****

**APPLICATION FORM**

###### Vacancy: ……………………………………. Closing Date: ……………….

# Section 1 Your Personal Details

|  |  |
| --- | --- |
| *Title (Mr/Mrs/Miss/Ms/Dr):* |  |
| *Name:* |  |
| *Date of Birth:* |  |
| *Full Address including post code:* |  |
| *Telephone Number:**E Mail Address:* |  |
| *Do you wish to be considered for full time work only, part time work only or both?**If part time please state what days & hours you are available.* | *FULL TIME / PART TIME / BOTH* |
| *Do you hold a full driving licence:**If Yes how long have you held the licence for:* | *YES / NO* |

# Section 2 Your Educational History

## Please give details of your education and educational qualifications in the grid below. You will be required to produce evidence of your identity and educational qualifications if you are shortlisted for interview.

|  |  |  |
| --- | --- | --- |
| *Name and Address of School/College/University etc:* | *Period of time:* | *Qualifications with grade attained:* |
| *From:**(Month/Year)* | *To:**(Month/Year)* |
|  |  |  |  |

# Section 3 Your Vocational & Professional Qualifications

**Please give details of any Vocational Qualifications you have acquired**

**e.g. NVQ, Professional Qualifications etc. (you will be required to provide evidence if you are shortlisted for interview)**

|  |  |  |
| --- | --- | --- |
| *Training provider:* | *Period of time:* | *Qualifications with grade attained:* |
| *From:**(Month/Year)* | *To:**(Month/Year)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Section 4 Your Current Employment Details

 (Please write N/A if you are currently unemployed)

|  |  |
| --- | --- |
| *Name and Address of your current employer:* |  |
| *Job Title:* |  |
| *Summary of main duties and responsibilities:* |  |
| *Employment Status (please answer YES or NO to the following):**Full Time YES / NO**Part Time YES / NO**Permanent YES / NO**Temporary YES / NO**Voluntary YES / NO* |  |
| *Date appointed:* |  |
| *Notice period required to leave:* |  |
| *Details of time taken off due to sickness (within the last 12 months)* | *No. of days:* |  | *No. of occasions:* |  |
|  | *For each occasion please state reasons:* |

##### **Section 5 Your Previous Employment History**

(Please list in reverse date order)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Name & Address of Employer:* | *Period of time:* | *Job Title* | *Summary of main duties and responsibilities:* | *Reason for leaving:* |
| *From:**(Month/Year)*To:*(Month/Year)* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Section 6

|  |
| --- |
| *Please tell us anything else about yourself, which you feel is relevant to the job and may support your application. How do you feel that you meet the requirements outlined in the Job Description and Person Specification?* |
|  |

# Section 7 Your Hobbies & Interests

|  |
| --- |
| *What interests do you have? What do you do in your spare time?* |
|  |

# Section 8 Your Health

Midstream is an equal opportunities employer and is positive about disabled people.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Do you have any disabilities or health conditions?* | *Yes* |  | *No* |  |
| *If yes, please give details:* |  |

# Section 9 Criminal Records

**Because of the nature of the work for which you are applying, this post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. These posts will include those working with children and vulnerable adults. Applicants are therefore not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions for which the order applies.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you had any previous convictions? | *Yes* |  | *No* |  |
| *(If yes, please give details of offences and sentences):* |  |

**Declaration**

**I understand that it is my responsibility and duty as the candidate, to disclose any information regarding criminal convictions, as the position I have applied for will be to work with children and vulnerable adults. I also understand that offers of employment/continued employment are conditional upon satisfactory Enhanced Disclosures from the Disclosure & Barring Service (DBS), which I must produce to Midstream for inspection. (Disclosure Costs will be met by Midstream).**

|  |  |
| --- | --- |
| *Signed:* |  |
| *Name:* |  | *Date:* |  |

# If you already hold an Enhanced Disclosure Report from the Disclosure and Barring Service which is valid for use in your present employment please provide the following details below. You will be required to produce this document for inspection if you are shortlisted for interview:

# Certificate Number: Date of Issue: Name of Employer:

#

**SECTION 10 REFERENCES**

**Please give the name and address of two people who are not related to you, whom we may contact to provide written references. One of these MUST be from your current or most recent employer.**

**Referee 1 *(this must be an employer reference from your current / most recent employer. Please ensure the person you name below has authority to write an employer reference and that they have access to personnel records. )***

|  |  |
| --- | --- |
| *Name:* |  |
| *Position/Job Title:* |  |
| *Company Name:* |  |
| *Address:* |  |
| *Postcode:* |  |
| *Tel No:* |  |
| *Email:* |  |

Referee 2 *(this may be anyone who can vouch for your good character but must not be related to you)*

|  |  |
| --- | --- |
| *Name:* |  |
| *Position/Job Title:* |  |
| *Company Name:* |  |
| *Address:* |  |
| *Postcode:* |  |
| *Tel No:* |  |
| *Email:* |  |

(Please note that we would not normally contact referees until an employment offer has been made). However, a commencement date cannot be confirmed until satisfactory references are obtained.

# Section 11 Declaration

|  |
| --- |
| *I confirm that, to the best of my knowledge, the information given on this form is correct.* |
| *Signed:* |  |
| *Print Name:* |  | *Date:* |  |

# What to do next

## Please return your Application Form marked confidential to:

**Mr Mark Saxon, Chief Executive, Midstream (West Lancs) Ltd, 2 Penrose Place, Skelmersdale, Lancashire WN8 9PR.**

Alternatively forward your application by e-mail to marksaxon@midstream.org.uk

Applications must arrive by the closing date stated on page 1. You must not submit a Curriculum Vitae in place of completing this application form. Applications will be short listed for interview. If you do not receive an invitation to attend an interview within 4 weeks of the closing date, your application will not have been selected for short listing.

Please note that employment is subject to a satisfactory Enhanced Disclosure Report from the Disclosure & Barring Service, satisfactory references and satisfactory probation period.

Midstream is committed to Equal Opportunities. Please help Midstream to monitor our Equal Opportunities policies/procedures by taking a few minutes to complete the following questionnaire before you submit this Application Form.

***Midstream West Lancs Ltd, 2 Penrose Place, Skelmersdale, Lancashire WN8 9PR.***

***Telephone: 01695 555316 Fax: 01695 556021***

Registered Charity No: 1047350 A Company Limited by Guarantee Registered in England & Wales. Reg. No.303253

**……………………………………………………………………………...**

Midstream (West Lancs) Ltd

Equal Opportunities Monitoring Questionnaire

**Q1. AGE (please choose one option only)**

 **16-18yrs 19-24yrs 25-50yrs 50-64yrs 65+yrs**

**Q2. SEX (please choose one option only)**

 **M F**

**Q3. ETHNIC ORIGIN (please choose one option only)**

 **White British**

 **White Irish**

 **White other European**

 **White other**

 **Asian or Asian British – Indian**

 **Asian or Asian British – Pakistani**

 **Asian or Asian British – other Asian background**

 **Black or Black British – African**

 **Black or Black British – Caribbean**

 **Black or Black British – Other background**

 **Chinese**

 **Mixed – White and Asian**

 **Mixed – White and Black African**

 **Mixed – White and Black Caribbean**

 **Mixed – Any other**

 **Other**

 **Not Known**

**Q3a. Please state your nationality :**

**Q4 to 8 DISABILITY SECTION**

 *Guidance notes for Questions 4 to 8.*

 *Please read these examples of disability carefully before answering the questions in this*

 *Section*

 Examples of Disability :

 Some people consider that it is impossible to define “disability”. However,

 the Employers Forum on Disability defines disability as “a long term physical or

 sensory disability, learning difficulty or mental health problem which is regarded as a

 significant disadvantage in daily life or at work.

 We thought it might help you to answer the questions if we provided a list of some

 medical definitions or impairments which could cause someone to describe

 themselves as having a disability. It is not meant to be an exhaustive list.

 **VISUAL**

(Examples: registered blind or partially sighted). If you wear corrective lenses this is not

 normally considered a disability.

 **CO-ORDINATION, DEXTERITY or MOBILITY**

 (Examples : polio, spinal cord injury, severe back problems, difficulty with fine motor skills,

 amputation, need for a cane, crutches, braces, wheelchair, prosthesis or other assistive

 mechanical devices).

 **MENTAL HEALTH**

(Examples : schizophrenia, depression, severe phobias, severe stress).

 **SPEECH**

(Examples : difficulty in speaking, speech impairment, difficulty being understood,

 communicates without speech).

 **LEARNING DIFFICULTY**

(Examples : down’s syndrome, dyslexia, reading or writing with difficulty).

 **HEARING**

 (Examples : deaf, hard of hearing).

 **OTHER PHYSICAL OR MEDICAL CONDITIONS**

 (Examples : diabetes, epilepsy, chronic arthritis, cardiovascular conditions,

 haemophilia, asthma, cancer, facial disfigurement, etc).

**Q4 Do you have a disability?**

 **(please choose one option only) YES NO**

 **If yes to Q4 please state the nature of your disability (you may state**

 **more than one disability if applicable)**

**Q5 If yes to Q4 do you believe your disability could limit your**

 **long term career prospects? (please choose one option only) YES NO**

 **If you answered yes to Q5 please explain :**

**Q6 If you answered yes to Q4 and Q5 please indicate any facilities**

 **which may be helpful to you :**

**Q7 If you answered yes to Q4, Q5 or Q6 would you like to discuss**

 **this with a Senior Manager?**

 **YES NO**

**Q8 Are you non disabled?** (please choose one option only)  **YES NO**

Please help us to ensure our recruitment practices are as fair as possible by completing the following question

Q9 Have you received the following documents pertinent to this vacancy?

* **Company Application Form YES NO**
* **Job Description YES NO**
* **Minimum Criteria specification YES NO**

*Thank you for completing the questionnaire and helping equal opportunities count at Midstream*

**…………………………………………………**