**ETHNIC HEALTH FORUM** Application Form v.1.2

### APPLICATION DETAILS (Please write in BLACK INK or type)

**Post Applied for:**

Title (Mr/Mrs/Ms/Miss/Dr) *(Indicate as applicable)* Surname/Family Name:

First Names: Previous Surname/Family Name:

Address: Post code

Telephone number where you can be contacted:

Daytime: Evening:

E-mail address:

**Section 1 - Employment History (most recent job first)**

**PLEASE ALSO PROVIDE DETAILS OF ANY GAPS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name & address of employer | Post held and summary of duties  State if paid and salary or unpaid | | Dates | |
|  |  | **Hours p/w** | From | To |

**Section 2 - Education & Training**

|  |  |  |  |
| --- | --- | --- | --- |
| Institution attended/course provider | Exams & grade and/or description of course and contents summary | Dates | |
|  |  | From | To |
|  |  |

**Section 3 - Supporting statement** (Typed/word-processed)

Please read the person specification and, **taking and addressing each numbered essential requirement point in turn**, say why, with examples, you meet the essential requirements and are qualified for the post, referring to your knowledge and experience, current or past duties at work, training, volunteering or personal interests and hobbies, life experiences etc. ***You should limit your statement to no more than two sides of A4.***

|  |
| --- |
| **PLEASE TICK OR COMPLETE THE APPROPRIATE BOXES. PLEASE LEAVE BLANK IF YOU PREFER NOT TO ANSWER ANY QUESTION**  **Gender: Male**  **Female** |

### Ethnic origin: Please tick against one of the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Asian or Asian British**  Bangladeshi  Indian  Pakistani  Any other Asian background  Please specify below if you wish...  ........................................................... |  | **Mixed**  Black and White Caribbean  Black and White African  Asian and White  Any other mixed background  Please specify below if you wish...  ........................................................... |  |
| **Black or Black British**  African  Caribbean  Any other Black background  Please specify below if you wish.......  ........................................................... |  | **White**  British  English  Irish  Scottish  Welsh  Any other White background  Please specify below if you wish.......  ........................................................... |  |
| **Chinese or Other ethnic group**  Chinese  Any other  Please specify below if you wish......... |  | Prefer not to say |  |

### Disability: Please tick against one of the following:

Do you consider yourself to have a disability under the Equality Act 2010?

In the Act, a person has a disability if:

* they have a physical or mental impairment
* the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

For the purposes of the Act, these words have the following meanings

* 'substantial' means more than minor or trivial
* long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)
* 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping

Yes  No  Prefer not to say

Please describe the nature of your disability

*This information is provided for monitoring purposes only – if you need any reasonable adjustments you should arrange these separately.*

|  |  |  |  |
| --- | --- | --- | --- |
| No religion  Baha’i  Buddhist  Christian  Hindu  Jain |  | Jewish  Muslim  Sikh  Other  Please specify below if you wish………………………….…………………………………………….  Prefer not to say |  |

**Religion or belief: Please tick against one of the following**

### Sexual Orientation: Please tick against one of the following

|  |  |  |  |
| --- | --- | --- | --- |
| Bisexual  Gay Woman/Lesbian  Prefer not to say |  | Gay Man/Homosexual  Heterosexual/straight |  |

**Where did you hear about the vacancy?**

|  |
| --- |
| **CONVICTIONS:** All application forms are scrutinised with the aim of putting the interests and protection of young and vulnerable people first.  Have you ever been convicted of any offence or are there any proceedings pending against you which need to be declared?  YES / NO \* If yes, please provide details on a separate sheet.  Are you aware of any police enquiries undertaken following allegations against you which may have a bearing on your suitability for this post which should be declared?  YES / NO \* If yes, please provide details on a separate sheet (\*delete as applicable) |
|  |
| **DECLARATION:**  I confirm the information I have supplied is, to the best of my knowledge, true and accurate and I am legally entitled to work in the UK.  I understand that deliberate misrepresentation or omission of factual information may lead to dismissal/legal action.  I certify that the stated information on this application form and in any letter supporting my application is correct and complete, and that any misleading statements may be sufficient for cancelling any agreements made.  Signature: Date:  Please return your completed application to: [info@ethnichealth.org.uk](mailto:info@ethnichealth.org.uk) |