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| --- | --- |
| **Healthwatch Manchester**  | **HW_Manchester_A4_CMYK** |
|  |  |
|  |  |
| **Application Form & Guidance Notes** |
|  |  |
|  |  |
| **PLEASE READ THESE NOTES CAREFULLY BEFORE YOU COMPLETE THE APPLICATION FORM** |
|  |
| **Completing the application form** |
|  |
| Please note that the information you provide in your application form is the only information we will use in deciding whether or not you will be short-listed for interview.**Consider the job description and person specification carefully**; these describe the skills, experience and qualifications we are looking for. You should provide as much information as possible to show how you meet **each** person specification point. |
|  |
|  |
| **Additional sheets / CVs** |
|  |
| We want all applicants to make the best application possible and have the same opportunity to do so, therefore please note the following:* **DO NOT** attach any additional pages
* **DO NOT** attach a CV. We do not consider CVs as part of the application process and these will be ignored.
 |
|  |
|  |
| **Completing the application form in “writing”** |
|  |
| If you are completing this form in writing:* Please use black ink as the forms are photocopied for the panel members
 |
|  |
|  |
| **Completing the application form “electronically”** |
|  |
| If you are completing the form electronically:* Only type your text into the “blue” highlighted boxes
* Amend any “blue” text to indicate your choice in a Yes/No answer
* Insert an “X “ into any “blue” multiple choice boxes to indicate your choice
* **DO NOT** change the font type from “Trebuchet MS” or make the font smaller than 12
* **DO NOT** alter the size of any text boxes

You will not be able to sign the forms at this stage of the application process. You will be required to sign your e-mail completed application if short-listed and invited to interview. |
|  |
|  |
| **If you have any further questions about the application process – please contact the Healthwatch Manchester Office on 0161 228 1344.** |

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| Healthwatch Manchester  | **HW_Manchester_A4_CMYK** |
|  |  |
| **Application For Employment**  |
|  |
| **Post applied for:** | **Volunteer Development & Training Officer**  |
|  |
| **Closing Date:** |  |
|  |  |
| **Contact Details** |
|  |
| **Surname:** |  |  | **Title:** |  |  |
|  |
| **First Name(s)** |  |  |  |
|  |
| **Address:** |  | **Telephone Numbers** |
|  |  | **Home:** |  |
|  |
|  | May we contact you there? | Yes/No |
|  |
|  | **Work:** |  |
|  |
|  | May we contact you there? | Yes/No |
| Postcode: |  |  |
|  |  | **Email:** |  |
|  |
| **References** |
| **Please give details of two referees, one of whom should be a recent employer or, if appropriate, a tutor. The second referee may be anyone of your choice.** |
|  |
| **First Referee** |  | **Second Referee** |
|  |  |
| **Name:** |  | **Name:** |  |
|  |  |
| **Position held:** |  | **Position held:** |  |
|  |  |
| **Address:** |  | **Address:** |  |
|  |  |
|  |  |
|  |  |
| **When can we approach this referee?** | **When can we approach this referee?** |
|  |  |
| At any time | Yes/No | At any time | Yes/No |
|  |  |
| Only if offered the job | Yes/No | Only if offered the job | Yes/No |

|  |
| --- |
| **Notice**  |
|  |
| **What period of notice are you required to give?** |  |
|  |
|  |
| **Education and training** |
| **Please list any education and/or training (including short courses) that you may have undertaken. Please note any qualifications that you have obtained and ensure you mention your training qualification** |
|  |
| **Dates****From To**(Month & Year) | **School / Education / Courses / Training**(A Brief Description Only) | **Qualifications obtained**(A Brief Description Only) |
|  |  |  |
|  |  |  |
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| **Work Experience – paid or unpaid** |
|  |
| **Please include your current and previous employment, paid or unpaid; on the job training schemes; community activities and any time spent caring for dependents etc.****Start with your PRESENT employer and work back and please state whether the position was paid or unpaid.** |
|  |
| **Dates****From To**(Month & Year) | **Name of Employer / Organisation** | **Job Title and brief description only of the main duties**(Specify if paid or voluntary) | **Reason for Leaving** |
|  |  |  |  |
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| --- |
| **Requirements** |
|  |
| **Please use the boxes on the following pages to demonstrate how you meet the requirements listed in the person specification for this post. You should limit your responses to the space provided.**  |
|  |
| **1.** | Experience of design and delivery of training materials. Experience of planning and delivering training programmes. |
|  |
| **2** | Evidence of experience in supporting/guiding individuals or groups of people to develop their skills. |
|  |

|  |  |
| --- | --- |
| **3** | Understanding and overview of the volunteering requirements of Healthwatch Manchester.  |
|  |
| **4** | Understanding of current volunteering issues and their potential impact on Healthwatch Manchester. |
|  |
| **5** | Understanding of the importance of voluntary work to Healthwatch Manchester. |
|  |

|  |  |
| --- | --- |
| **6** | Experience of performance managing volunteers against pre-set targets and providing appropriate supervision and support. |
|  |
| **7** | A willingness to make online and distance volunteering an integral part of voluntary work at Healthwatch Manchester  |
|   |

|  |  |
| --- | --- |
| **8** | Ability to coordinate volunteer activity across a range of projects and activities. |
|  |
| **9** | Ability to use IT in the preparation of training materials and reports. |
|  |
| **10** | Experience of writing reports and good oral communication skills. |
|  |

|  |  |
| --- | --- |
| **11** | A willingness and understanding of the need for a flexible approach to work. |
|  |
| **12** | Ability and willingness to work both as part of a team and on own initiative within given guidelines |
|  |
| **13** | An understanding of volunteering legislation and how this impacts on volunteer management and service delivery. |
|  |
| **14** | Ability to work constructively with other agencies. |
|  |
| **Where did you see this job advertised?** |  |

|  |
| --- |
|  |
| **Declaration of Convictions** |
|  |
| **Please note that in accordance with the Rehabilitation of Offenders Act 1974, spent convictions and cautions do not need to be declared.** |
|  |
| **A declaration of a previous conviction will not automatically exclude you from working with Healthwatch Manchester.** |
|  |
| **Have you had a conviction for a criminal offence?** |  | Yes |  | No |
|  |
| **If yes, please give details below:** |
|  |
|  |
|  |
| **I declare that the information in this application form is correct to the best of my knowledge.** |
|  |
| **Signed:** |  | **Date:** |  |
|  |
| If you are completing your application electronically, you will not be able to sign the forms at this stage of the application process. You will be required to sign your "e-mail completed" application if short-listed and invited to interview. |
|  |
| **Please remember to complete the “Equal Opportunities” form on the following page.** |
|  |
| **Please return this form to:** | info@healthwatchmanchester.co.uk  |
| or by post to: |
| **Healthwatch Manchester****Canada House****3 Chepstow Street****Manchester** **M1 5FW** |
| **CLOSING DATE FOR APPLICATIONS:** | **5pm 16th April 2021**  |
| **Provisional Interview Date :** | **Week commencing 19th April 2021** |

**EQUAL OPPORTUNITIES MONITORING FORM**

We monitor all forms received and treat this information confidentially in accordance with the Data Protection Act. Please answer by placing a tick in the empty cell.

**THIS FORM WILL NOT BE SEEN BY THE INTERVIEWING PANEL**

**GENDER**

Please tick as appropriate.

|  |  |
| --- | --- |
| Male |  |
| Female |  |

**AGE**

Please tick as appropriate.

|  |  |
| --- | --- |
| Under 18 |  |
| 18-24 |  |
| 25-34 |  |
| 35-44 |  |
| 45-54 |  |
| 55-64 |  |
| 65+ |  |

**DISABILITY**

The Disability Discrimination Act (DDA) defines a disability as a “physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities”.  An effect is long-term if it has lasted, or is likely to last, over 12 months.

Do you consider yourself disabled under the definition stated by the DDA?

Please tick as appropriate.

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If Yes, then please specify your disability by ticking the appropriate boxes below.

|  |  |
| --- | --- |
| Deafness or severe hearing impairment |  |
| Blindness or severe vision impairment |  |
| A physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting and carrying) |  |
| A learning disability (such as Down's syndrome) |  |
| A learning difficulty (such as dyslexia or dyspraxia) |  |
| A mental health condition (such as depression or schizophrenia) |  |
| A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy) |  |
| Other condition  |  |
| None of these  |  |

**ETHNIC GROUP**

Please tick the option that best applies to you.

|  |
| --- |
| **White**  |
| English/Welsh/Scottish/Northern Irish/British |  |
| Irish |  |
| Gypsy or Irish Traveller |  |
| Any other white background |  |
| **Mixed** |
| White & Black Caribbean |  |
| White & Black African |  |
| White & Asian |  |
| Any other mixed/multiple/ethnic background |  |
| **Asian or Asian British** |
| Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Other Asian background |  |
| **Black or Black British** |
| African |  |
| Caribbean |  |
| Any other Black/African/Caribbean background |  |
| **Other ethnic group** |
| Arab |  |
| Any other ethnic group (please state) |  |
| Don’t know |  |

**RELIGION AND/OR BELIEF**

Please tick the option that best applies to you.

|  |  |
| --- | --- |
| Christian (including Church of England, Catholic, Protestant and all other Christian denominations) |  |
| Buddhist |  |
| Hindu  |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Yes, another religion (please state) |  |
| Prefer not to say |  |
| Non-religious/atheist |  |
| Agnostic |  |

**SEXUAL ORIENTATION**

Which of the following best describes how you think of yourself?

|  |  |
| --- | --- |
| Heterosexual/Straight |  |
| Gay man |  |
| Gay woman/Lesbian |  |
| Bisexual |  |
| Other (please specify) |  |
| Prefer not to say |  |

**GENDER IDENTITY**

Is your current gender the same as the one you were assigned at birth?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

**Please tell us how you found out about this position’s advertisement**

|  |  |  |  |
| --- | --- | --- | --- |
| Healthwatch Manchester Website |  | Email bulletin |  |
| Word of Mouth |  | Social media |  |
| Other Website |  | Other (please specify below) |  |
| News ad |  |  |

**Information held by Healthwatch Manchester complies with the Data Protection Act. This form is to ensure that we engage with a variety of people from different backgrounds, and that our organisations reflect the diversity of our communities.**

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.**