**Just Treatment**

**Job Application Form**

 **Organiser – Maternity Cover**

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| Guidance on completing this application form |
| * Refer back to the role description to help you complete the sections in this application form fully.
* If you have difficulty completing this application form, please get in touch with us to discuss an alternative method of applying: fikir@neweconomyorganisers.org
* Please return this application form back as a Microsoft Word document.
* This information you provide on this application form will be treated as confidential and in line with the Data Protection Act 1998.
* To apply, complete and send this form to jobs@neweconomyorganisers.org by **23:59, Wednesday 8th August 2018.**
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| **Personal details**  |
| **Full Name** |  |
| **Home address** |  |
| **Email address**  |  |
| **Mobile telephone number** |  |
| **Home telephone number** |  |
| **Work telephone number** |  |
| **Preferred method of contact** |  |
| **Dates unavailable for interview** |  |
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| **If selected for interview, are there any accessibility-related adjustments we can support you with? Please provide detailed information.**  |
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| **Have you ever been convicted of a criminal offence? If yes, please give us details.**  |
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| **Are you related to or do you have a personal relationship with any member of the NEON or Just Treatment staff team?**  |
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| **How did you hear about this position?**  |
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| **Work history** |
| Please give details of any previous employment history, starting with the most recent. If you wish, you can include any unpaid/voluntary experience. |
| **Name and address of employer** | **Job title and brief description of duties**  | **Date** |
| **from (mm/yy)** | **To(mm/yy)** |
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| **Education** |
| Please give details of any educational qualifications you obtained at school, college and/or university. Shortlisted candidates will be expected to provide proof of qualifications. |
| **School, college or university** | **Qualifications gained (or pending)**  | **Date** |
| **from (mm/yy)** | **To(mm/yy)** |
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| **Training and development** |
| Please provide details of any training you have had which you think is relevant to this role.  |
| **Provider**  | **Details of training**  | **Date**  |
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| Supporting statement |
| In the space below, please tell us how you meet the requirements of the role as outlined in the person specification. Use past experience and achievements to demonstrate that you have the skills and experience required for the role. Use examples from experience, skills and knowledge gained in employment, voluntary work, grassroots activism or education (word limit 1500 words).  |
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| **In no more than 300 words, please tell us why you would like to take the role as Just Treatment Organiser?**  |
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| Referees |
| Please provide the details of two referees (not related to you) who are able to provide us with a reference based on experience of working with you. One of them must be your most recent employer or client. Appointment is subject to us receiving satisfactory references. We won’t contact referees without asking you first.  |
| Referee one  |
| Full name  |  |
| Job title and organisation |  |
| Relationship to you |  |
| Address |  |
| Email |  |
| Telephone number  |  |
| Referee two |
| Full name  |  |
| Job title and organisation  |  |
| Relationship to you |  |
| Address |  |
| Email |  |
| Telephone number |  |

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| **Equal Opportunities Monitoring** |
| Just Treatment is absolutely committed to providing equal opportunities for everyone regardless of their background. We value diversity and lived experience, and acknowledge the underrepresentation of people from certain backgrounds both within our community and wider campaigning movements. We are determined to correct this and through our power and privilege work are actively working to tackle this. In order to ensure we are doing all we can to encourage applications for people of all backgrounds; we need to collect monitoring data. Questions are optional and your answers will be treated confidentially and will in no way affect your application. |
| **What is your date of birth?**  |  |
| **How do you define your gender?**  |  |
| **Do you identify as Transgender?**  |  |
| **How do you define your sexuality?**  |  |
| **What is your ethnicity?**  |  |
| **Do you identify as having a disability?** |  |
| **If yes, please describe in as much detail as you feel comfortable with.**  |  |
| **Faith identity** |  |
| **Where did you grow up?**  |  |
| **Where do you live now?**  |  |
| **What is your current employment status?**  |  |
| **If there is any other information about your background which you feel is relevant, please tell us here (i.e. class background, caring responsibilities)?**  |  |

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| Declaration |
| I confirm that the information provided on this application is true and correct. I understand that providing false information or withholding relevant information can lead to my application being rejected or my role being terminated if appointed has already been made. I understand that the information will be held electronically in line with the Data Protection Act 1998.Signature: Date: (Write your full name in if you don’t have an electronic signature). |