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| **CITIZEN OUTREACH COALITION APPLICATION FORM** | | | | | | | | | | | |
| Title of post applied for: | | |  | | | | | | | | |
| Where did you hear about this job? | | |  | | | | | | | | |
| Have you applied for a role at the COC before? If yes, please give details | | |  | | | | | | | | |
| **Please read the Job Description and Person Specification before completing this form.**  **Return your completed form to: jobs@citizenoutreachcoalition.com** | | | | | | | | | | | |
| 1. **PERSONAL DETAILS** | | | | | | | | | | | |
| Surname: |  | | | | First name: | | |  | | | |
| Former surnames if different: |  | | | | Preferred first name | | |  | | | |
| Address: | | | | | Tel No (home): | | |  | | | |
|  | | | | | Tel No (business): | | |  | | | |
| Tel No (mobile): | | |  | | | |
| E-Mail: |  | | | | | |
| Nationality |  | | | | Nat. Insurance No: | | |  | | | |
| If you are not a British passport holder or a European Citizen, or you do not have the permanent right to remain in the UK, you will require a work permit. | | | | | | | | | | | |
| Do you need a work permit to be employed in the UK? | | | | | | | | | Yes | | No |
| If you already have a work permit, when does it expire?  (Please note that your current work permit may not be valid for this post) | | | | | | | | |  | | |
|  | | | | | | | | | | | |
| EDUCATION AND PROFESSIONAL QUALIFICATIONS(Original documents as proof of qualification may be required at interview) | | | | | | | | | | | |
| Secondary School / College / University | | Dates | | | | | Examinations taken | | | Result | |
| From | | To | | |
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| Professional qualifications currently held: how obtained, grade and date |
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| Other relevant education or training courses, with dates |
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| PRESENT POST | | | | | | | | | |
| Title of Post: | |  | | | | | | | |
| Name of Employer: | |  | | | | | | | |
| Address | | | Salary/Grade: | | | | |  | |
|  | | | Business of Employer: | | | | |  | |
| Start Date: | | | | |  | |
| End Date  (if applicable): | | | | |  | |
| Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable): | | | | | | | | | |
|  | | | | | | | | | |
| Reason for leaving or wishing to leave: | | | | | |  | | | |
| Period of notice required to terminate present employment: | | | | | |  | | | |
| Please notify us of any dates you are unavailable for interview: | | | | | |  | | | |
| **4. PREVIOUS EMPLOYMENT** | | | | | | | | | | |
| Name Employer: | | | |  | | | Position held: | |  | |
| Address: | | | |  | | | | | | |
| Start date: | | | |  | | | End date: | |  | |
| Reason for leaving | | | |  | | | Final grade/salary: | |  | |
| Description of duties: | | | | | | | | | | |
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|  | | | | | | | | | | |
| Name Employer: | |  | | | Position held: | | |  | |
| Address: | |  | | | | | | | |
| Start date: | |  | | | End date: | | |  | |
| Reason for leaving | |  | | | Final grade/salary: | | |  | |
| Description of duties: | | | | | | | | | |
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|  | | | | | | | | | |
| Name Employer: | |  | | | Position held: | | |  | |
| Address: | |  | | | | | | | |
| Start date: | |  | | | End date: | | |  | |
| Reason for leaving | |  | | | Final grade/salary: | | |  | |
| Description of duties: | | | | | | | | | |
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| (Please use continuation sheet if necessary.) | | | | | | | | | |
| **5. RELEVANT SKILLS, ABILITIES, KNOWLEDGE, EXPERIENCE** | | | | | | | | | |
| This information is used in the shortlisting of candidates for interview. Using the skills guide contained in the Person Specification, please give details of how your skills and experience meet the requirements of this post. | | | | | | | | | |
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| **6. YOUR REASONS FOR APPLYING FOR THIS JOB** | | | | | | | | | | | | | | | |
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| **7. WHAT ACTIVITES OUTSIDE OF WORK INTEREST YOU?**  (State any positions held you consider relevant) | | | | | | | | | | | | | | | |
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| 1. **DRIVING** | | | | | | | | | | | | | | | |
| Do you hold a current driving licence? | | | | | | | Yes | | | | | | No | | |
| Do you have access to a car? | | | | | | | Yes | | | | | | No | | |
| 1. **DISABILITIES** | | | | | | | | | | | | | | | |
| If selected for interview, do you require any special arrangements to be made on account of a disability? | | | | | | | Yes | | | | | | No | | |
| If “yes”, please give brief details of the effects of your disability on your day-to-day activities, and any other information that you feel would help us to accommodate your needs during your interview and fulfil our obligations under the Equality Act 2010: | | | | | | | | | | | | | | | |
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| **10. REHABILITATION OF OFFENDERS ACT 1974** | | | | | | | | | | | | | | | |
| Have you any convictions that are not spent under Rehabilitation of  Offenders Act and are not minor motoring offences? | | | | | | | Yes | | | | | No | | | |
| If yes, please provide further details: [spent convictions do not have to be declared] | | | | | | | | | | | | | | | |
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| Your post may be subject to Enhanced Disclosure with the Disclosure and Barring Service (DBS). If this is the case, it will be indicated on the person specification. If your post is subject to disclosure, and the disclosure reveals something that is not to the employer’s satisfaction, your employment will be terminated. If you know of any reason why you would not achieve a successful Enhanced Disclosure from the DBS please provide details on a separate sheet and attach to your application in a sealed envelope marked “CONFIDENTIAL”. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 1. **References**   (Please provide two references, one should be from your current or most recent employer) | | | | | | | | | | | | | | | |
| Title (Mr, Mrs, Ms etc.): | |  | | | | Title (Mr, Mrs, Ms etc.): | | | |  | | | | | |
| Full name: | |  | | | | Full name: | | | |  | | | | | |
| Job title | |  | | | | Job title | | | |  | | | | | |
| Organisation | |  | | | | Organisation | | | |  | | | | | |
| Address | |  | | | | Address | | | |  | | | | | |
|  | | | | | |  | | | | | | | | | |
| Tel no: |  | | | | | Tel no: | |  | | | | | | | |
| Email: |  | | | | | Email: | |  | | | | | | | |
| Please state if we may obtain this reference prior to interview. | | | Yes | | No | Please state if we may obtain this reference prior to interview. | | | | | Yes | | | | No |
| 1. **Declaration** | | | | | | | | | | | | | | | |
| Are you a relative, partner or close personal friend of any employee or Board member of the Citizen Outreach Coalition? If yes, please give details of the name of the person and the relationship. | | | | | | | | | | | | | | | |
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| I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating my employment. | | | | | | | | | | | | | | | |
| Signature: | | | |  | | | | | | | | | | | |
| Name: | | | |  | | | | | Date: | | | | |  | |
| The information provided by you on this form as an applicant will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be processed solely in connection with recruitment. | | | | | | | | | | | | | | | |

Please complete the **Equal Opportunities monitoring form** before returning your completed application preferably through email to;

Email: jobs@citizenoutreachcoalition.com

Post: COC Recruitment

Citizen Outreach Coalition

140 Gloucester Road North

Liverpool L6 4DT

Thank you for your interest in Citizen Outreach Coalition

. Details of jobs and volunteering opportunities can be found on our website:

www.citizenoutreachcoalition.com