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**Application for employment**

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| **Position applied for** |
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| **Notes on completing this form:** |
| Please complete this form using black type and a minimum of 11pt Arial (or equivalent font) and save in Microsoft Office or PDF format. Handwritten applications or CVs will not be considered and should not be attached to this form or sent separately.You may adjust box sizes to suit but please keep the boxes in the same order unless otherwise indicated.All applications are considered on their merits. Any canvassing (asking an employee to use their influence to help you get the role) will result in disqualification.  |
| Please return form by email to: **jobs@tamarcrossings.org.uk** with the position applied for in the subject line. You will receive an automatic reply acknowledging safe receipt. |

 **PART A**

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| **PRESENT OR MOST RECENT EMPLOYER** |
| Name and address of employer |   |
| Post held |   |
| Date of appointment |   |
| Date left (if applicable) |   |
| Salary |   |
| Additional allowances  |  |
| Period of notice |   |
| Reason for leaving |   |
| Please briefly describe your duties and responsibilities. |
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| **PREVIOUS EMPLOYMENT (MOST RECENT FIRST)****Please list in date order, earliest first and explain any gaps in your employment** |
| Employer name & address | Role held and main responsibilities | DatesFrom/ to | Reason for leaving |
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| **Driving Licence (this section only needs to be completed if driving is an essential requirement of the post)**  |
| Do you possess a full driving licence? Yes/NoCategories of vehicle for which licence is valid?Expiry date  |

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| **EDUCATION/QUALIFICATIONS****Proof of qualifications will be required prior to appointment**  |
| Secondary education | Study dates | Qualification and Grade | Date obtained |
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| College/University  | Study dates | Qualification and Grade | Date obtained |
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| Ongoing personal development | Study dates | Qualification and Grade | Date obtained |
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| **TRAINING AND DEVELOPMENT**Please use the space below to give details of any training or non-qualification based development which is relevant to the post and supports your application**.** |
| **Training event** | **Details (including length of course/nature of training)** | **Dates** |
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| **PROFESSIONAL/TECHNICAL MEMBERSHIP**  |
| **Awarding Institution** | **Member title / Grade & Membership** | **Date of entry** |
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| **RELEVANT INTERESTS** Please include any volunteer, community or similar public duties you undertake. You may also use this section to include any other interests that are relevant to the role. |
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| **SUPPORTING STATEMENT**: Please use this section to describe why you are applying for this role. Using examples, show how your knowledge, skills and experience meet each of the **essential** requirements of the person specification and as many **desirable** requirements as possible. Please draw on your relevant experience, including paid employment, voluntary work, and leisure activities for examples. Please continue to a maximum of two sides if necessary. |
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**PART B TO BE REMOVED BEFORE SHORTLISTING**

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| **PERSONAL DETAILS** |
| Title (please tick) | Miss  | Mrs  | Ms  | Mr  | Other  |
| Forename |   |
| Surname |   |
| Home Address |   |
| Postcode |   |
| Home Tel No |   |
| Mobile Tel No |   |
| Email Address |   |

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| Are you related to any official of the Tamar Bridge & Torpoint Ferry Joint Committee or current employee of Tamar Bridge, Torpoint Ferry, Plymouth City Council or Cornwall Council?Such relationships are neither an advantage nor a disadvantage. However, you must not approach them and attempt to influence your application. |
| Yes / NoIf yes please give details: |
| **REFEREES** |
| In order to comply with data protection laws, we need your consent when obtaining employment references about you. We would like to obtain references so that we may gather information from those who have previously employed you on your performance. We will use the information when making decisions about your suitability for the role you have applied for.You may withdraw your consent at any time by contacting jobs@tamarcrossings.org.uk **Delete as appropriate**I give/do not give my consent to references being sought in conjunction with my application for employment. Your signature: …………………………………………………………………………………. Date: ………………………………………………………….Please give the names and contact details of two people, one of whom must be your present employer, willing to provide references. If you are not employed, please name your most recent employer; if you have never been employed or are self-employed, please use an alternative referee.School leavers should supply the name and address of their Headteacher.Please clearly outline who your referees are. |
| **Present or most recent employer** |
| Name |   |
| Job title |  |
| Organisation |   |
| Address |   |
| Telephone Number |   |
| Email Address |   |
| How is this person known to you? |  |
| **May we contact before interview?** |  Yes / No  |

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| **Referee 2** |
| Name |   |
| Job title |  |
| Organisation |   |
| Address |   |
| Telephone Number |   |
| Email Address |   |
| How is this person known to you? |  |
| Type of reference | Employer/ personal/ academic |
| **May we contact before interview?** | Yes / No  |
| **ADDITIONAL INFORMATION**  |
| We are committed to interviewing people with a disability who meet the essential criteria in the person specification. The Equality Act defines a person as having a disability if he or she has “a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities.” Please see the Guidance Notes on Disability on page 10 of this form.Do you have a disability? Yes / No We will make reasonable adjustments to help a person with a disability through the application and selection process and, if successful, assist you in carrying out the duties of your job.  |
| **Right to work in the UK** In accordance with the Asylum and Immigration Act you will be required to provide document/s to establish your right to work in the UK. Any employment offer will be conditional on the production of these documents. See [www.ukba.homeoffice.gov.uk](http://www.ukba.homeoffice.gov.uk) for advice on acceptable documents. Are you eligible to work in the UK? Yes / No

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| Do you need a permit to work in the United Kingdom? Yes / No  |  |  |

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| **Criminal Convictions** |
| Having a criminal record will not necessarily bar you from working with Tamar Crossings. This will depend on the nature of the position you are applying for and the circumstances and background of your offences. Under the Rehabilitation of Offenders Act 1974 you only have to declare unspent convictions. Have you been convicted of any criminal offences which are not yet spent under the Rehabilitation of Offenders Act? Yes / NoIf Yes, please specify the dates and details of any convictions or cautions including the date. …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**Motoring Offences** (only relevant if driving is a requirement of the post you are applying for)Do you have any points on your driving licence? Yes/NoIf yes please provide detailsIf you are subsequently employed and it is found that you failed to disclose any unspent convictions or cautions this could result in dismissal, or disciplinary action by Tamar Crossings.If you do have a conviction or caution it is important that you check whether you need to declare this when completing this form. For more information about whether you need to declare any convictions please visit <https://www.gov.uk/tell-employer-or-college-about-criminal-record> |
| **Privacy Notice** |
| The information you have provided will be used to assist in assessing your suitability for the post applied for. All information will be dealt with in accordance with data protection legislation. This information will be held securely and once the recruitment process is complete unsuccessful applicants’ data will be destroyed after 6 months. Anonymous statistical data will be retained for monitoring purposes.The information I have given is true and complete and accurate to the best of my knowledge. I understand that if I have made any false or misleading statements or withheld any relevant information, it may result in your application being disregarded or disciplinary action including dismissal if you are subsequently employed.Your signature: …………………………………………………………………………………. Date: ………………………………………………………….If you are emailing the application please type your name and you will be asked to sign and date the form at interview if you are successful.  |
| **Please let us know where you first heard of the vacancy.** |
| Facebook/Twitter other social media | Herald online | Tamar Crossings Website |
| Ferry poster | Word of mouth | Internal bulletin |
| Other (please state) |
| **Please state any dates or times that you would be unavailable for interview.** (This does not guarantee that we can make alternative arrangements) |
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**Tamar Crossings equal opportunities monitoring form**

Tamar Crossings values diversity and works to advance equality. We encourage and welcome applicants from all sections of society. We ask applicants to complete and return an equal opportunities monitoring form with their application, to help us check the effectiveness of our recruitment and our equality and diversity policies. This information will be treated confidentially and will be separated from your application on receipt. This information will not form part of your application and will not be seen by the panel shortlisting or interviewing applicants. ***If you choose not to complete this form or part of this form, your application will not be affected.*** You may also send this form in a separate envelope if you prefer.

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| **Name** |  |
| **Position applied for** |  |
| **Age** |  Years Months |
| **Your sex** |
| Male | Female | Intersex  | Non-binary  | Prefer not to say  |
| **Is your gender identity the same as originally assigned at birth?** |
| Yes | No | Prefer not to say |
| **Sexual orientation** |
| Bisexual | Gay or Lesbian  | Heterosexual  |
| Other sexual orientation | Prefer not to say  |  |
| **Do you consider yourself to have a disability?** |
| Yes | No  | Prefer not to say  |
| Please refer to “Guidance Notes on Disability” on page 10 |
|  |
| **Religion or belief** |
| None | Buddhist | Christian |
| Hindu | Jewish | Muslim |
| Sikh | Other  | Prefer not to say |
| **Relationship status** |
| Single | Married | Civil partnership |
| Other  | Prefer not to say  |  |
| **Ethnicity** |
| **White** |
| English/Welsh/Scottish/N Irish/Cornish/British | Irish |
| Gypsy or Irish Traveller | Other (Please specify)  |
| **Mixed/multiple ethnic groups** |
| White and Black Caribbean | White and Black African  |
| White and Asian | Any other Mixed or multiple background (please specify ) |
| **Asian / Asian British** |
| Indian | Pakistani |
| Bangladeshi  | Chinese |
| Any other Asian background (please specify)  |
| **Black/African/Caribbean/Black British** |
| African | Caribbean |
| Any other Black, Black British or Caribbean background (please specify) |
| **Other ethnic group** |
| Arab | Any other ethnic group (please specify)  |
| Prefer not to say  |  |

**GUIDANCE NOTES ON DISABILITY**

Under the Equality Act 2010 you are considered to have a disability if you have ‘*A physical or mental impairment which has a substantial and long-term adverse effect upon your ability to carry out normal day-to-day activities’.*

People who have had disabilities in the past are included. Progressive conditions, such as cancer, multiple sclerosis, muscular dystrophy and HIV infection, are covered by the Act from the point of diagnosis.

**Physical and mental impairments** include sensory impairments, such as those affecting sight or hearing, learning disabilities, and mental illness if it has a substantial effect on normal day to day activity.

**Substantial adverse effect** is more than a minor or trivial effect and goes beyond the normal differences between people. Substantial effects of a disability, which has ceased but is expected to recur at least once a year, for example rheumatoid arthritis or epilepsy, are included in the definition.

**Long term effect** is one which has lasted, or is likely to last, 12 months or more.

**Normal day to day activities** are those which are carried out by most people on a fairly regular and frequent basis. An impairment has a substantial adverse effect if it effects:

* Mobility
* Ability to lift, carry or otherwise move everyday objects
* Manual dexterity
* Speech, hearing or eyesight (excluding those who wear glasses/ contact lenses)
* Physical co-ordination
* Continence
* Memory or ability to concentrate, learn or understand
* Perception of the risk of danger

Anyone who is certified as **blind or partially sighted** by a consultant ophthalmologist, or who is registered as such by a Local Authority, is deemed to be disabled within the meaning of the Equality Act 2010.

Further details are available from the Equality and Human Rights Commission at [www.equalityhumanrights.com](http://www.equalityhumanrights.com) Phone: 0808 800 0082 or Textphone: 0808 800 0084