

**Application Form**

**Post being applied for: Housing Advisor (Breathe advice & advocacy service)**

## **Closing date for applications:** Sunday 17th November 2019 (11:59pm)

## **Please complete ALL sections below**

**Personal Details**

|  |  |
| --- | --- |
| **Title** | **Miss/Mrs/ Ms/ Mr/ Dr/ Other *(please delete as appropriate)*** |
| **First Name** |  |
| **Surname** |  |
| **Have you ever used any other names? *(Please give details)*** |  |
| **Address** |  |
| **Contact Telephone Number** |  |
| **Email** |  |

**General Information**

|  |  |
| --- | --- |
| **Do you require a work permit or similar to legally work in the UK?** |  |
| **Do you hold a current DBS?** |  |
| **Are you subscribed to the DBS update service?** |  |
| **Is your DBS Disclosure a standard or enhanced certificate?** |  |
| **First Language Spoken** |  |
| **Other Languages Spoken** |  |

**Education and Training**

**Further & Higher Education Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification** | **Grade** | **Date obtained** | **Professional body** |
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**GCSE or Equivalent Qualifications**

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| **Qualification** | **Grade** | **Date obtained** | **Professional body** |
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**Professional Development / Short Courses Completed**

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| **Qualification** | **Completed?** | **Date obtained** | **Course Provider** |
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**Membership/ Registration with Professional Bodies **

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| **Professional Body** |  |
| **Level/Type of Membership** ***(Indicate if Accredited)*** |  |
| **Membership Number** |  |
| **National Registration Number** |  |
|  |  |
| **Professional Body** |  |
| **Level/Type of Membership** ***(Indicate if Accredited)*** |  |
| **Membership Number** |  |
| **National Registration Number** |  |

**Employment History**

Please list any previous or current experience, including any voluntary or unpaid roles. **Please start with the most recent first.**

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| **Start Date** | **End Date** | **Employer Details** | **Reason for leaving**  |
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**Supporting Information**

Using the **Person Specification and Job Description**, please provide supporting information demonstrating your skills and experience and why you believe you are suitable for this role.

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**Disability:**

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| The equality Act 2010 seeks to protect the employment rights of people with disabilities. The Act defines a disability as any physical or mental impairment which has a substantial or long term adverse effect on the ability to carry out normal day to day activities. Do you consider yourself to have a long term medical condition that may require adjustments to be made to the working environment?  | Yes / No If yes please provide details: |

**References**

Please provide details of two referees, one of which should be your **current employer**, the other should be a clinical supervisor or someone of professional standing that can comment on your suitability as a counsellor in this setting (not friends or relatives) who we can contact as part of the selection process:

*Please note only the references will be contacted once a conditional offer is made.*

**Reference 1 Reference 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  |  | **Name** |  |
| **Occupation** |  |  | **Occupation** |  |
| **Relationship to you** |  |  | **Relationship to you** |  |
| **How long known** |  |  | **How long known** |  |
| **Address** |  |  | **Address** |  |
| **Phone number** |  |  | **Phone number** |  |
| **Email** |  |  | **Email** |  |

**Declaration**

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

**Signed --------------------------------------------------- Date-----------------**

**If returning this form by email please type in your name. If you are selected for interview we will ask for evidence of you signature.**

#####   **Data Protection Act 2018 – Consent and Certification of details**

The information detailed in this application form will be used only for the purpose of recruitment to this role. Application forms of unsuccessful candidates will be destroyed after six months from the closing date for the post.

Giving false information will result in your application not being pursued or your contract being terminated, without notice, if you have already been appointed to the job.

Should any information within this application appear to be fraudulent, it may be disclosed to the following third parties:

Government/Statutory Agencies

Law Enforcement Authorities

Further Information on GDPR compliance and Privacy Policy can be found on our website:

[WWW.New-Heights.Org.UK](http://WWW.New-Heights.Org.UK)

You have the right at any time to lodge a complaint about the way we handle your data with the Information Commissioner’s Office (ICO) via: <https://ico.org.uk/make-a-complaint/> or 0303 123 1113