

**Post name: Community Acess Support Service (CASS) Manager**

**Job Application : Please complete by editing the Word file.**

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| --- |
| **Name** (state in full) |
| **Home address** (and address for correspondence if different) |
| **Daytime contact telephone no(s):** |
| E Mail address: |
| Do you require any special arrangements to be made for your interview on account of a disability?If yes then please give details: |
| Do you require permission to work in the UK: |
| 1. **Referees**:   Please give names, telephone number, email and addresses of **two** referees to support your application. One must be your current or most recent employer (where applicable), stating how they are known to you.  Reference 1: Name: Address:  Email: Telephone:  Reference 2: Name: Address:  Email: Telephone: |
| **EDUCATION AND TRAINING:** Please give details of any relevant qualifications or training, including any part-time courses.  **Qualification Where obtained Date** |
| **CURRENT AND PREVIOUS EMPLOYMENT/VOLUNTARY WORK:**  **Job Title/Description Employer Duties Dates**  **:-** |
| Describe in detail your relevant work experience, qualifications and skills, explaining why you consider they will be useful in this job. Use the job description, criteria information we have sent you to help you complete this section.  **IN ORDER TO BE SHORTLISTED FOR INTERVIEW, YOU MUST DEMONSTRATE HOW YOU MEET EACH OF THE CRITERIA LISTED IN THE JOB DESCRIPTION.**  **:-** |
| Are there areas of responsibility in the job description for which you will require special training or induction: |
| Please tell us why you wish to apply for this post: |
| **Applicants signature:**  **Date:** |

**PLEASE ENSURE THIS FORM IS SAVED IN MICROSOFT WORD AND EMAILED TO SALLY JOBLING BY TUESDAY 7TH JUNE 2022 BY 12 NOON**

**Sally.jobling@wsb.org.uk**

**Please Note Interviews will be held on Wednesday 15th June 2022**

**CONFIDENTIAL- CASS Manager**

**Equalities Monitoring Form for Job Applicants**

Wellspring Settlement is committed to equal opportunities and we wish to ensure that opportunities for employment are open to all sections of the community. This form is intended to help us in actively implementing equal opportunities and we would appreciate it if you would complete all the details requested below.

The forms are treated confidentially and in accordance with GDPR regulations, they have no names and will not be identified with the individuals completing them.

1. How would you describe your race/ethnic origin?

WHITE

English/Welsh/Scottish/Northern Irish/British [ ]

Irish [ ]

Gypsy (including English, Scottish and Roma Gypsy) or Irish Traveller [ ]

Eastern European [ ]

Any other white background (please describe)...............................................

MIXED/MULTIPLE ETHNIC BACKGROUND GROUPS

White and Black Caribbean [ ]

White and Black African (non Somali) [ ]

White and Asian [ ]

Any other Mixed/multiple etnic background (please describe)................................

ASIAN/ASIAN BRITISH

Indian [ ]

Pakistani [ ]

Chinese [ ]

Any other Asian background (please describe)...............................................

BLACK/AFRICAN/CARIBBEAN/BLACK BRITISH

African (non Somali) [ ]

Somali [ ]

Caribbean [ ]

Any other Black/African/Caribbean background (please describe)..........................

OTHER ETHNIC GROUPS

Arab [ ]

Iranian [ ]

Iraqi [ ]

Kurdish [ ]

Turkish [ ]

Any other ethnic group (please describe)........................................................

Prefer not to say [ ]

2. What is your gender?

Female [ ] Male [ ] Prefer not to say [ ]

3. Are you transgender?

(is your gender identity different from the gender you were assigned at birth?)

Yes [ ] No [ ] Prefer not to say [ ]

4. Please say how you would define your sexual orientation:

Lesbian [ ] Gay [ ] Heterosexual [ ] Bisexual [ ] Questioning [ ]  Intersex [ ] Prefer not to say [ ]

Prefer to self-describe …………………..

5. Do you consider yourself to be a disabled person?

Yes [ ] No [ ] Prefer not to say [ ]

It helps us to know whether we are reaching all disabled people, please can you tick the relevant impairment (disability) group below and you are welcome to tick more than one box if appropriate.

Physical impairment [ ] Visual impairment [ ] Hearing impairment [ ]

Deaf BSL user [ ] Learning difficulties [ ]

Specific learning difficulties like dyslexia [ ] Mental and emotional distress [ ]

A health condition e.g hiv, multiple sclerosis, cancer [ ] Prefer not to say [ ]

6. What is your age group?:

15 or under [ ] 16 to 24 [ ] 25 to 49 [ ] 50 to 64 [ ] 65 to 74 [ ]

75 and over [ ] Prefer not to say [ ]

7. Do you live within a one mile radius of the Settlement?

Yes [ ] No [ ] Prefer not to say [ ]

8. How did you hear about this job?

Thank you for completing this form