

(Office Use) Ref no:

**FRIENDS OF PEDAL POWER PROJECT**

Registered Charity No: 1092304

Pontcanna Caravan Park, Off Dogo Street, Cardiff. CF11 9JJ

Telephone: 029 20390713

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| **APPLICATION FORM** |

Pedal Power Charity operates an equal opportunities policy. This page of the application form will be separated from the rest of the application on receipt and will not in any way influence the application.

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| --- | --- |
| APPLICATION FOR THE POSITION OF: |  |
|  |  |
| **PERSONAL INFORMATION** |  |
|  |  |
| Surname (Mr/Mrs/Miss/Ms/Mx/Dr) |  |
|  |  |
| First names: |  |
|  |  |
| Address: |  |
|  |  |
|  |  |
| Telephone Number (day): |  |
|  |  |
| Telephone Number (evening): |  |
|  |  |
| National Insurance Number |  |

**Note: CVs ARE NOT ACCEPTED AND SHOULD NOT BE PROVIDED**

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| **APPLICATION FORM** |

**1.0 POST APPLIED FOR**

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**2.0 EDUCATION AND TRAINING**

Please include as much information as you wish. You need only give detailed information on subjects which you consider relevant to the post.

|  |  |  |
| --- | --- | --- |
| Date | Subjects studied | Qualifications attained |
|  |  |  |

**Professional Qualifications/Membership**

Please give qualification, institute or body, and date attained. (Proof of qualifications may be required if appointed.)

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**Other skills**

Include any other skills or knowledge which may be useful

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**3.0 WORK EXPERIENCE**

Please give information on both paid employment and relevant voluntary work.

**Present or most recent employment/voluntary work**

Name of employer/organisation

Address

Date employed: From:

To: (if applicable)

Job Title:

Salary and benefits

To whom immediately responsible

Brief description of duties

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Reason for wishing to leave

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Notice required

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**Previous work experience/relevant voluntary work**

Please start with most recent past experience. You may continue on a separate sheet if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From | To | Employer/organisation | Your position | Brief description of post |
|  |  |  |  |  |

**4.0 WHY ARE YOU APPLYING FOR THE JOB?**

Please explain a) how you meet the person specification and b) why this job is of interest to you.

You may continue on a separate sheet if you wish (maximum of 2 pages in total)

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**5.0 GENERAL INFORMATONI**

5.1 Have you ever been convicted of a criminal offence, bind-over order or caution (spent convictions as defined by the Rehabilitation of Offenders Act 1974 being specifically excluded). Please not that the information received will be strictly confidential.

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| --- | --- | --- | --- | --- |
|  | Yes |  | No |  |

If yes, please provide details

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| --- | --- | --- | --- | --- |
| 5.2 Are you required to have a work permit? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5.3 Do you have a current driving licence? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5.3 Do you have any current endorsements? | Yes |  | No |  |

If yes, please provide details

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever been refused vehicle insurance? | Yes |  | No |  |

If yes, please provide details

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you, to the best of your knowledge, related to any of the Association’s existing staff, Board members, contractors or suppliers? | Yes |  | No |  |
|  |  |
|  |  |

If yes, please provide details

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5.5 Sickness Monitoring

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How many sick days have you had in the last 12 months? |  |  |  |  |

Any additional comments?

5.6 If you were offered a job, when could you start?

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5.7 The Disability Discrimination Act 1998 defines a disability as a physical or mental impairment which has a substantial and long-term (i.e. more than 12 months) affect on a person’s ability to do normal daily activities. You may still be considered to have a disability if you are not currently adversely affected but the disability is likely to recur. The Association is committed to offering equal opportunities in recruitment and career development to disabled people and applications from disabled people are welcome.

If you consider yourself disabled, are there any reasonable adjustments the Association can make to facilitate your application for the post for which you are applying?

Application and selection process

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Interview process

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If you are appointed to this post do you feel that any special aids or equipment would be required to take account of your disability?

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5.8 Where did you see this post advertised?

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**6.0 REFERENCES**

Please give names and addresses of two referees, one of whom will be your present or immediate past employer (paid or voluntary work). Please tick the box provided if we may **NOT** contact your referees without specific consent from you. We will only contact your referees if we are considering offering you a position.

|  |  |  |  |
| --- | --- | --- | --- |
| (1) Work  Name  Position  Address      Tel: | | (2) Other  Name  Position  Address      Tel: | |
| Please do not contact |  |  |  |

**7.0 DECLARATION**

I declare that, to the best of my knowledge and belief, the information I have given in applying for employment is true and accurate. I understand that any offer of employment is conditional upon the correctness of this information.

Signature Date …………………………….

**8.0 DATA PROTECTION**

The information you provide to us will be held under the terms of the GDPR.