# *Community Housing & Therapy*

# *Employment Application Form*

(Please take care when filling in this form to make the answers as legible as possible)

**Post applied for:**

**Forename:**

**Surname:**

**Name you like to be known by:**

**Address, including postcode:**

**Phone/mobile no:**

## Email address:

## EMPLOYMENT HISTORY

**Present or most recent employer**

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| --- | --- | --- | --- |
| **NAME & ADDRESS** | **FROM / TO** | **POST** | **SALARY** |
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**Notice required?**

**Briefly describe the main duties and responsibilities involved in this position**

**Previous Employers (Please continue on separate sheet if necessary)**

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| --- | --- | --- | --- | --- |
| **Name & Address** | **From** | **To** | **Post** | **Outline Duties** |
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**EDUCATION & TRAINING**

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| --- | --- | --- | --- |
| **Institute attended** | **From** | **To** | **Qualification** |
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**Have you been/are you in personal therapy?**

If so, please say how long for, and what orientation

## Reasons for applying for this post

## Please explain why you are applying for this role, and why you wish to work for CHT; please try to give us a personal picture of yourself and your suitability for this post, addressing the points in the person specification, and also including what you think you would bring to the organisation and what you hope to gain from working with us. Please continue on up to one additional A4 sheet if necessary (please put your name on any additional sheet).

**REFEREES**

We will not contact your referees until we have offered you a post.

Please give details of your present employer.

**Present employer’s name**

**Address**

**Job Title**

Please also give the names and addresses of another professional referee, other than your present employer, who should not be related to you.

**Name & address of referee Occupation**

In what capacity does this person know you?

I confirm that to the best of my knowledge the information given on this form is true and correct and it can be treated as part of any subsequent contract of employment.

Signature

Date

All successful candidates will have to have an enhanced DBS check as CHT works with vulnerable adults and young people

*For the* ***‘Resource Worker’*** *role, please return the application form, either by email to* *andreas.c@cht.org.uk* *&* *aj@cht.org.uk* *or by post marking it “Job Application” to Community Housing and Therapy, Vox Studios (WG10), 1-45 Durham Street, London, SE11 5JH (Tel 020 7381 5888, Fax 020 7610 0608).*

***For all other applications, please refer to the email provided on the job description.***

**CHT IS COMMITTED TO A POLICY OF EQUAL OPPORTUNITIES**

We will select candidates on merit – skills, knowledge, attitude, aptitude and capability - as assessed from their application form and any interview process (including feedback from our residents where applicable).

***Equality and diversity monitoring form***

Community Housing & Therapy wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. This form will not be given to the selection panel and will be used for monitoring purposes only.

**Gender**

Please specify here ………………………………….. Prefer not to say \*

**Are you married or in a civil partnership?**

Yes \* No \* Prefer not to say \*

**Age**

Please specify here ……………………………………….. Prefer not to say \*

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.

Please specify here ……………………………………………….. Prefer not to say \*

**Do you consider yourself to have a disability or health condition?**

Yes\* No \* Prefer not to say \*

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

**Do you consider yourself to have a disability or physical/mental health condition?**

Yes\* No \* Prefer not to say \*

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Please specify here ……………………………………….. Prefer not to say \*

**What is your religion or belief?**

Please specify here ……………………………………….. Prefer not to say \*

**What is your current working pattern?**

Full-time \* Part-time \* Prefer not to say \*

**Do you have flexible working arrangement?**

None \* Flexi-time \* Staggered hours \* Term-time hours \*

Annualised hours \* Job-share \* Flexible shifts \* Compressed hours \*

Homeworking \* Prefer not to say \* If other, please write in:

**Do you have caring responsibilities? If yes, please tick all that apply**

None \*

Primary carer of a child/children (under 18) \*

Primary carer of disabled child/children \*

Primary carer of disabled adult (18 and over) \*

Primary carer of older person \*

Secondary carer (another person carries out the main caring role) \*

Prefer not to say \*

If other, please write in: