



BARROW AND DISTRICTS SOCIETY FOR THE BLIND

www.barrowblindsociety.org.uk | Registered Charity No.1051674 | Company No.3133015

Vision Support Centre | Vision Support Team | Ostley House Residential Care Home

Application for Employment

Completed application form to be returned to: Office Manager, Vision Support Centre, 67/69 Cavendish Street, Barrow-in-Furness, Cumbria LA14 1QD.

Your application form will be photocopied. You should therefore ensure that all sections are completed as legibly as possible in black ink and/or in typescript. Please email info@barrowblindsociety.org.uk if you require any reasonable adjustments to the application form or application process under provisions of the Equality Act.

VACANCY DETAILS

Position applied for	
Job reference	
How did you hear about this vacancy?	

PERSONAL DETAILS

Surname		Title	
Forename(s)			
Address			
Telephone number		Mobile number	
Nationality			
Email address			
Do have the right to work in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do have a driving license? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If ticked yes, what type of driving license? Car <input type="checkbox"/> Motorcycle <input type="checkbox"/>			

Barrow and Districts Society for the Blind is committed to providing equality of opportunity for all and opposes all forms of unlawful or unfair discrimination on the grounds of sex, race, nationality, ethnic origin, marital status, age, sexuality, religious belief or disability. In order to ensure the effectiveness of our policy and to meet legal requirements, we monitor the numbers of staff in post and the numbers of applicants for employment, training, and promotion by reference to the characteristics listed below.

All information is confidential. This form will be separated from your application before consideration of candidates takes place and will not be available to those involved in the selection process.

Disability: The Equality Act defines a disabled person as anyone who has, or has had, a physical or mental impairment which has a substantial and long-term effect on their ability to carry out normal day to day activities.	
Taking the above information into account, do you consider yourself to be disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' please provide details	
Please indicate any arrangements which would facilitate a more comfortable interview if you are short listed.	
Ethnic origin: Tick one box from the section below to indicate your ethnic group. The categories are as recommended by the Equality and Human Rights Commission.	
White	
British <input type="checkbox"/>	English <input type="checkbox"/> Irish <input type="checkbox"/>
Scottish <input type="checkbox"/>	Welsh <input type="checkbox"/>
Any other white background <input type="checkbox"/> Please provide details:	
Mixed	
White and Black Caribbean <input type="checkbox"/>	White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/>
Any other mixed background <input type="checkbox"/> Please provide details:	
Asian, Asian British, Asian English, Asian Scottish or Asian Welsh	
Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/>
Any other Asian background <input type="checkbox"/> Please provide details:	
Black, Black British, Black English, Black Scottish or Black Welsh	
Caribbean <input type="checkbox"/>	African <input type="checkbox"/>
Any other Black background <input type="checkbox"/> Please provide details:	
Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other ethnic group	
Chinese <input type="checkbox"/>	Any other ethnic background <input type="checkbox"/>
Please provide details:	

EDUCATION AND QUALIFICATIONS

Please state where these were obtained if outside the UK

Secondary and further education

Subjects/courses studied	Level	Result/grade

Higher education

Subjects/courses studied	Degree and type/diploma/certificate	Result/grade

Subject of postgraduate research (if any)

Professional/occupational training/qualifications

Professional or other qualifications, membership of professional societies and date admitted where relevant.

Other specialised training, non-qualification courses attended, knowledge or experience

You may continue any section from this page on page 7 'continuation sheet' if necessary.

EMPLOYMENT HISTORY

Include any temporary or voluntary employment as appropriate. If you are a student, or have only recently left further education, please give details of any work experience, with dates and name of your employer.

CURRENT OR MOST RECENT EMPLOYMENT

Job title		Dates employed	From	To
Name of employer		Nature of business		
Address (including postcode)		Basic salary	£	
		Bonus	£	
		Other remuneration	£	
		Other benefits		
Telephone no.		Notice period		
May we contact you at work?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for leaving/wishing to leave				
Brief description of duties, responsibilities and skills used. (You may continue on page 7 'continuation sheet' if necessary)				
Please continue on page 7 'continuation sheet' if necessary				

PREVIOUS EMPLOYMENT (Most recent first)

Name of employer		Dates	From To
Nature of business		Reason for leaving	
Job title		Salary at leaving	£
Name of employer		Dates	From To
Nature of business		Reason for leaving	
Job title		Salary at leaving	£
Name of employer		Dates	From To
Nature of business		Reason for leaving	
Job title		Salary at leaving	£
Name of employer		Dates	From To
Nature of business		Reason for leaving	
Job title		Salary at leaving	£
Name of employer		Dates	From To
Nature of business		Reason for leaving	
Job title		Salary at leaving	£
Name of employer		Dates	From To
Nature of business		Reason for leaving	
Job title		Salary at leaving	£

Please continue on page 7 'continuation sheet' if necessary

ADDITIONAL INFORMATION

Drawing on your personal and work experience, education and training outline here how you satisfy the requirements of this job as detailed in the person specification and job description. You should also state why you are interested in this position. You may continue on page 7 'continuation sheet' if necessary.

CONTINUATION SHEET

You may use this page to continue any of the previous sections. Please mark each section clearly.

Empty space for continuation of previous sections.

Please do not provide any additional sheets or CVs to accompany your form. Information not contained on this form will not be considered when assessing your application.

AVAILABILITY FOR INTERVIEW

Please provide details of any dates that you will not be available for interview.

Empty space for providing details of unavailability for interview.

REFERENCES

Please provide two references. These may be from a combination of employer and academic sources. One referee must be your current or most recent employer. Academic referees may be used where there has not been any recent employment. Personal references are not acceptable.

We may request additional references if we feel this is necessary.

References may be taken up prior to interview unless you have asked us not to do so. Where this permission is not given, references will be requested after a conditional offer is made.

Name		Job title	
Address		Organisation	
		Tel No.	
		Email	
What is your working relationship with this person?			
May we contact them prior to an interview?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name		Job title	
Address		Organisation	
		Tel No.	
		Email	
What is your working relationship with this person?			
May we contact them prior to an interview?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

DECLARATION

I certify that all information provided on this application form is correct. I understand that my application may be rejected or that I may be dismissed for withholding relevant details or giving false information. I understand that any employment offer will be subject to satisfactory references, health review, evidence of qualifications and security checks.

Signature		Date	

Thank you for completing this form.
The information you have given will not be disclosed to a third party without your permission.

PLEASE RETURN YOUR COMPLETED FORM

BY POST TO:

Office Manager, Vision Support Centre, 67/69 Cavendish Street, Barrow in Furness, Cumbria LA14 1QD.

(Mark your envelope 'Private and Confidential')



We strive to create an inclusive and diverse workplace. We're proud to be a member of the **Disability Confident Scheme**.

The Disability Confident Scheme aims to help organisations to recruit and retain more people with disabilities and other health conditions.

We offer interviews to all applicants with disabilities who meet the minimum criteria for the job, which provides the opportunity to candidates with disabilities to demonstrate their abilities at an interview. We provide reasonable adjustments and are committed to have an inclusive and accessible recruitment process.