

Brighton Unemployed Centre Families Project

Registered charity no: 1069236

APPLICATION FORM

Please complete this form in black ink or typescript as it will be necessary to photocopy your application form. If the space provided in any section of this form is insufficient please continue on A4 paper. All applications are treated as confidential and in accordance with the principles of equal opportunities.

POST DETAILS

Title of post applied for:	Fundraiser (25 hours per week)
Closing date for application:	4.00pm on Thursday October 14th
Interview date:	Friday 5 th November

PERSONAL DETAILS

Title		First names(s)		Last name	
Previous/other names(s)					
Address:					
Contact Telephone Numbers:					
Daytime:		Evening:			
Mobile:		Email:			
National Insurance Number:					
Please note, original documentation will be required demonstrating eligibility to work in the UK, as required by the Asylum and Immigration Act 1996, before any offer of employment can be made.					

PRESENT EMPLOYMENT (or most recent)

Employer's name and address	Title of post	Date appointed	Present salary	Notice required

Please describe your duties and responsibilities, continuing on a separate sheet if necessary:

PREVIOUS EMPLOYMENT (Please start with last post held)

From	To	Employer's name and address	Title of post / responsibilities

EDUCATION AND TRAINING

Please give details, in chronological order, of all academic/vocational/professional qualifications and training.

From	To	School/ college/ university/ training provider	Subjects studied or course details	Examinations passed / qualifications gained (if any)

ADDITIONAL INFORMATION

Please use this space to tell us a little more about yourself and why you are interested in this post. The attached person specification describes the skills, knowledge and understanding we are seeking and we will be assessing your application against each of the points in the person specification. Taking each point in turn, highlight and use examples from your work and experience (either paid or voluntary) to show how you meet the criteria, continuing on a separate sheet if necessary.

ADDITIONAL PERSONAL INFORMATION	
How many days absence through sickness have you had during the last two years and on how many occasions has this occurred?	
Do you consider yourself to be disabled?	
If yes, please indicate any aid(s)/adjustments required at interview or if appointed: <i>These questions are asked to ensure that we meet our obligations under the Disability Discrimination Act 1995.</i>	

REFERENCES	
Please give the name, address, occupation and telephone numbers of two people who can be approached for references. Your referees should not be related to you and would normally include your current and previous employer or a tutor where applicable.	
Name: Address:	Name: Address:
Telephone: Relationship to you:	Telephone: Relationship to you:
Can this referee be approached prior to interview?	Can this referee be approached prior to interview?

DECLARATION	
I certify that the information given in this application is true and correct. I understand that if any false or misleading information is given or relevant information is deliberately withheld, this may result in the application being disqualified or the appointment being terminated.	
<i>Signed</i>	<i>Dated</i>

Please return the completed application form by post or by hand to:
**Brighton Unemployed Centre Families Project, Prior House, 6 Tilbury Place,
 Brighton, BN2 0GY**

DATA PROTECTION ACT: Please note that the information provided by you on this application form may be copied for use during the recruitment procedure. Once the recruitment procedure is completed, the data will be stored for at least six months and then destroyed. If you are the successful candidate, relevant information may be taken from this form and used as part of your personnel record

Brighton Unemployed Centre Families Project EQUAL OPPORTUNITIES MONITORING FORM

BUCFP strives to be an Equal Opportunities Employer. In order to monitor our practices and assess where we might need to take action to address deficiencies in these practices. Therefore we would be grateful if you would return this form to us with your application form. The information you give will be strictly confidential. We will separate it from the application form and it will not be available to the people who are responsible for selecting applicants for interview and appointment.

Please complete the form as appropriate. You are not obliged to complete any section unless you wish to do so.

How did you hear about this vacancy?				
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Date of Birth				
Disability		Yes	<input type="checkbox"/>	
Would you describe yourself as disabled? The definition of disability as outlined in the Disability Discrimination Act is "A physical or mental impairment, which has a substantial effect on a person's ability to carry out normal day to day activities."		No	<input type="checkbox"/>	
Ethnic origin				
These categories are those recommended by the Commission for Racial Equality and were used in the 2001 census.	White		Black or Black British	
	<input type="checkbox"/>	White British	<input type="checkbox"/>	Caribbean
	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	African
	<input type="checkbox"/>	White Other	<input type="checkbox"/>	Other Black background
	Asian or Asian British		Chinese and Other	
	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Chinese
	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Other
	<input type="checkbox"/>	Bangladeshi		
	<input type="checkbox"/>	Other Asian background		
	Mixed			
<input type="checkbox"/>	White and Black Caribbean			
<input type="checkbox"/>	White and Black African			
<input type="checkbox"/>	White and Asian			
<input type="checkbox"/>	Other Mixed background			