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**CONFIDENTIAL**

**EMPLOYMENT APPLICATION FORM**

Please complete and return via e-mail to autism@adhdandautism.org or by post to: Lynne Laverty, Centre for ADHD & Autism Support, Television House, 269 Field End Road, Eastcote HA4 9XA.

All information provided by applicants will be treated with full confidentiality. Candidates are shortlisted for interview based on the application form alone. It is therefore essential that ALL sections are completed in full. Please do not send a CV in place of your application form as this will be disregarded.

|  |  |
| --- | --- |
| Position applied for: |  |

|  |  |
| --- | --- |
| Where did you see the advertisement for this vacancy? |  |

**PERSONAL DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** |  | | | |
| **First name(s)** |  | | | |
| **Surname** |  | | | |
| **Address** | **Postcode:** | | | |
| **Home phone** |  | **Work phone** |  | |
| **Can we contact you here?** | **YES**  **NO** |
| **Mobile phone** |  | **Email** |  | |

|  |  |  |
| --- | --- | --- |
| **National insurance number** |  | |
|  | | |
| **Do you require a work permit/visa to work in the UK?** | | **YES**  **NO** |
| **What type of visa is it?** | |  |
| **Expiry date of current visa?** | |  |

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| --- | --- |
| **When can you start / what is your notice period?** |  |

|  |  |
| --- | --- |
| **Are you a relative or partner of an employee of the Charity?** | **YES**  **NO** |
| **If yes, please provide name of employee and how you are related:** |  |
|  |  |

**HEALTH**

|  |  |  |
| --- | --- | --- |
| **Do you have any illness or conditions which would require reasonable adjustments in the workplace?** | | **YES**  **NO** |
| **If yes, please give details:** |  | |

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| --- | --- | --- |
| **Do you consider yourself to have a disability\* or additional need?** | | **YES  NO** |
| **If yes, please indicate the nature of this:** |  | |

***\*****Disability is defined in the Equality Act 2010 as a physical or mental impairment which has a substantial long-term adverse effect on ability to carry out normal day to day activities. ‘Long term’ means lasting (or recurring), or likely to last, for a year or more. ‘Substantial’ means it must regularly limit what you can do.*

|  |  |  |
| --- | --- | --- |
| **If you are invited to an interview, do you have any specific requirements related to your disability\*?** | | **YES  NO** |
| **If yes, please give details:** |  | |

**CAREER HISTORY**

**SECTION 1: CURRENT / MOST RECENT EMPLOYMENT**

Your current or most recent employment may include voluntary work or work experience.

|  |  |
| --- | --- |
| **Organisation** |  |
| **Job title** |  |
| **Dates of employment**  *(month and year)* | **From:** **/** **To:** **/** |
| **Brief description of duties / responsibilities** |  |
| **Reason(s) for leaving or seeking new employment** |  |
| **Name of Manager** |  |

**SECTION 2: PREVIOUS EMPLOYMENT**

Please list your previous employment details in date order, starting with your most recent employment (including voluntary work / work experience). If you have had gaps in your employment, please detail these in section 4.

|  |  |
| --- | --- |
| **Organisation** |  |
| **Job title** |  |
| **Dates of employment**  *(month and year)* | **From:** **/** **To:** **/** |
| **Brief description of duties / responsibilities** |  |
| **Reason(s) for leaving** |  |
| **Name of Manager** |  |

|  |  |
| --- | --- |
| **Organisation** |  |
| **Job title** |  |
| **Dates of employment**  *(month and year)* | **From:       /       To:       /** |
| **Brief description of duties / responsibilities** |  |
| **Reason(s) for leaving** |  |
| **Name of Manager** |  |

**Please note:** If you need to continue your employment history, please do so on a separate sheet of paper and attach it to your application form.

**SECTION 3: EMPLOYMENT GAPS**

If there are any gaps in your employment, please ensure that you clearly identify the dates and provide information that clarifies the situation. Successful applicants will be required to clarify all gaps in employment before a start date can be confirmed.

|  |  |  |
| --- | --- | --- |
| **Date from**  *(month and year)* | **Date to**  *(month and year)* | **Reason for gap** |
| **/** | **/** |  |
| **/** | **/** |  |
| **/** | **/** |  |

**EDUCATION & TRAINING**

Please provide details of School, College, University or other Further / Higher Education attended.

Please provide details of any other qualifications or courses attended (this includes non-certificated courses) which are relevant to this role. You will be required to produce evidence of your relevant qualification(s) on appointment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Period** *(month / year)* | | **Name of establishment**  (School, University, Organisation etc) | **Qualification gained / training completed** |
| **From** | **To** |
|  |  |  |  |
|  |  |  |  |
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**PERSON SPECIFICATION**

***This is one of the most important parts of the Application Form***

You must provide evidence to show how you meet ALL of the criteria as set out in the person specification.

It is not enough to simply state that you meet the criteria – you should provide reasoning under each criterion as to how you meet it, giving examples drawing from all aspects of your paid or unpaid employment, education, voluntary work and home responsibilities.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Person selection criteria: Essential** | **FOR OFFICE USE ONLY** | | | | |
| **Experience of working with ADHD people.** | **5** | **4** | **3** | **2** | **1** |
|  | | | | |
| **Experience/knowledge of the issues/challenges faced by ADHD people.** | **5** | **4** | **3** | **2** | **1** |
|  | | | | |
| **Knowledge/awareness of reasonable adjustments, strategies and coping mechanisms to support ADHD peoples needs.** | **5** | **4** | **3** | **2** | **1** |
|  | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Knowledge of SEN / Adult Social Care Legislation.** | **5** | **4** | **3** | **2** | **1** |
|  |  |  |  |  |
| **Ability to manage a diverse workload with competing demands.** | **5** | **4** | **3** | **2** | **1** |
|  | | | | |
| **Ability to develop personal relationships with relevant statutory and voluntary sector bodies.** | **5** | **4** | **3** | **2** | **1** |
|  | | | | |
| **Good oral and written skills and the ability to write and present clear and comprehensive reports.** | **5** | **4** | **3** | **2** | **1** |
|  | | | | |
| **Person selection criteria: Desirable** | **FOR OFFICE USE ONLY** | | | | |
| **Voluntary Sector Experience.** | **5** | **4** | **3** | **2** | **1** |
|  | | | | |
| **Counselling, facilitation or coaching skills.** | **5** | **4** | **3** | **2** | **1** |
|  | | | | |

**REFERENCES** *(Please read this section carefully)*

The offer of employment is subject to CAAS receiving satisfactory references. CAAS will contact all chosen referees for each successful applicant. In order to ensure that this process is as quick and smooth as possible, applicants should check with their chosen referees that the details they are providing on the Application Form are correct and up to date. Relatives may not be given as referees. Applicants should also make sure that their chosen referees are willing to provide a reference and are aware that this is a condition of their employment with CAAS. When choosing your referees, you will need to include your current or most recent referee as your first reference. When completing this section, applicants should be sure to complete all fields. Applicants must make every effort to provide the full name of their referee, who should be known to the applicant.

Please name at least 2 referees (we reserve the right to take up references from any previous employer from those provided):

|  |  |
| --- | --- |
| **REFEREE 1 – CURRENT OR MOST RECENT EMPLOYER** *(including voluntary work / education provider)* | |
| **Name of referee:** | **Job title of referee:** |
| **Organisation name:** | **Organisation address:** |
| **Telephone no:** |  |
| **Email address:** | |
| **Relationship to you:** *(e.g Line Manager)* | |

|  |  |
| --- | --- |
| **REFEREE 2 – PREVIOUS EMPLOYER** *(including voluntary work / education provider)* | |
| **Name of referee:** | **Job title of referee:** |
| **Organisation name:** | **Organisation address:** |
| **Telephone no:** |  |
| **Email address:** | |
| **Relationship to you:** *(e.g Line Manager)* | |

**DECLARATION**

I declare that the information given on this form is correct to the best of my knowledge. Information on this form may be held on computer/manual records. I understand that any false information or misinterpretation would result in my application being disqualified or if appointed, could lead to disciplinary action including dismissal. I consent to CAAS, in line with the Data Protection Act (1998), holding this information in a secure place. If your application is unsuccessful the data will be held for 6 months and then destroyed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant signature:** |  | **Date:** |  |

**END OF APPLICATION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FOR OFFICE USE ONLY** | | | | |
| **Shortlisted:** | **YES** | **NO** | **Total Score:** |  |
| **Shortlisted by**  **(print name):** |  | | | |
| **Date:** |  | | | |
| **Signature:** |  | | | |
| **Reason for decision:** |  | | | |