**Application Form**

**Please answer all the questions on this form and when you have finished email it to us at** **recruitment@otrbristol.org.uk**

|  |
| --- |
| Please select the post you are applying for. If you are applying for more than one post, please indicate your preference by number (e.g. 1 for first choice) |
| **Therapist** - 2 days/15 hrs (to include some weekday evenings) |  |
| **Therapist** - 3 days/22.5 hrs (to include Saturday)  |  |

**Part 1. PERSONAL INFORMATION**

|  |  |
| --- | --- |
| **Full Name:** | **Email:** |
| **Address:** | **Phone:**  |
| **Are You Over 18?** Yes / No |
| **Are You Eligible To Work In The UK?** Yes / No |
| **Where did you hear about this role?**  |
| **Do you have a current driving license and access to appropriate transport?** |

**Part 2. REFEREES**

**We won’t contact your referees until after we’ve made you an offer of employment. One of them must be your current or most recent employer.**

|  |  |
| --- | --- |
| **Full Name:** | **Full Name:** |
| **Relationship To You:** | **Relationships To You:** |
| **Occupation:** | **Occupation:** |
| **Address:** | **Address:** |
| **Email:** | **Email:** |

**PART 3. EDUCATION & TRAINING**

Be sure to include training as well as formal education. We’re interested in all of it!

|  |  |  |  |
| --- | --- | --- | --- |
| **Date (From-To)** | **Institution** | **Subject** | **Qualification** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PART 4. EMPLOYMENT**

Include any voluntary experience here as well as any gaps in employment for things like travel, family or sickness.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date (From-To)** | **Employer** | **Role** | **Reason For Leaving** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PART 5. PERSONAL STATEMENT**

Tell us why you are a good fit for the role. Be sure to use the person specification to write your statement and please don’t write more than 800 words.

|  |
| --- |
|  |

**Part 6. VALUES**

Please choose five values from the selection below that best describe you. To choose, please delete the values from the table you are not choosing.

|  |  |  |  |
| --- | --- | --- | --- |
| **Accommodating** | **Inclusive** | **Thoughtful** | **Supportive** |
| **Open** | **Resourceful** | **Resilient** | **Communicative** |
| **Independent**  | **Imaginative** | **Motivated** | **Adaptable** |

**Part 7. REHABILITATION OF OFFENDERS ACT**

**Do you have any unspent criminal convictions?** All appointments at OTR are made subject to a DBS check.

|  |
| --- |
| **If ‘Yes’, please list below…** |

**Part 8. DECLARATION**

I declare that the information in this application is true to the best of my knowledge and that any misrepresentation may result in any offer of employment being withdrawn.

**Signed: Date:**

**Equal Opportunities Monitoring Form**

**We guarantee that this form is separated from your application form as soon as it is received and the form is used for Equality and Diversity monitoring ONLY. Completing this form is optional.**

|  |
| --- |
| OTR is committed to valuing diversity and promoting equality. We encourage and welcome applications from suitably qualified candidates from all backgrounds regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. In order to achieve these aims we need to know about the diversity of people who apply to work for us. Please help us by providing the information requested in the form below. Data protection overview If you are happy to provide it, we will use this information for the sole purpose of allowing us to monitor equality of opportunity and treatment as necessary to maintain or promote equality within OTR. The information you give us will be kept securely, won't be shared outside the service and is confidential. It will not be seen by anyone responsible for making recruitment decisions or have any impact on you directly. **If you would like us to stop using the information you provide, please contact us.**  If you are successful in your application and we require this information for other purposes, you will be asked to provide it separately - i.e. this form will not be used for other purposes.  |

|  |
| --- |
| **Position Applied For**:  |
| **Where did you see the post advertised**?:  |

**1. Age** Which age bracket do you fit into? Put a cross in the relevant box.

|  |  |
| --- | --- |
| Under 25  |  |
| 25 - 34 |  |
| 35 - 44 |  |
| 45 - 54 |  |
| 55 - 64 |  |
| 65 +  |  |
| Prefer not to say |  |

**2. Gender** What best describes your gender? Put a cross in the relevant box or write in a preferred term.

|  |  |
| --- | --- |
| Female |   |
| Male |   |
| I prefer to use another term Please write in……………………………… |
| I would prefer not to say |  |

**3. Gender Identity** Is your gender identity the same as the gender you were assigned at birth? Put a cross in the relevant box.

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| I would prefer not to say |  |

**4. Sexual orientation** What is your sexual orientation? Put a cross in the relevant box or write in a preferred term.

|  |  |
| --- | --- |
| Heterosexual/Straight |   |
| Gay |   |
| Lesbian |   |
| Bisexual |   |
| I prefer to use another term Please write in………………………………… |
| I would prefer not to say |  |

***Continued***

**5. Disability** Do you consider yourself to be disabled under the Equality Act 2010?

|  |  |
| --- | --- |
| Yes |   |
| No |   |
| Prefer not to say |  |

A disabled person is defined under the Equality Act 2010 as someone with a ‘physical or mental impairment which has a substantial and long term adverse effect on that person’s ability to carry out normal day-to-day activities.’

*The information on this form is for monitoring purposes only. If you require any reasonable adjustments to be made in the recruitment process or at work, if appointed, please make sure you tell us separately from this form.*

**6. Religion or belief** Which group below do you most identify with? Please put a cross in the relevant box.

|  |  |
| --- | --- |
| No religion |   |
| Christian (including all denominations) |   |
| Buddhist |   |
| Hindu |   |
| Jewish |   |
| Muslim  |   |
| Sikh |   |
| Any other religion or belief Please write in………………………………………. |
| I would prefer not to say |  |

**7. Ethnicity** How would you describe yourself?

Choose **one** section and put a cross in the relevant box within it. (Categories are informed by the census)

|  |  |  |
| --- | --- | --- |
| **A. White** | English/Welsh/Scottish/ Northern Irish/British |   |
| Irish |   |
| Gypsy or Irish Traveller |   |
| Any other White backgroundPlease write in …………………………………..…... |   |
| **B. Mixed/ multiple ethnic groups** | White & Black Caribbean |   |
| White & Black African |   |
| White & Asian |   |
| Any other Mixed/ multiple ethnic backgroundPlease write in ……………………………………….…. |     |
| **C. Asian/ Asian British** | Indian |   |
| Pakistani |   |
| Bangladeshi |   |
| Chinese |   |
| Any other Asian background Please write in………………………….…………. |   |
| **D. Black/ African/ Caribbean/Black British** | African |   |
| Caribbean |   |
| Other Black/ African/ Caribbean backgroundPlease write in …………………...……………….….. |   |
| **E. Ethnic group not mentioned above** | Any ethnic group not mentioned Please write in …………………...………………...… |   |
| **F. I would prefer not to say** |  |