



**APPLICATION**  
*for the post of*

**Building Bridges Support Worker**

**NAME:**

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- *We use a scoring system to support our selection process. Please pay particular attention to the section asking you to describe how you satisfy the 'essentials' and 'desirables' in the person specification.*
- *Please email completed forms to [shoddinott@communityfirst.org.uk](mailto:shoddinott@communityfirst.org.uk) (Human Resources) or post / deliver a signed complete copy of this form by the deadline date to Human Resources, Community First, Unit C2, Beacon Business Centre, Devizes, Wiltshire, SN10 2EY.*

**Deadline Date:** Midday, 16<sup>th</sup> March 2018

## PERSONAL DETAILS

Surname:

Forenames(s):

Address:

Post Code:

Telephone Number- Home:

Work:

Mobile:

E mail:

Do you have the ability to travel around the county?

YES / NO

Are there any adjustments we may need to undertake for you to carry out your duties?

YES / NO

Where did you see the post advertised or learn about it?

If successful, how quickly could you take up the appointment?

Community First is committed to safeguarding and promoting the welfare of children and young people, and expects all staff and volunteers to share this commitment

**Rehabilitation of Offenders Act:** Have you ever been convicted of any criminal offence?  
(See note below before answering) **YES / NO**

If Yes please provide details:

Note: If the post for which you are applying is exempt from the provisions of the Act, which will be clearly indicated in the job outline, any convictions, even if they would otherwise be regarded under the Act as 'spent' must be disclosed. Any failure to disclose such offences will result in dismissal, No consideration will be taken of any convictions which are not relevant to the job.

**REFEREES:**

The names and addresses of two referees are requested who have recent knowledge of the applicant and who can comment authoritatively upon the competence and experience of the applicant in relation to the post for which the application is being made (character references on their own are not sufficient).

Referees should, if possible, be a recent or current employer or, if appropriate, a tutor. A reference from your present employers (if appropriate) will be required. However, they will not be approached without your permission.

No approach is made to referees unless a provisional offer of appointment has been made.

Name:	Name:
Address:	Address:
Post Code:	Post Code:
Telephone number during office hours:	Telephone number during office hours:
Email address:	Email address:
Relationship:	Relationship:

**EDUCATION/ QUALIFICATIONS** (You may be asked to produce any relevant certificates if offered the post)

Subjects / Qualifications:

**PROFESSIONAL AND/OR JOB RELATED TRAINING** (Please give details of any job related training you have undertaken which you feel is relevant to your application)

Body / Organisation	Details	Expiry Date

**EMPLOYMENT HISTORY** (Please provide this information in sequence using a separate sheet if necessary)

<b>Dates From - To</b>	<b>Employer &amp; Type of Business</b>	<b>Brief summary of duties &amp; responsibilities</b>	<b>Annual Salary</b>	<b>Reason for leaving</b>

**Please do not leave any gaps in your employment history without explanation**

Please describe here in your own style how well your skills, experience, qualifications and personal qualities satisfy the 'essentials' and 'desirables' listed in the person specification. Please take them in the order in which they are listed. You may expand on entries in previous sections.

Please explain why you are applying for this post.

Please add anything else relevant to your application and to the post not covered elsewhere. This may include relevant leisure interests, voluntary and community work, holiday activities, and offices and responsible positions held.

I confirm that to the best of my knowledge the information given on this form is true and correct. I understand this information provides part of the basis of any subsequent contract of employment. If I am appointed, personal information about me may be computerised for personnel/administration purposes.

Signed: .....

Date: .....

*NOTE: Applicants may be disqualified if it should become apparent that false answers have knowingly been provided at any point.*

Now please complete the Equal Opportunities Monitoring Form  
This page will be separated from the application and will not be seen by the  
interview panel.

## **Equal Opportunities Policy – Monitoring**

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### **In Confidence**

Community First is an equal opportunity employer. Equal opportunity is about good employment practices and efficient use of our most valuable asset, our employees. Community First will not discriminate on grounds of sex, sexual orientation, age, religion or belief, marital status, ethnic origin, colour, nationality, disability or other grounds of discrimination not prohibited by legislation.

### **Recruitment**

Throughout the process of recruitment and selection of staff, Community First takes steps to ensure every effort is made to encourage applications from all sectors of the community and to ensure that applications are treated on an equal, unbiased and lawful basis by the use of objective criteria related solely to the responsibilities of the post and of the skills required of the person appointed.

### **Monitoring**

To enable this policy to be monitored and developed further, applicants for new appointments are invited on a voluntary and confidential basis to complete the questions set out overleaf. Please use the Freepost envelope provided and please note that this form will not be used in the consideration of applications for short-listing or appointment.

Please see following page for questions to be completed.

**Title of Post:**

**Date:**

**Ethnic Origin:** I would describe my cultural and ethnic origin as  
(please tick as appropriate)

Afro-Caribbean

\_\_\_\_\_

Asian

\_\_\_\_\_

Chinese

\_\_\_\_\_

White / European

\_\_\_\_\_

Other (Please Specify)

\_\_\_\_\_

**Sex:** (Please delete as appropriate)

Male / Female

**Age:**

**Disability:**

- i) Do you consider yourself disabled?      Yes / No
- ii) Would you rather not declare?      Yes/ No
- iii) If you have answered Yes to question 1, please describe briefly  
the nature of the disability

**Any other comments:**