

CONFIDENTIAL

Furniture Recycling Project (FRP)

The Furniture Recycling Project is a Charity Registered in England. Registration No. 1057619

APPLICATION FORM



PLEASE COMPLETE IN BLACK INK

To assist you in completing this form, please refer to the guidance notes on the back of the equal opportunities form.

Application for Post of:

Job reference Number

Candidate Number:

PERSONAL DETAILS

Mr/Mrs/Miss/Ms/Other (please circle)

Surname:

Previous name:

Forename(s):

Address:

Postcode:

Home telephone:

Daytime
telephone:

National Insurance Number:

Email
Address:

Do you hold a current full
driving licence?

Yes No

Class (HGV,
PSV, etc)

Do you own your own
vehicle?

Yes No

Name of next of kin, or contact in case of
emergency:

Relationship:

Address:

Postcode:

Home telephone:

Daytime telephone:

Do you require a work permit for employment in this country? Yes No

If so, do you have a current work permit? Yes No

When is it valid until?

REFERENCES (SEE NOTE 1)

Name:

Position:

Address:

Telephone:

Name:

Position:

Address:

Telephone:

Can we contact this person prior to interview?

Yes No

Can we contact this person prior to interview?

Yes No

EDUCATION AND TRAINING

Schools attended	From	To	Examinations taken (where applicable, please include subject, level and grade)	Date

SECONDARY EDUCATION

Training Centre, College, University etc (see note 2)	From	To	Qualifications	Date

CURRENT STUDIES

Training Centre, College, University etc (see note 2)	From	To	Qualifications	Date

ADDITIONAL TRAINING

Details of any specialist training not covered above:

MEMBERSHIP OF PROFESSIONAL BODIES

Body	Status	Membership number and renewal date

Furniture Recycling Project Self-Declaration Form

As required in FRP's Child and Vulnerable Adults Protection Policy and Procedures this form must be completed by all members for positions that require contact with children and/or vulnerable adults.

FRP is committed to the protection of children and vulnerable adults involved in sport and have a duty to ensure the suitability of any individual who works with children and/or vulnerable adults. **To fulfil this responsibility, we ask that you complete this form having read the guidance notes attached.**

Note: You are advised, under the provisions of the Rehabilitation of Offenders act 1974 (exceptions) order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions Amendment) Order 1986, to declare all convictions including 'spent' convictions. You are also required to notify FRP of any cautions you have had in the past.

Should you be appointed for the position applied you will also be required to provide an Enhanced disclosure under the terms of the Police Act 1997 (Part V).

- if selected for an interview you will be required to disclose all convictions (spent and unspent), cautions, warnings and any other non-conviction relevant information.

FRP undertakes to treat all applicants for positions within **FRP** equally and to process and make decisions on disclosed information in a fair manner.

Please complete Sections 1 and 2 fully including all relevant details regarding convictions, investigations (if applicable), Social Services or social department investigations and disciplinary action.

SECTION 1

PART A

Previous Convictions

(Continue on a separate form if necessary)

Date:
Court:
Offence(s) originally charged with:
Sentence:
Please give details of the reasons and circumstances that lead to your offence(s):
Please give details of how you completed the sentence imposed (e.g. did you pay your fine as required, what conditions were attached to your probation/community service order, did you comply with the requirements of your order/custodial sentence):

PART D

Have you ever had a disciplinary sanction or investigation (from any organisation) relating to inappropriate behaviour with children/vulnerable adults or child abuse? **YES/NO**

If yes, please provide details:

SECTION 2

I hereby declare and represent that, save as disclosed above I have not at any time, whether in the United Kingdom or abroad, been found guilty and sentenced by a court for a criminal offence.

I give my consent to **FRP** carrying out a check with CRB (if deemed necessary) and to take up references for the purposes of verifying the replies given in this declaration, including enquiries of any relevant authority.

I **agree** to advise **FRP** should I be convicted of an offence after the commencement of my employment with **FRP** and that failure to do so may lead to the immediate suspension of my work with children in **FRP** and the termination of my services and in certain cases, membership.

I **agree** to abide by **FRP**'s Child and Vulnerable Adult Protection Policy.

I **agree** to abide by the conditions above and certify that the information contained in this form is true and correct to the best of my knowledge and I realise that false information or omissions may lead to the immediate suspension of my work in **FRP** or the termination of my services.

Signed: _____ Date: _____

Note: the information contained in this form will be managed in accordance with the terms of the Data Protection Act 1998

FRP Guidance Notes for Completing Self-Declaration Form

FRP is committed to the protection of children and vulnerable adults involved in FRP and have a duty to ensure the suitability of any individual who works with children and/or vulnerable adults. The information provided in the Self-Declaration Form, in addition to the other recruitment and selection procedures detailed in **FRP**'s Child and Vulnerable Adult Policy and Procedures, will enable an informed decision to be made about an individual's suitability to work with children and/or vulnerable adults.

Who must complete the Self-Declaration Form?

This form must be completed by all applicants:

What happens if I do not wish to complete a Self-Declaration Form?

In accordance with **FRP**'s Child and Vulnerable Adult Policy and Procedures, all applicants must complete a Self-Declaration Form. Anyone unwilling to do so must not be employed in a position that requires regular or unsupervised contact with children or vulnerable adults.

Why must I give information about previous convictions?

The law states that for certain types of employment applicants are required to disclose information about their background to help determine whether they are suitable for the post. Jobs that involve working with children, young people and vulnerable adults fall into this category.

What information do I have to put on the Self-Declaration Form?

- complete Part A, Part B and Part C and sign the form at Section 2
- give details of all offences of which you have been convicted both in the UK and abroad, regardless of when the conviction(s) occurred
- give details of any cautions, charges or warnings issued by the police (this is called 'non-conviction relevant information')

You must also provide identification so that the personal details you provide can be verified.

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Confidential Equal Opportunities Monitoring Form



The Furniture Recycling Project

The Furniture Recycling Project is a Charity Registered in England. Registration No. 1057619

This organisation is an equal opportunities employer. Our aim is to ensure that no applicant or employee receives less favourable treatment on the grounds of a protected characteristic as defined by the Equality Act 2010 or is disadvantaged by conditions or requirements that cannot be shown to be justifiable.

Selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.

In order to maintain the effectiveness of our commitment to equal opportunities, it would be helpful if you would complete this form; you may partially complete this form, if preferred. Completion is not compulsory and will not affect your application for employment. The information will be used for no other purpose than the one stated.

Full Name:
Position applied for:

GENDER

Are you: Male Female

AGE

Age range:	16-24	25-34	35-44	45-54	55-65	65+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ETHNIC ORIGIN:

What is your ethnic Group? Please choose one from A to E, then tick the appropriate box to indicate your cultural background.

A White

British Irish Other White.....

B Mixed

White and Black Caribbean White and Black African
 White and Asian

C Asian or Asian British

Indian Pakistani Bangladeshi
 Other Asian.....

D Black or Black British

Caribbean African Other Black.....

E Chinese or other Ethnic Group

- Chinese Other Ethnic Group.....

MARITAL STATUS:

- Married Widowed
 Separated Single
 Divorced Living with Partner

DISABILITY:

The Equality Act 2010 defines a disability as any physical or mental impairment, which has a substantial and long- term (more than 12 months) adverse effect on a person’s ability to carry out normal day to day activities.

Please indicate if you believe you have a disability as defined above:

- YES NO

If yes, please specify, from the list below, which category your disability may fall under:

- | | | | |
|---------------------------------|--------------------------|-------------------------------------|--------------------------|
| Dyslexia | <input type="checkbox"/> | Blind / Partially Sighted | <input type="checkbox"/> |
| Deaf / Hearing Impairment | <input type="checkbox"/> | Wheelchair user / Mobility Impaired | <input type="checkbox"/> |
| Mental Health Difficulties | <input type="checkbox"/> | Multiple Disabilities | <input type="checkbox"/> |
| Unseen Disability (e.g. Asthma) | <input type="checkbox"/> | Other Disability | <input type="checkbox"/> |

C) RELIGION

Please specify which category of faith you belong to:

- | | | | |
|--------------|--------------------------|-------------------|--------------------------|
| Baha’i | <input type="checkbox"/> | Judaism | <input type="checkbox"/> |
| Buddhism | <input type="checkbox"/> | Parsi | <input type="checkbox"/> |
| Christianity | <input type="checkbox"/> | Sikhism | <input type="checkbox"/> |
| Hinduism | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Islam | <input type="checkbox"/> | None | <input type="checkbox"/> |
| Jainism | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

D) SEXUAL ORIENTATION

Please specify your sexuality:

- | | | | | | |
|--------------|--------------------------|----------|--------------------------|------------------------|--------------------------|
| Heterosexual | <input type="checkbox"/> | Lesbian | <input type="checkbox"/> | Prefer not to disclose | <input type="checkbox"/> |
| Homosexual | <input type="checkbox"/> | Bisexual | <input type="checkbox"/> | | |

DATA PROTECTION ACT

I agree that the information given on this form may be processed and saved, in accordance with the Data Protection Act, in particular, for the purposes of equal opportunities monitoring. I agree to the storage of this information on manual and computerised files.

Signature _____

Date _____