Marlborough House, 33 Park Street West, Luton, LU1 3BE

E-mail to – carole@womensaidinluton.org

Please complete and return to: -

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| ***It is strongly recommended that you read all enclosures before completing the application form; the information you provide will be the only material used in deciding if you should be interviewed. Unless otherwise stated, Curriculum Vitae cannot be submitted. Please complete the form using bold print in black ink or typescript.******Due to the sensitive nature of this role, we will be considering female applicants only for this post in accordance with the provisions of the Occupational Requirement (Equality Act 2010, Schedule 9 part 1).*** |

**Job Details:**

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| --- | --- | --- | --- |
| Job Title: | Senior Fundraising Officer | Closing Date: | 31st October 2016 |

**Personal Details:**

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| --- | --- | --- | --- |
| **Forename:** |  | **Family Name:** |  |
| **Any other name by which you are/have been known:** |  |  |
| **Address:** |  |  |  |
|  |  |  |  |
|  |  | **Postcode:** |  |
|  |  |  |  |
| **E-mail:** |  | **Tel. Number (Home):** |  |
| **(Work):** |  | **(Mobile):** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| May we contact you at work? |  | Yes: |  | No: |  | *(Tick as applicable)* |
|  |  |  |  |  |  |  |
| Do you require a work permit to work in the UK? |  | Yes: |  | No: |  | *(Tick as applicable)* |

**References:**

*Please give details of two referees, one of whom must be your present or most recent employer or from your most recent place of training/education to whom we can apply for a reference for you and who are authorized to provide a reference for you. Please do not give the names of friends or family. We will not contact referees until after the end of the interview process.*

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| --- | --- | --- | --- |
| **Name:** |  | **Name:** |  |
| **Organisation:** |  | **Organisation:** |  |
| **Address:** |  | **Address:** |  |
|  |  |  |  |
|  |  |  |  |
| **Postcode:** |  | **Postcode:** |  |
| **Telephone:** |  | **Telephone:** |  |
| **E-mail:** |  | **E-mail:** |  |
| **Relationship:** |  | **Relationship:** |  |

**Employment:**

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| --- | --- |
| Name and address of current or most recent employer: |  |

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| Job Title: |  | Salary: |  |
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| Reporting To: |  | Reason for Leaving: |  |

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| Please give a brief description of duties and responsibilities: |  |
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**Previous Employment:**

Please list all previous employment, starting with the post held immediately prior to your current or most recent post as described above.

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| --- | --- | --- | --- |
| Name of Employer: |  | Address: |  |
|  |  |  |  |
| Job Title: |  | Brief Description of Duties: |  |

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| --- | --- | --- | --- |
| Name of Employer: |  | Address: |  |
|  |  |  |  |
| Job Title: |  | Brief Description of Duties: |  |

**Previous Employment (Cont):** *Please continue on a separate sheet if necessary.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Employer: |  | Address: |  |
|  |  |  |  |
| Job Title: |  | Brief Description of Duties: |  |

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| --- | --- | --- | --- |
| Name of Employer: |  | Address: |  |
|  |  |  |  |
| Job Title: |  | Brief Description of Duties: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Employer: |  | Address: |  |
|  |  |  |  |
| Job Title: |  | Brief Description of Duties: |  |

**Membership of Professional Associations or Bodies:**

Please list any membership of professional bodies or associations; including membership number, date obtained (if applicable) and level.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Professional Association:** |  | **Year of Membership:** |  | **Membership Number:** |  | **Grade/Level:** |
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**Training and Qualifications:**

Please give details of your education and qualifications obtained; include any details of qualifications you are currently studying for. Please note; you will be required to produce original documentation confirming professional qualifications and/or higher degrees.

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| --- | --- | --- | --- | --- | --- | --- |
| **School/College/University:** |  | **Subject/Course:** |  | **Date Attended/ Completed** |  | **Grade** |
|  |  |  |  |  |  |  |
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**Other relevant Training and Qualifications:**

Please provide details of any other relevant qualifications or training undertaken.

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| --- | --- | --- | --- | --- | --- | --- |
| **School/College/University/****Provider:** |  | **Course:** |  | **Date Attended/ Completed** |  | **Grade** ***(if applicable)*** |
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**Relevant Experience:**

Use this section to outline your relevant experience or abilities and to demonstrate how you have the met the person specification for the post for which you are applying. You should give clear and specific examples of what you have done and/or achieved; these can be drawn from your previous employment, voluntary or community work, activities undertaken in your spare time, training or other areas that you think may be relevant. Please continue on one additional sheet if necessary.

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**The following questions should be answered but will not necessarily preclude you from being invited to attend an interview or from being offered employment with Women’s Aid in Luton.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a disability or require any special assistance to help you to attend for interview? | Yes: |  | No: |  |

If yes; please provide details:

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| Do you have any family or friends who are employed by Women’s Aid in Luton or who are on the Board of Trustees? | Yes: |  | No: |  |

If yes; please provide details:

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you have a criminal record? | Yes: |  | No: |  |  |

**If yes; we may want to discuss this following the interview. Please enclose details in a separate sealed envelope, marked ‘Confidential’ and addressed to Jane Firmin, Interim Chief Executive. This envelope will remain sealed and will be destroyed securely if you are not shortlisted.**

**Rehabilitation of Offenders Act 1974:** Because of the nature of the services we deliver and the specific requirements of the job, it will be necessary for the appropriate level of criminal record disclosure checks to be undertaken. Therefore, it is essential in making your application that you disclose whether you have any pending charges, convictions, bind-over or cautions and if so, for which offences. This post will be exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 (Exemptions)(Amendments) Order 1986. Consequently, applicants are not entitled to withhold information about convictions which for other purposes would be considered to be ‘spent’ under the provision of the Act. The fact that a pending charge, conviction, bind-over or caution has been recorded against you will not necessarily prevent you from being considered for this appointment and all disclosures are handled in accordance with the DBS (formerly CRB) Code of Practice.

All employees are required to undergo Enhanced Disclosure under the Disclosure and Barring Service procedures and by completing this application you are consenting to Women’s Aid in Luton conducting a DBS check.

Women’s Aid in Luton aims to promote equality of opportunity for all with the right mix of talent, skills and potential and welcomes applications from all sections of the community.

The information supplied on this form will be held in accordance with the Data Protection Act and will be destroyed if you are not successful with your application.

**Declaration:** I declare that the information given on this form is correct to the best of my knowledge. I understand that if any particulars given in this application are found to be false or if I have willfully omitted or suppressed any material facts and this is discovered after appointment, then I may be dismissed from the Organisation. I understand that I should not canvass for employment anyone connected with the Organisation and that if I do so, this may disqualify my application.

I understand that due to the sensitive nature of the duties of this post that this declaration will include any details of criminal convictions, cautions, reprimands and final warnings and any other information that may have a bearing on my suitability for the post.

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| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |
| **Print Name:** |  |  |  |

We regret that we do not normally acknowledge receipt of applications. Short listed candidates are normally contacted within 3 – 4 weeks of the closing date and if you have not heard by then, you should assume that you have not been successful.

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| In accordance with our Equality Policy and to assist us to assess our performance in accordance with that policy; we conduct monitoring of all applications to ensure that equal opportunities are applied to each applicant and to ensure that there is no discrimination against any individual who possesses a protected characteristic or who is part of a protected group. Under the Equality Act 2010, a protected characteristic is defined as; race, sex, sexual orientation, gender re-assignment, religion or belief, marital or civil partnership status, age, disability or pregnancy/maternity.We would therefore be grateful if you would complete and return this form along with your application. The provision of your name is optional, but providing this information will allow us to continue to monitor through to short-listing and appointment. All information supplied will be treated in the strictest of confidence; the monitoring form will be stored separately and used solely to provide statistics for monitoring purposes.Thank you for your co-operation. |

**CONFIDENTIAL**

|  |  |
| --- | --- |
| **Full Name (Optional)** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gender:** | Male |  | Female |  |

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| --- | --- | --- | --- | --- | --- |
| **Ethnic Origin:** | Black/Black British – African |  |  | Black/Black British – Caribbean |  |
|  |  |  |  |  |
| Other Black/Black British background |  |  | Asian/Asian British – Pakistani |  |
|  |  |  |  |  |  |
|  | Asian/Asian British – Indian |  |  | Asian/Asian British – Bangladeshi |  |
|  |  |  |  |  |  |
|  | Other Asian/Asian British background |  |  | Mixed White and Black Caribbean |  |
|  |  |  |  |  |  |
|  | Mixed White and Black African |  |  | Mixed White and Asian |  |
|  |  |  |  |  |  |
|  | Any other Mixed Background |  |  | Chinese |  |
|  |  |  |  |  |  |
|  | White – British |  |  | White – Other |  |
|  |  |  |  |  |  |
|  | Other White background |  |  |  |  |
|  |  |  |  |  |  |
|  | Any other Ethnic Group *(please state)* |  |  |  |  |
|  |  |  |  |  |  |
|  | Prefer not to say |  |  |  |  |

Do you consider yourself to have a disability as defined within the Equality Act 2010 (i.e. a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Disability:** |  | Yes |  | No |  |
|  |  |  |  |  |  |
|  | If yes; please indicate the nature of your disability (optional): |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Age Range:** | 18 - 24 |  | 25 - 34 |  | 35 - 44 |  |
|  |  |  |  |  |  |  |
|  | 45 - 54 |  | 54 + |  | Prefer not to say |  |

*The information you have provided here will be stored either on paper records or within a computer system in strict accordance with the provisions of the Data Protection Act 1998 and will be used solely for the purpose of monitoring and the preparation of relevant statistics.*