APPLICATION FORM

**Please complete *all* sections of the application form, by typing or in your own handwriting using black ink. Shaded sections are for NRCSE’s use only. You can apply via email to** **pascale@nrcse.org.uk** **but please return a signed copy of the form to NRCSE Internship application, 356 Holloway Road, London N7 6PA**

|  |  |
| --- | --- |
| **Post Applied For:** | QDA Team intern |
| **Closing Date:** | 20 September 2019 |
| **Interview Date** (*for those short-listed*): | To be confirmed |

**1. YOUR DETAILS**

|  |  |
| --- | --- |
| **Last Name:** |  |
| **First Names:** |  |
| **Address:** |  |
| **Telephone (day):** |  |
| **Telephone (evening):** |  |
| **Email:** |  |
| **Are you permitted to work in the UK?** | Yes / No (*please delete as applicable*) |
| **If currently employed, what period of notice are you required to give?** |  |

**2. REFEREES**

Please provide details of two referees whom we may approach regarding your application. They should be able to comment on your experience and suitability for the post in question. One of your referees should be your current or most recent employer and you must not be related to either referee.

|  |  |
| --- | --- |
| **First Referee’s Name (***should be your current or most recent employer***)** |  |
| **Job Title** |  |
| **Organisation Name** |  |
| **Address** |  |
| **Tel** |  |
| **Fax** |  |
| **Email** |  |
| **If shortlisted may we obtain a reference prior to interview?** | Yes / No (*please delete as applicable*) |
| **Second Referee’s Name** |  |
| **Job Title** |  |
| **Organisation Name** |  |
| **Address** |  |
| **Tel** |  |
| **Fax** |  |
| **Email** |  |
| **In what capacity are you known to the referee?** |  |

**3. HEALTH & DISABILITY**

NRCSE will make every effort to accommodate suitable experienced people with disabilities. You may wish to contact us to discuss this further if selected for interview.

|  |  |
| --- | --- |
| **Do you have any illness or disability that may affect your working ability?** | Yes / No (*please delete as applicable*) |
| **If yes please state:** |  |
| **Number of days sick in last 2 years** |  |
| **No. of sickness episodes this represents** |  |

**4. DISCLOSURE OF CRIMINAL CONVICTIONS**

The aim of the Rehabilitation of Offenders Act 1974 is to ensure that individuals who have been convicted of a criminal offence were not permanently disadvantaged in the job market. In essence individuals were to be given another chance. However there are certain conditions on the offences committed outlined as follows:

**Spent & Exempt Convictions**

The Act specifies a length of time depending upon the conviction after which the conviction is spent, i.e. you no longer have to reveal to anyone that you have committed the particular offence. However, if anyone is sentenced to more than two and a half years in prison their conviction can never become spent. For certain employment, e.g. that involving working with children, disabled or vulnerable adults convictions whether spent or not must be declared *irrespective of the sentence received and how long ago the conviction took place*. These posts are referred as exempt because they are not covered by the Rehabilitation of Offenders Act. Because work with NRCSE may involve access to children and vulnerable adults you must disclose **all** convictions including spent ones (Exceptions Order 1975 SI 1975/1023). For some posts, NRCSE may also make checks through the Disclosure and Barring Service.

|  |  |
| --- | --- |
| **Have you been convicted of any criminal offences including spent convictions?** | Yes / No (*please delete as applicable*) |
| **If yes please give details including the nature of the offence and sentence imposed:** |  |

**5. DISCLOSURE OF INTERESTS**

|  |  |
| --- | --- |
| **Do you have a close relationship (e.g. partner, sibling, parent, child) with any NRCSE staff or trustees?** | Yes / No (*please delete as applicable*) |
| **If so please state who and what relationship:** |  |

**6. DECLARATION**

**The information that I have supplied in this application form is to the best of my knowledge true and correct. I understand that any false statement regarding my qualifications and/or experience will result in disqualification or termination of contract.**

**Signed:**

**Name:**

**Post Applied For:**

**Date:**

***Please note****: If you return this form by e-mail in order to meet the closing date, your signature confirming the above will be required in a postal copy of this page as well.*

**7. EDUCATION AND RELEVANT TRAINING (from secondary school onwards)**

|  |  |  |
| --- | --- | --- |
| **Dates:** | **School / College/ University** | **Course Details & Qualifications Gained** |
|  |  |  |
|  |  |  |
|  |  |  |

**8. CURRENT (*or most recent*) EMPLOYMENT**

|  |  |
| --- | --- |
| Dates (Month & Year): | Position (s) held: |
|  |  |
| Salary/Spinal point: | Reason for seeking to leave: |
|  |  |
| Employers Name & Address | Main Duties: |
|  |  |

**9. PREVIOUS EMPLOYMENT (most recent dates first)**

|  |  |
| --- | --- |
| Dates (Month & Year): | Position held: |
|  |  |
| Salary/Spinal point: | Reason for leaving: |
|  |  |
| Employers Name & Address | Main Duties: |
|  |  |
|  |  |
| Dates (Month & Year): | Position held: |
|  |  |
| Salary/Spinal point: | Reason for leaving: |
|  |  |
| Employers Name & Address | Main Duties: |
|  |  |
|  |  |
| Dates (Month & Year): | Position held: |
|  |  |
| Salary/Spinal point: | Reason for leaving: |
|  |  |
| Employers Name & Address | Main Duties: |
|  |  |
|  |  |
| Dates (Month & Year): | Position held: |
|  |  |
| Salary/Spinal point: | Reason for leaving: |
|  |  |
| Employers Name & Address | Main Duties: |
|  |  |

**10. VOLUNTARY WORK/OTHER ACHIEVEMENTS** *(****please list below****):*

**11. STATEMENT IN SUPPORT OF YOUR APPLICATION**

Please read the guidelines provided before completing this section. This section must be completed – CVs are not acceptable. **It is essential that you demonstrate in this section how you meet the Person Specification, including how you have gained the experience and abilities required.** You may if you wish attach a maximum of three continuation sheets.