



Housing With Support
 For People with
Learning Disability, Autism and
Communication Difficulties

APPLICATION FORM

APPLICATION FORM FOR THE POST OF : REF NO :

PLEASE COMPLETE THIS FORM IN BLACK INK

SECTION 1 **Personal Details**

NATIONAL INSURANCE No		Place of Birth	
SURNAME:		ADDRESS:	
FORENAMES:			
TELEPHONE No :			
HOME:	MOBILE:	POST CODE:	
DO YOU HOLD A FULL CURRENT UK DRIVERS LICENCE YES..... NO.....		DO YOU HAVE YOUR OWN TRANSPORT YES..... NO..... IF YES IS IT A CAR-MOTORCYCLE-OTHER-	

SECTION 2 **Employment History**

Current employment

Name & Address of Current Employer	Job Title & Brief Description of Duties	Reasons for Wishing to Leave
	Current Wage/Salary	Notice Required

Previous Employment (Most recent 1st)

Name & Address of Employer	Job Title and brief description of duties	Reason for Leaving

SECTION 3 **Education/Training**

Schools	Examinations & Results (give grades)
Further Education College/University	Courses & Results (give year & grades)

Details Of Any Other Courses Attended

SECTION 4 [Additional Information](#)

Please indicate any additional information you wish to give in support of your application.

Continue on a separate sheet, if necessary

SECTION 5 **References**

Please give details of two persons who should not be related to you. One referee must be your employer (if currently unemployed then your last employer). If you have just completed full time education, the head/principal and/or tutor should be given.

Name.....

Name.....

Job Title.....

Job Title.....

Address.....

Address.....

.....

.....

Tele No.....

Tele No.....

References will only be taken up if you are invited for interview, and at that time your current employer will be approached. Please indicate if this will cause a problem. (this reference will be required before an offer of employment is made).

SECTION 6 **Rehabilitation of Offenders Act 1974**

You must declare any criminal convictions against you even if they are regarded as spent under the above Act. This is because this post is exempt from the provisions of the Act. (if there are no convictions please state it).

SECTION 7 **Disclosure of Information**

Give details of any relationship to a person employed by Reach Housing or a person who is a client of Reach Housing.

SECTION 8 Application for Enhanced Disclosure (Criminal Records)

All services users within Reach Housing are considered as vulnerable adults.

You will be required to complete the relevant forms giving consent for Reach Housing, (in partnership with Royall International), to conduct an application for enhanced criminal disclosure.

Due to working with vulnerable adults **spent** convictions are to be included.

Signed..... Date.....

Print.....

Having a criminal record does not automatically disqualify you from position within Reach Housing.

The position applied for will be considered by merit and any past history will be judged along side the position and responsibility that the candidate will hold, whilst in the employment of Reach Housing.

You will be required to fill in a CRB form upon any offer of employment.

SECTION 9 Equal Opportunities

Reach Housing is committed to eliminating discrimination in employment practices. The aim is to select on the basis of suitability and to those who meet the job specification and to ensure all candidates are treated solely on grounds of merit. Please assist us to monitor our Equal Opportunity Policy, by completing the details requested below. Non-completion of this section will not affect your application, but we will need to know if you need any support in the workplace before any offer of employment is made.

1. **Gender** Male Female

2. **Disability** Yes No

If yes, what is the nature of your disability?

Sensory Mobility Physical co-ordination Mental Health

Learning Disability Other

Will you require any support in the workplace? Yes No

If yes what support do you require

3. **Ethnic Origin**

White	Mixed	Asian or Asian British	Black or Black British
British	White & Black Caribbean	Indian	Caribbean
Irish	White & Black African	Pakistani	African
Other White	White & Asian	Bangladeshi	Other Black
	Other Mixed	Other Asian	

Other Ethnic Group	Not Stated
Chinese	Not Stated
Other Ethnic Group	

Section 10 Declaration

I declare that the information given on this form is true and complete to the best of my knowledge and belief. I understand if I am subsequently appointed, any of the following will render me liable to disciplinary action which may include dismissal: (i) any false statement, (ii) failure to disclose medical information on the health questionnaire, (iii) failure to disclose any criminal convictions were required to do so and (iv) failure to disclose a relationship with a member of staff or client of Reach Housing.

Signed.....Print.....Date.....

Office Use

Application form received (date)

Shortlisted () Interviewed () Appointed () Start Date ()