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**APPLICATION FORM**

**Autism In Schools Project Worker**

Please return this form to katie.monette@sheffieldparentcarerforum.org.uk by **3pm** on **Friday 1st October 2021.**

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| --- | --- | --- |
| **Title** | **Surname** | **First name(s)** |
|  |  |  |

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| --- | --- | --- | --- | --- |
| **Home address** |  | Telephone |  | |
| Mobile |  | |
| Email |  | |
| Nationality |  | |
| Do you need a work permit for permanent employment in the UK? | |  |
| National insurance no. | |  |
| Do you have any unspent criminal convictions or current criminal proceedings pending against you? If Yes, please provide details: | | | |  |
|  | | | | |
| Are you related to any trustee or volunteer at Sheffield Parent Carer Forum? Please give details below. | | | | |
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| --- |
| Please tell us your reasons for applying for this post, and how you meet the requirements detailed in the job description and person specification. You should give details of relevant experience and achievements from your paid or unpaid work. This may include being a parent of a child with additional needs. |
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| --- | --- | --- | --- |
| Please list your **employment** **and work experience** (most recent first). Please include volunteering if appropriate. (add lines as required) | | | |
| **Date** | **Employer** | **Post held (including brief description of responsibilities)** | **Reason for leaving** |

|  |  |  |
| --- | --- | --- |
| **Education** (add lines as required) | | |
| **From** | **To** | **Course, institution and qualification gained** |
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| --- | --- | --- |
| **Relevant training undertaken** (add lines as required) | | |
| **From** | **To** | **Course title / qualification achieved** |
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| --- | --- |
| **When would you be available to start in this role?** |  |

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| **Any additional information. Please add here if your preference is a job share and the number of hours you are able to take on:** |
|  |

|  |  |
| --- | --- |
| Please provide the names, addresses and email contact details of two people who have agreed to provide references for you. One should be your current or most recent employer. Referees must not be related to you and should have known you for at least two years. References will only be taken up if you are offered the post. | |
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| Declaration |
| The statements made on this form are true. I understand that any false statements may jeopardise my application and may lead to an offer being withdrawn.  Signed:  Date: |

SPCF is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

***Sheffield Parent Carer Forum***

**Equal Opportunities Monitoring Form**

Sheffield Parent Carer Forum is committed to equal opportunities in its employment policies, practices and procedures. To help Sheffield Parent Carer Forum monitor the effectiveness of its Equal Opportunities Policy, you are asked to provide the information requested below.

This information will be treated in the strictest confidence, in line with the requirements of the Data Protection Act 1998. This page will be detached from your application form upon receipt and the information will not be taken into account when making the appointment. It will only be used for general statistical and monitoring purposes.

Please answer the following questions by selecting the appropriate box.

**You age:**  ❒ Under 25 ❒ 25-35 ❒ 36-45 ❒ 46-55 ❒ 55+

❒ Prefer not to say

**Your gender:** ❒ Male ❒ Female ❒ Prefer not to say

**Your ethnic origin:**

**White**

❒ British

❒ Irish

❒ Gypsy or Irish Traveller

❒ Any other White background

**Mixed**

❒ White and Black Caribbean

❒ White and Black African

❒ White and Asian

❒ Any other Mixed background

❒ Any other ethnic group

**Asian or Asian British**

❒ Indian

❒ Pakistani

❒ Bangladeshi

❒ Chinese

❒ Any other Asian background

**Black or Black British**

❒ Caribbean

❒ African

❒ Any other Black background

❒ Prefer not to say

**Your disability status:**

Do you consider yourself to have disability? ❒ Yes ❒ No ❒ Prefer not to say

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your sexual orientation:**

❒ Heterosexual

❒ Bisexual

❒ Gay Man

❒ Gay Woman/Lesbian

❒ Prefer not to say