] Under 18  |  |
| [ ] 18-24  | [ ] 45-49  |
| [ ] 25-29  | [ ] 50-54  |
| [ ] 30-34  | [ ] 55-59  |
| [ ] 35-39  | [ ] 60-64  |
| [ ] 40-44  | [ ] 65+  |

### **4. Do you consider yourself disabled? *(Please tick one box)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  No |  | Yes | **If yes, what is the nature of your disability?** |  Physical |  Sensory |
|  Mental |  Learning |

5. **Are you registered as disabled?** *(Please tick one box)*

 No Yes

6. **Please tick one box to describe your ethnic group:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White** |  | **Mixed** |  | **Asian or Asian British** |
|  British |  |  White & Black Caribbean |  |  Indian |
|  Irish |  |  White & Black African |  |  Pakistani |
|  Turkish/Turkish Cypriot |  |  White & Asian |  |  Bangladeshi |
|  White Other *(Please state)* |  |  Other *(Please state)* |  |  Tamil |
|  |  |  Asian Other *(Please state)* |
|  |  |  |  |  |  |  |  |
| **Black or Black British** |  | **Other** |  |  |  |
|  Caribbean |  |  Chinese |  |  |  |
|  African |  |  Vietnamese |  |  |  |
|  Somali |  |  Other Ethnic Group  *(Please state)* |  |  |  |
|  Black Other *(Please state)* |  |  |  |  |