SYP APPLICATION FORM



Please complete this form in type or write clearly in black ink

**GDPR -** Space Youth Project will store this information on their systems to process applications and process Human Resources Functions.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Post Applied For: |  | | | | | | | | | | | |
|  |  |  | | |  | |  |  | |  | |  |
| Name Title: |  | Forename | | |  | | | Surname | |  | | |
|  |  |  | | |  | |  |  | |  | |  |
| Preferred Pronoun:  e.g. She/her He/him They/them | | | |  | |  | | |  | |  | |
|  |  |  | | |  | |  |  | |  | |  |
| Address | Post Code: | | | | | | | | | | | |
|  |  |  | | |  | |  |  | |  | |  |
| Home Phone |  | | | |  | | Mobile Phone |  | | | | |
|  |  |  | | |  | |  |  | |  | |  |
| Email Address |  | | | | | | | | | | | |
|  |  |  | | |  | |  |  | |  | |  |
|  |  | | | | Nationality | | |  | | | | |
|  |  |  | | |  | |  |  | |  | |  |
| National Insurance Number | | |  | | | | |  | |  | |  |

|  |  |  |
| --- | --- | --- |
|  | | |
| **Work History -** Start with your most recent job and work back | | |
| Employer | Position held and brief description of duties | Date from – to |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Education and Training** Start with your most recent and work back. | | |
| University, college, school or other | Course studied and qualifications achieved | Date from – to |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Personal Statement**  Please state the reasons why you are applying for the post and what you think you can bring to it and to our organisation |
|  |
|  |

**Availability –** please check all that apply

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Day | Morning | Afternoon | Evening | All Day |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Do you have any convictions, cautions, reprimands or final warnings that are not “protected” (as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013))** | **YES** | **NO** |
| If yes please give details | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Driving** | Do you have full, current driving licence? |  | Do you have use of a car? |  |

|  |  |
| --- | --- |
| Do you have any endorsements?  If so, please give details |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referees**  Please give the names of two referees, one of whom should be your present of most recent employer. Please note that you may not give the name of someone who is related to you | | | | |
| Name |  |  | Name |  |
| Address |  |  | Address |  |
| Phone |  |  | Phone |  |
| Email |  |  | Email |  |
| Job Title |  |  | Job Title |  |
| Relationship to you |  |  | Relationship to you |  |
| Should you be shortlisted may we approach this person prior to interview? | | | | | |
|  | YES / NO |  |  | YES / NO |

It is a requirement that all staff must undergo an enhanced Criminal Disclosure Check and any position offered is subject to the satisfactory completion of this process. To enable us to complete this check please sign below giving consent that we can share your name and email address with the appropriate body to process the check.

I consent to Space Youth Project sharing my name and email address to the appropriate body to complete the DBS checking process.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

I confirm that, to the best of my knowledge, the information I have given on this form is correct

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

Please return your completed form to the address below, either by post or email to

[hello@spaceyouthproject.co.uk](mailto:hello@spaceyouthproject.co.uk) Or post to:

Space Youth Project,

c/o Bournemouth & Poole College,

North Road,

Poole, Dorset.

BH14 0LS

Please also return you equal opportunities monitoring form with your application, the monitoring form is detached from your from and stored separately. We use the monitoring forms to compile data on general trends in our application only

# SPACE YOUTH PROJECT

# Equal Opportunities Monitoring Form

We take equal opportunities very seriously. Filling in as much as possible on this form will assist us to ensure that we have not discriminated on grounds of gender identity, age, sexual orientation, religion or belief, disability, race, colour, or ethnic or national origin. However, you are free to leave blank any part of the form you would prefer not to fill in.

The information you give will not be used as part of the selection process for the post you are interested in. The information is totally confidential and will be anonymous. It will be processed completely separately from your application form.

Title of post

**Gender identity**

Male

Female

Other

Prefer not to say

**Age**

20 and below

21 to 30

31 to 40

41 to 50

51 to 60

61 to 65

Over 65

Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How do you identify**

Lesbian

Gay

Trans

Bisexual

Heterosexual

Prefer not to say

**Religion or belief (if any)**

Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What are your ethnic origins?**

White

Mixed Ethnicity

Asian

Black

Chinese

Other

Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you consider yourself to be disabled?**

Yes

No

Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other

Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you learn about this post?