| **CONFIDENTIAL APPLICATION FORM SECTION 1**  The Chief Officer  Citizens Advice South Lincolnshire  Council Offices, Priory Road, Spalding, Lincs, PE11 2XE | | | | |
| --- | --- | --- | --- | --- |

| Please refer to the **Guidance Notes for Applicants** before completing this application form.  We value diversity, promote equality and challenge discrimination. We encourage and welcome applications from suitably skilled candidates from all backgrounds. Members of the recruitment panel will consider information you provide against the person specification for the role to decide whether you will be shortlisted for an interview. It is therefore essential that you complete the form fully and that you **clearly demonstrate** how you meet each point on the person specification. Please note that CVs are not accepted. | | | | |
| --- | --- | --- | --- | --- |
| Candidate ref. number (for office use only): | | |  | |
| **Position applied for** | | | | |
| Job title | **Generalist Adviser** | Job reference | |  |
| Location | **Bourne** | | | |

| **Personal information and address for correspondence** | | |
| --- | --- | --- |
| First name(s) |  | |
| Last name |  | |
| Address |  | |
| Postcode |  | |
| Tel: Home |  | |
| Tel: Mobile |  | |
| Email |  | |
| We will normally contact you by post or email, however, if you would prefer to be contacted using another method please let us know here: | | |

| **Entitlement to work in the UK** |
| --- |
| **To take up this post you must have the right to work in the UK.**  Please note that Citizens Advice South Lincolnshire does not hold a sponsor licence and, therefore, cannot issue certificates of sponsorship under the points-based system. |

| **Criminal convictions** | |
| --- | --- |
| Having a criminal record will not necessarily bar you from working for Citizens Advice South Lincolnshire – much will depend on the type of job you have applied for and the background and circumstances of your offence.  For some posts, an offer of employment will be subject to a Disclosure and Barring Service (DBS) check. If this applies to the post for which you are applying, this will be noted in the application pack.  Please see Guidance Notes and Application Pack for further details. | |
| Have you had any previous convictions not regarded as spent under the Rehabilitation of Offenders Act 1974? | Yes / No |
| If YES please provide details of the offence and the date of conviction. | |

| **References** | | |
| --- | --- | --- |
| Please provide the names, addresses, telephone numbers and email addresses of two people who may be approached for references. One of these **should** be your present or most recent employer, the other could be someone who knows you in a work related, voluntary or academic capacity. Both referees should be able to comment on your suitability for the post applied for. References will only be taken up for successful candidates following the interview. | | |
| **Referee 1** |  | |
| **Name** |  | |
| **Address** |  | |
| **Postcode** |  | |
| **Telephone** |  | |
| **Email** |  | |
| In which context does this referee know you? | |  |
| **Referee 2** |  | |
| **Name** |  | |
| **Address** |  | |
| **Postcode** |  | |
| **Telephone** |  | |
| **Email** |  | |
| In which context does this referee know you? | |  |

| Section 2 Information, experience, knowledge, skills and abilities |
| --- |
| **IMPORTANT INFORMATION** |
| **It is essential that you complete this section in full. Please refer to the Guidance Notes for Applicants for further details.**   * Please explain and demonstrate how your experience, skills and knowledge meet the selection criteria for the post described in the **Person Specification (found in the Job Pack)**. * Please ensure that you address **all** the criteria on the person specification using the same order and numbers.   1.  2.  3.  4.  5.  6.  7. |

| **Career history** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Please include your current / previous employment (including job training schemes), voluntary work, community activities, school placements, time caring for dependants etc. Please put in date order, starting with the most recent. (Continue on a separate sheet if necessary.) | | | | | |
| **Employer’s name and address and type of business.** | **State position held and outline briefly the nature of the work and your responsibilities.** | | | | |
|  |  | | | | |
| Dates: | From | | To | |
| Reasons for leaving: | | | | |
|  |  | | | | |
| Dates: | | From | | To |
| Reasons for leaving: | | | | |
|  |  | | | | |
| Dates: | | From | | To |
| Reasons for leaving: | | | | |
|  |  | | | | |
| Dates: | | From | | To |
| Reasons for leaving: | | | | |

| **Educational history** | | |
| --- | --- | --- |
| Please give details of educational qualifications you have obtained from school, college, university etc. | | |
| Subject | Level | Grade |
|  |  |  |

| **Professional development** |
| --- |
| Please give details of any professional qualifications, including membership of any professional bodies and any job-related training that you have undertaken. |
|  |

| Declaration | |
| --- | --- |
| Data Protection Statement: I consent to this information being processed and stored for the purpose of recruitment and selection at Citizens Advice South Lincolnshire, and if appointed, for the purposes of employment at Citizens Advice South Lincolnshire.  I confirm that to the best of my knowledge, the information I have provided on this application form is true and correct. I understand that if appointed on the basis of false information contained in this form, I may be summarily dismissed. | |
| **If you are sending your application form by email, please mark this box** ☐ **(as a substitute for your signature) to confirm that you agree to the above declaration.** | |
| Signed: | Dated: |

**Please return this form to:**

**Email:** [**paadmin@citizensadvicesouthlincs.org.uk**](mailto:paadmin@citizensadvicesouthlincs.org.uk)

**Or by post to: Citizens Advice South Lincolnshire, Council Offices, Priory Road, Spalding, PE11 2XE**

| **CONFIDENTIAL APPLICATION FORM**  **SECTION 3**  **Diversity monitoring** Please note this section will be detached before sending your application to the recruitment panel for shortlisting. |
| --- |

| **Job title:** | **Generalist Adviser** | |
| --- | --- | --- |
| **Candidate ref. number (for office use only):** | |  |

| The Citizens Advice service is committed to valuing diversity and promoting equality. We encourage and welcome applications from suitably qualified candidates from all backgrounds regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.  In order to achieve these aims we need to know about the diversity of people who apply to work in the service. Please help us by providing the information requested in the form below  **Data protection overview**  **If you are happy to provide it, we will use this information for the sole purpose of allowing us to monitor equality of opportunity and treatment as necessary to maintain or promote equality within Citizens Advice South Lincolnshire.**  **The information you give us will be kept securely, won't be shared outside the service and is confidential.**  **It will not be seen by anyone responsible for making recruitment decisions or have any impact on you directly.**  **If you are successful in your application and we require this information for other purposes, you will be asked to provide it separately - i.e. this form will not be used for other purposes.**  **If you would prefer not to answer any of the questions we ask, please leave them blank. If you would like us to stop using the information you provide, please contact us.**  **Thank you for your co-operation.**  **The following information will not be seen by the recruitment panel and will not affect your application.** |
| --- |

**Age**  
Which age bracket do you fit into? Put a cross in the relevant box.

| Under 25 |  |
| --- | --- |
| 25 - 34 |  |
| 35 - 44 |  |
| 45 - 54 |  |
| 55 - 64 |  |
| 65 and over |  |

**Gender**  
What best describes your gender? Put a cross in the relevant box or write in a preferred term.

| Female |  |
| --- | --- |
| Male |  |
| I prefer to use another term  Please write in……………………………………... |  |

**Sexual orientation**  
What is your sexual orientation? Put a cross in the relevant box or write in a preferred term.

| Heterosexual/Straight |  |
| --- | --- |
| Gay Man |  |
| Gay Woman/Lesbian |  |
| Bisexual |  |
| I prefer to use another term  Please write in………………………………………. |  |

**Ethnic origin**  
How would you describe yourself? Choose **one** section (A to E) and put a cross in the relevant box within it.

| **A. White** | English/Welsh/Scottish/Northern Irish/British |  |
| --- | --- | --- |
| Irish |  |
| Gypsy or Irish Traveller |  |
| Any other White background  Please write in………………………………………. |  |
| **B. Mixed/multiple ethnic groups** | White & Black Caribbean |  |
| White & Black African |  |
| White & Asian |  |
| Any other Mixed/multiple ethnic background  Please write in………………………………………. |  |
| **C. Asian/Asian British** | Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Any other Asian Background  Please write in………………………………………. |  |
| **D. Black/African/ Caribbean/Black British** | African |  |
| Caribbean |  |
| Other Black/African/Caribbean background  Please write in………………………………………. |  |
| **E. Other ethnic group** | Arab |  |
| Any other ethnic group  Please write in………………………………………. |  |

**Disability**   
A disabled person is defined under the Equality Act 2010 as someone with a ‘**physical or mental impairment which has a substantial and long term adverse effect on that person’s ability to carry out normal day-to-day activities**.’

Do you consider yourself to be disabled under the Equality Act 2010?

| Yes |  |
| --- | --- |
| No |  |

*The information on this form is for monitoring purposes only. If you require any reasonable adjustments to be made in the recruitment process or at work subsequently if appointed, please make sure you tell us separately from this form. We follow the social model of disability which believes that it is the barriers created by society which disable people. We will use reasonable adjustments wherever possible to remove those barriers.*

**Gender Identity**  
Is your gender identity the same as the gender you were assigned at birth? Put a cross in the relevant box.

| Yes |  |
| --- | --- |
| No |  |

**Religion or belief**Which group below do you most identify with? Put a cross in the relevant box.

| No religion |  |
| --- | --- |
| Christian (including all denominations) |  |
| Buddhist |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Any other religion or belief  Please write in………………………………………. |  |

**How did you hear about this opportunity?**

Please include details below:

|  |
| --- |