Hafan Cymru

Prif Swyddfa Ffordd Steffan Pensarn Caerfyrddin

Sir Gaerfyrddin

SA31 2BG

Hafan Cymru

Head Office Stephen’s Way Pensarn Carmarthen Carmarthenshire SA31 2BG

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# **HAFAN CYMRU RECRUITMENT APPLICATION FORM**

|  |  |
| --- | --- |
| **Vacancy Ref Number** |  |
| **Applicant Ref number:** |  |
| **Closing Date:** |  |

Please return this section of the vacancy information for our selection process to:

**email:** [**recruitment@hafancymru.co.uk**](mailto:recruitment@hafancymru.co.uk)

**Post: Recruitment Administration Team**

**Hafan Cymru**

**Head Office**

**Stephen’s Way**

**Pensarn**

**Carmarthenshire SA31 2BG**

**Section 1: Hafan Cymru Application form – Personal details.**

This form provides your personal details, references and declaration of any convictions.

**Section 2:** **Hafan Cymru Application form – Education, Qualifications, Training and suitability for the post.**

The information supplied on this form is used to make a decision as to whether you will be short-listed for the next stage of the recruitment process, e.g. an interview. Please refer to the following documents when completing this section of the application form; **Application guidelines/ job description/ person specification.**

**Section 3: Equal Opportunities Recruitment Monitoring**. This form is used to monitor the effectiveness of our equal opportunity policy and is not part of our selection procedure.

**Please ensure that examples given are relevant to the role in which you are applying for.**

**SECTION 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal Details (BLOCK CAPITALS)** | | | | |
| **Surname:** |  | | | |
| **Forename:** |  | | | |
| **Address:** |  | | | |
|  | | | |
| **Postcode** |  | | | |
| **Tel No:** |  | **Mobile:** |  | |
| **Email Address:** |  | | | |
| **How much Notice are you required to give your current employer?** | | | |  |
| **REFERENCES: Please give two referees, one of which should be your current or recent employer and the other should be in a position to comment on your professional development. Should you be successful we will contact your referees as soon as an offer of employment is made.** | | | | |
| **Name:**  **Job Title:** | | **Name:**  **Job Title:** | | |
| **Address:**  **Email address:** | | **Address:**  **Email address:** | | |
| **Relationship:** | | **Relationship:** | | |
| **Telephone:** | | **Telephone:** | | |
| **CONVICTIONS/CAUTIONS**  **‘**Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198’. **YES NO**  The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website*.* | | | | |
| Are you currently subscribed to the Disclosure and Barring Service (DBS)  Update Service? **YES  NO**  If you are subscribed and if you were offered employment in a role that requires a DBS disclosure, do you consent to Hafan Cymru viewing your current DBS certificate?  **YES  NO** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employment** (including any voluntary employment) Please give full details: | | | | |
| **Employer** | **Job Title** | **From - to** | **Latest Salary** | **Reason for leaving** |
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| --- |
| Are you related to, or do you know any member of staff or member of the Board of Management of Hafan Cymru? **YES  NO**  If Yes, please give details*:* |
| **Where did you learn of this vacancy?**  **Website** *(Please specify which website)* **/Job Centre /Newspaper /Other (Please specify)** |
| **Language Proficiency**  **Please indicate which categories apply to you in the boxes below:**  **None /A little / Quite good / Fluent**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Spoken** | **Written** | **Reading** | **None** | | English |  |  |  |  | | Welsh |  |  |  |  | | Other  please specify |  |  |  |  | |
| If you were successfully shortlisted for this post would you prefer your interview conducted inWELSH/ENGLISH?  **Welsh  English** |
| There may be a requirement to travel to fulfil the duties of the post applied for.  Are you able to access a suitable form of transport that will enable the duties of the post to be carried out in full?  **YES  NO** |
| All or parts of the information provided in this form may be used for the purpose of personnel administration and will be treated in accordance with Hafan Cymru’s registration under the Data Protection Act 1998. |
| The information I have given on this form is true to the best of my knowledge. I understand that any wilful mis-statement renders me liable to disqualification or instant dismissal if engaged.  **Signature:……………………… Date: .........................................** |

**SECTION 2**

|  |  |
| --- | --- |
| **Education, Training and Qualifications** (please include all education and training undertaken).  N.B. If you are selected for interview you will be required to provide evidence of the qualifications you list below | |
| **School/College/University/Course attended** | **Qualifications – Level, subject, grade and date obtained** |
|  |  |
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| --- | --- |
| **Member of Professional Associations** | **Date of Admission** |
|  |  |
|  |  |

|  |
| --- |
| **Experience and Attainments**  Please read the application guidelines, job specification and job description enclosed when completing this section of the application form. |
| **Suitability For The Post -** Please address each Essential Criteria as detailed in the Person Specification when completing this section. You **MUST** give examples of what you have done to support how and why you meet the criteria. |
|  |

**EQUAL OPPORTUNITIES MONITORING**

Hafan Cymru is committed to equal opportunities in employment and service delivery. Our policies and practices aim to promote an environment that is free from all forms of unlawful or unfair discrimination and values the diversity of all people and we seek to treat people fairly, with dignity and respect.

In order to monitor the effectiveness of our Equal Opportunities Policy it would be helpful to us if you could complete this form. All information given will be treated in the strictest confidence and the data given on this form will be stored on computer.

You are under no obligation to complete this form but if you do, you are agreeing, under the Data Protection Act 1998, that Hafan Cymru may hold and use personal information about you for monitoring purposes.

1. **Your Age**

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

1. **Your Disability**

The Equality Act 2010 protects disabled people. The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on the person’s ability to carry out normal day-to-day activities.

***Do you consider yourself to have a disability according to the terms given in the Equality Act 2010?***

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If you have answered yes, please indicate the type of impairment which applies to you. People may experience more than one type of impairment, in which case please mark all the types that apply. ***If your disability does not fit any of these types, please mark Other.***

|  |  |
| --- | --- |
| Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches. |  |
| Sensory impairment, such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment. |  |
| Mental health condition, such as depression or schizophrenia. |  |
| Learning disability (such as Down’s Syndrome or dyslexia) or cognitive impairment (such as autism or head injury). |  |
| Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy. |  |
| Other, such as disfigurement *(****specify below if you wish****)* | |

1. **Your Ethnic Group**

(These are based on the Census 2011 categories and are listed alphabetically)

|  |  |
| --- | --- |
| Prefer not to state |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Asian/Asian British** | | | |
| Bangladeshi |  | Pakistani |  |
| Indian |  | Chinese |  |
| Any other Asian background | | |  |
| Specify below if you wish | | | |
| **Black/Black British** | | | |
| African |  | Caribbean |  |
| Any other Black background | | |  |
| Specify below if you wish | | | |
| **Mixed/Multiple ethnic groups** | | | |
| White and Black African |  | White and Asian |  |
| White and Black Caribbean |  | Any other Mixed background |  |
| Specify below if you wish | | | |
| **Gypsy/Irish Traveller/Romany** | | | |
| Gypsy |  | Romany |  |
| Irish Traveller | | |  |
| Specify below if you wish | | | |
| **White** | | | |
| British |  | Scottish |  |
| English |  | Welsh |  |
| Northern Irish |  | Any other White background |  |
| Specify below if you wish | | | |
| **Other ethnic groups** | | | |
| Any other group |  | Prefer not to state |  |
| Specify below if you wish | | | |

1. **Your Gender**

|  |  |  |  |
| --- | --- | --- | --- |
| Male |  | Female |  |

|  |  |  |
| --- | --- | --- |
| Is your present gender the same as the one assigned at birth? | Yes |  |
| No |  |
| Prefer not to say |  |

1. **Your Sexual Orientation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bi-Sexual |  | Gay/lesbian |  | Heterosexual/Straight |  |
| Prefer not to say | | | | |  |

1. **Your Religion or Belief**

|  |  |  |  |
| --- | --- | --- | --- |
| No religion |  | Jain |  |
| Baha’i |  | Jewish |  |
| Buddhist |  | Muslim |  |
| Christian |  | Sikh |  |
| Hindu |  | Any other religion or belief |  |
| Specify below if you wish | | | |

1. **Your Marital Status**

|  |  |  |
| --- | --- | --- |
| Are you in a married or civil partnership? | Yes |  |
| No |  |
| Prefer not to say |  |

**Thank you for completing this form. These pages are detached from the application form before applications are looked at in order to avoid any possible discrimination.**