

GUIDELINES FOR COMPLETION OF THIS APPLICATION FORM

HOPE INTO ACTION asks all applicants to complete the information below fully and to the best of your ability.

Once complete, please return it by email to the address indicated in the advertisement or by post, ensuring it reaches us by the advertised closing date at:

Hope into Action BCA
HR Administrator
F06 Regent House
Bath Avenue
WV1 4EG

Please note that all applications received after the closing date will be automatically rejected as standard practice and without exception, in the interests of fair process.

Successful applicants will be required to attend an interview.

Most positions within Hope into Action will require an enhanced DBS check which will need to be conducted prior to undertaking the role. References will be requested after a provisional offer is made. Any start date will be subject to the references having been received and checked.

For further information please go to [OUR WEBSITE](#).

Please advise Head Office if you need this form in an alternative format.

PRIVACY NOTICE FOR APPLICANTS

Why we collect and use your data

The information you provide when applying for a post here / agreeing to work here will be used in the following ways:

- To recruit and appoint our staff
- To support and manage our staff and to discharge our contractual obligations
- To maintain our accounts and records, including payroll
- To manage our activities

To fulfil our legal obligations, including checking your right to work and engaging with HMRC over income tax and national insurance

If you are not willing to provide all the information requested, we will be unable to process your application.

How we will hold and take care of your Information

- in considering my application, Hope into Action will treat the information given in this form in confidence;
- not disclose information to any third party without my prior agreement;

I understand my right to request to see all the information held about me on any record at Hope into Action. It is our policy to retain details of all unsuccessful applicants for positions at Hope into Action for six months from the date of the advertisement. If you do not wish us to retain your details in this way, please let us know and we will dispose of your application form. Should you be successful in your application, the information provided, and further information which will be gathered at the relevant time, will be subsequently used for the administration of your employment and in relation to any legal challenge which may be made regarding our recruitment practices.

APPLICATION FORM

IN CONFIDENCE

The first section of this form contains all your personal and referee details. The second part of the form will be used for shortlisting and in your interview.

SECTION 1

1.1. Job Details

Post Applied for	
Location	
Date of application	

1.2. Personal Details

Title (Mr / Mrs / Miss / Ms / Other)	
First name(s)	
Surname or family name	
Home address	
Postcode	
Email address	
Home telephone	
Mobile telephone	
National Insurance Number	

Please indicate your preferred method(s) of contact							
Postal Address		Telephone		Mobile		Email	

Eligibility to work in the UK: To comply with legislation, all candidates must provide documentary evidence of their right to work in the United Kingdom.	
Are you legally permitted to work in the UK?	

Do you hold a current UK driving licence?	Yes / No
Groups	
Expiry date	
Details of endorsements (if none, please insert "N/A")	

If appointed, how soon could you take up the post?	
How did you find out about this vacancy?	

1.3. REFERENCES

Please give the name and addresses of at least two persons who have supervised you in a professional capacity who may be consulted regarding your suitability for this post. One reference should be your present or most recent employer. References should cover the current and preceding 5 year period. If you were known by a different name, please also state this.

Referee 1

Full Name:	
Position:	
Company:	
Address:	
Postcode:	
Telephone No:	
Email Address:	
In what capacity does this person know you?	
May we contact them before interview?	No / Yes anytime / Yes, after shortlisting / Other, please state

Referee 2

Full Name:	
Position:	
Company:	
Address:	
Postcode:	
Telephone No:	
Email Address:	
In what capacity does this person know you?	
May we contact them before interview?	No / Yes anytime / Yes, after shortlisting / Other, please state

Referee 3

Full Name:	
Position:	
Company:	
Address:	



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Enabling churches to house the homeless

Postcode:	
Telephone No:	
Email Address:	
In what capacity does this person know you?	
May we contact them before interview?	No / Yes anytime / Yes, after shortlisting / Other, please state

1.4. CRIMINAL RECORDS

For all tenant facing positions we require you to complete an Enhanced DBS check. For most other roles a Basic DBS check will be required.

Having a criminal record however will not necessarily bar you from working with Hope into Action but this will depend on the nature of the opportunity sought and the circumstances and background of the offence.

For more details an informal chat or to have any queries you may have answered, please contact admin

If you do not consent to these checks being carried out, we will unfortunately be unable to proceed with your application.

Delete as appropriate

Do you have any unspent criminal convictions?	Yes	No
Are you prepared to complete the self-declaration and DBS check?	Yes	No

SELF DECLARATION

To be completed by all applicants.

I confirm that the information in this form is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment offered. I understand that any offer of employment is subject to the Company being satisfied with the results of series of relevant checks including references, eligibility to work in the UK, criminal convictions, probationary period and a medical report (if required and only in line with the operation of the Equality Act 2010).	
Signature:	Date:

SECTION 2

2.1. EDUCATION, TRAINING AND DEVELOPMENT

Please list your training and education experience, starting with the most recent and include any other relevant personal development you have undertaken.

Dates (From > To)	Name of Education Provider and Course Name	Qualification/ Grade Attainment

EMPLOYMENT HISTORY

Please state all the paid or unpaid work you have undertaken and please account for any gaps there may be. Please continue a separate sheet stating clearly which section of the form you are continuing and include your name.

What is your current occupation?					
Employed			Retired		Unemployed
Self Employed			Student		Other

2.2. RECENT EMPLOYMENT HISTORY

PRESENT OR LAST EMPLOYER	
Employer's name and address	
Post Held	
Date commenced	
Date left, if applicable	
Give reason for leaving	
Please give a brief description of your duties and responsibilities (continue on additional sheet if necessary)	

2.3 PREVIOUS EMPLOYMENT HISTORY

Please state all the paid or unpaid work you have undertaken and please account for any gaps there may be. Please continue a separate sheet if needed, stating clearly which section of the form you are continuing and include your name.

Dates (month-year, from-to)	Employer's Name and Address	Duties and responsibilities	Reason for leaving

Please give details of any relevant skills/experience you may have gained outside employment. (E.g. through voluntary service).

Please note here any other employment that you would continue with if you were to be successful in obtaining this role:



BLACK COUNTRY AREAS
Enabling churches to house the homeless

2.4. PROFESSIONAL STATEMENT

A job description is supplied with all applications containing information on the main requirements of the role, along with the essential and desirable qualities of the individual(s) working in that role(s). Please provide, in the box below, a written statement evidencing your suitability to the role based on your qualities to match the role.

2.5 PERSONAL STATEMENT

Please outline the development of your faith in the space below:

HOPE INTO ACTION - Equalities Monitoring Form

By completing this form you will help us to evaluate the accessibility and appropriateness of our recruitment, and events and services to people with protected characteristics. Funders require us to collect this information and it helps us to meet our obligations under the Equality Act 2010. Please tick as many boxes as suits your identity. Thank you.

Ethnic Background			
Asian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other	Black <input type="checkbox"/> African <input type="checkbox"/> British <input type="checkbox"/> Caribbean <input type="checkbox"/> Other	White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> European <input type="checkbox"/> Other	Other <input type="checkbox"/> Chinese <input type="checkbox"/> Latin American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say
Gender and gender identity		Sexuality	Marriage and Civil Partnership
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans (female to male) <input type="checkbox"/> Trans (male to female) <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say	Is your gender identity the same as you were assigned at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Bisexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual <input type="checkbox"/> Prefer not to say	Are you: <input type="checkbox"/> Married <input type="checkbox"/> Civilly Partnered <input type="checkbox"/> Single <input type="checkbox"/> Prefer not to say
			Pregnancy and maternity
			Are you: <input type="checkbox"/> Pregnant <input type="checkbox"/> Recent Mother <input type="checkbox"/> Prefer not to say
Disability or health issue			

Our work is informed by the social model of disability - that it is social 'barriers' which cause 'disability', rather than impairments. The Equality Act 2010 defines a disability as: "a physical or mental impairment which has substantial and long-term (lasting more than 12 months) adverse effect on your day to day living". Do you consider yourself to have a disability?

Yes No Prefer not to say

<input type="checkbox"/>	Blind / Visually impaired	<input type="checkbox"/>	Deaf / hearing impaired
<input type="checkbox"/>	Learning difficulty	<input type="checkbox"/>	Mobility
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Other disability
<input type="checkbox"/>	Other health issue	<input type="checkbox"/>	Prefer not to say

Religion			Age				
<input type="checkbox"/>	Agnostic	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	16-18	<input type="checkbox"/>	51-60
<input type="checkbox"/>	Atheist	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	19-21	<input type="checkbox"/>	61-70
<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	22-25	<input type="checkbox"/>	71 plus
<input type="checkbox"/>	Christian	<input type="checkbox"/>	None	<input type="checkbox"/>	26-30	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Other	<input type="checkbox"/>	31-40	<input type="checkbox"/>	
<input type="checkbox"/>	Humanist	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	41-50	<input type="checkbox"/>	
<input type="checkbox"/>							