

The Circle

33 Rockingham Lane

Sheffield

S1 4FW

T: 0114 2536750

E: [info@disabilitysheffield.org.uk](mailto:info@disabilitysheffield.org.uk)

W: [www.disabilitysheffield.org.uk](http://www.disabilitysheffield.org.uk)

Employment application form

All applicants should complete the application form in full and use black ink or type to complete the form.

Completed forms should be returned to: beth.kyte@disabilitysheffield.org.uk

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| --- | --- |
| Application for the post of: | Independent Advocate |
| Closing date: | 9am Monday 13th January 2025 |
| Interview date: | Tuesday 21st January 2025 |

1. Personal details

|  |  |
| --- | --- |
| Surname |  |
| Forename |  |
| Email address |  |
| Address |  |
| Post code |  |
| Main contact phone number |  |

Please ensure you have completed our equal opportunities monitoring form, which can be accessed via [this link.](https://forms.office.com/Pages/ResponsePage.aspx?id=thxYYSuUTUycWnY47BEAWPQqA-p0MrtNtth7kidvhHpUNlo3N1NGTThEWFVCRTc2VEUxWFpUWkEzMiQlQCN0PWcu)

1. Education and training

Please provide appropriate details of your education and professional qualifications and training.

|  |  |  |
| --- | --- | --- |
| Establishment | Subjects and qualification | Class of award |
|  |  |  |
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1. Current and previous employment

Please start with your current or most recent employment, including details of any relevant unpaid work or volunteering experience

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employers name, city and nature of business | Job title and brief description of duties | Full-time or part-time | Dates  from / to | Notice period required / reason for leaving |
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Please add additional rows if required

1. Supporting statement

Please outline your relevant experience, gained both in and out of work, which demonstrate how you meet the required essential skills shown on the person specification.

**Supporting statements should be no longer than 2 pages long. CV’s will not be accepted.**

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1. References

Please provide the names of two referees, one of which must be your current or most recent employer. Please give all addresses in full if known and provide email details if possible.

References will only be requested for the successful candidate/s once you have received a conditional offer.

Do you agree to us approaching your referees at that time?  Yes  No

**Any offer of employment will be subject to the receipt of references, and to the completion of other pre-employment checks including DBS if appropriate, which are satisfactory to Disability Sheffield**

**All candidates invited to interview will be asked to demonstrate their entitlement to work in the UK**

|  |  |
| --- | --- |
| Current / most recent employer | |
| Name |  |
| Organisation and position held |  |
| Address |  |
| Post code |  |
| Email address |  |
| Telephone number |  |

|  |  |
| --- | --- |
| Second referee | |
| Name |  |
| Organisation and position held or relationship to you |  |
| Address |  |
| Post code |  |
| Email address |  |
| Telephone number |  |

Are you a European Economic Area / EU citizen?  Yes  No

If not, will you need a certificate of sponsorship to do this job?  Yes  No

|  |
| --- |
| **Disability**  Disability Sheffield has a policy of shortlisting and interviewing all disabled applicants who meet the minimum requirements for their jobs  Definition of Disability: The Equality Act 2010 defines disability as 'A physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities.’ Long term in this context means likely to last longer than 12 months or likely to recur. Please note that cancer, HIV and multiple sclerosis are covered by the Act from the point of diagnosis.  **Do you consider yourself to have a disability as defined above?**  Yes  No  Prefer not to say |
| **Declaration**  I declare that, to the best of my knowledge, the information given in this application is correct. I understand that deliberate omissions and incorrect statements could lead to my application being rejected or to my dismissal.  **Signature:**  **Date:**    If you are sending this form to Disability Sheffield by email then you should note that, in the absence of this signature, the emailing of this application constitutes your personal certification that thedetails are correct**.** |

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Beth.kyte@disabilitysheffield.org.uk

Or posted to:

Beth Kyte

Disability Sheffield

The Circle

33 Rockingham Lane

Sheffield S1 4FW

By the closing date shown at the top of this form.