**APPLICATION FORM**

**Position: Hear2Help Partner**

Please return your completed form to sarah@heartogether.org.uk and we will contact you when we have considered your application.

|  |
| --- |
| **Name**: |
| **Address**: |
| **Email**: | **Phone**: |
| **Employment history** (please tell us who you have worked for over the last 3 years, including start/ end dates): |
| **Do you have a current driving licence?** | Yes [ ]    No [ ]    |
| **Do you have your own transport?** | Yes [ ]    No [ ]    |
| **How far are you prepared to travel to deliver Hear2Help clinics?** |
| 0-5 miles [ ]    | 5-10 miles [ ]    | Over 10 miles [ ]    |
| **References**Before offering the role to a successful applicant, we will ask for references. Please provide the name and contact details of two people we can ask to provide you with a reference. Ideally one person should be a previous or current employer.  |
| Thinking about the **Job description** and **Person Specification**, please tell us what makes you ideal for this role (please continue on a separate sheet if needed). |
| We take your personal information seriously. We follow GDPR guidance. We will never share your details with any other party without your consent. We only use your data for administration within Hear Together. We will keep hold of your personal data for up to 7 years unless you ask us to destroy it. |

**Equality and diversity monitoring**

Hear Together wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010.

Filling in this form is **voluntary**. The information provided will be kept confidential and will be used for monitoring purposes only.

If you have any questions about the form, contact **sarah@heartogether.org.uk**.

**Gender** Male  [ ]    Female [ ]      Non-binary [ ]    Prefer not to say [ ]

If you prefer to use your own gender identity, please write in:

Is the gender you identify with the same as your gender registered at birth?

Yes [ ]         No [ ]         Prefer not to say [ ]

**Age** 16-24 [ ]    25-29 [ ]    30-34 [ ]    35-39 [ ]    40-44 [ ]       45-49 [ ]

50-54 [ ]    55-59 [ ]    60-64 [ ]    65+ [ ]        Prefer not to say   [ ]



**What is your ethnicity?**

Please tick the appropriate box

***Asian or Asian British***

Indian   [ ]       Pakistani  [ ]         Bangladeshi  [ ]       Chinese  [ ]      Prefer not to say [ ]

Any other Asian background, please write in:

***Black, African, Caribbean or Black British***

African  [ ]        Caribbean [ ]        Prefer not to say [ ]

Any other Black, African or Caribbean background, please write in:

***Mixed or Multiple ethnic groups***

White and Black Caribbean [ ]    White and Black African [ ]         White and Asian [ ]

Prefer not to say [ ]       Any other Mixed or Multiple ethnic background, please write in:

***White***

English  [ ]        Welsh [ ]        Scottish  [ ]      Northern Irish  [ ]       Irish [ ]

British   [ ]       Gypsy or Irish Traveller [ ]      Prefer not to say [ ]

Any other White background, please write in:

***Other ethnic group***

Prefer not to say [ ]       Any other ethnic group, please write in:



**Do you consider yourself to have a disability or health condition?**

Yes[ ]    No [ ]       Prefer not to say [ ]

What is the effect or impact of your disability or health condition on your work? Please write in here:

If you need a ‘reasonable adjustment’, then please discuss this the manager running the recruitment process if you are a job applicant.



**What is your sexual orientation?**

Heterosexual [ ]      Gay [ ]         Lesbian [ ]    Bisexual  [ ]    Undecided [ ]          Prefer not to say  [x]       If you prefer to use your own identity, please write in:



**What is your religion or belief?**

No religion or belief [ ]    Buddhist [ ]    Christian [ ]         Hindu [ ]      Jewish   [ ]

Muslim  [ ]      Sikh [ ]     Prefer not to say [ ]     If other religion or belief, please write in:



**Do you have caring responsibilities? If yes, please tick all that apply**

None  [ ]

Primary carer of a child/children (under 18)  [ ]

Primary carer of disabled child/children  [ ]

Primary carer of disabled adult (18 and over)  [ ]

Primary carer of older person  [ ]

Secondary carer (another person carries out the main caring role)  [ ]

Prefer not to say  [ ]

