EDAN Lincs Domestic Abuse Service Application for Employment



Title: Specialist Domestic Abuse Worker (SDAW)

Reference:

This form can be completed in either your own writing or electronically. CV's will not be accepted. Please read all the instructions carefully before completing this form and return the completed form to: EDAN Lincs Domestic Abuse Service, PO Box 125, Lincoln, LN1 1HA

We appreciate that previous service users may wish to apply for a position either paid or voluntary within the organisation as they can bring valuable experience. Please be aware that we recommend all applicants are at least 12 months 'out of service' before applying for any roles.

Do you give consent for EDAN Lincs to check your name against internal records? Yes $\Box~$ No $\Box~$

Personal Details:

Surname:			Preferred title (if any):		
Forename(s):					
Home address:			Correspondence address: (if different from home address):		
Postcode:			Postcode:		
Telephone number(s) (lis during business hours):	t only those yo	ou may be contacted o	วก		
Email address (note as a	bove):				
	Yes	No (√)		Yes	No
Car driver:			Full use of car:		
Full driving licence:			Do you need a work permit?		
In the last 12 months, how many days absence have you had for sickness?					
Rehabilitation of Of	fenders A	ct 1974 – noti	ce to applicants		
exempt from the prov this post are therefore are "spent" under the convictions will result	isions of So not entitle provisions in disciplin	ection 4(2) of th ed to withhold in s of the Act. In ary action or dis	t holders will have access to young the Rehabilitation of Offenders Act 197 Information about convictions which f the event of employment, any failur smissal. This information will be treat to which the order applies.	74. Applica or other pu e to disclos	ants for urposes se such
Do you have any crimina	l conviction	ns to disclose?			
and if "ves", please give detai	ls:				

Previous Employment: Start with current/most recent employer and include voluntary work. Use an additional sheet if required.

Employer's name and nature of business	Position held and brief description of duties	From – To Month/Year	Reason for leaving

Education and Training:

School/College University/etc	Course Title and any Qualification Gained	From – To Month/Year

Personal Statement: Please give a concise account of how your experience, skills and knowledge are relevant to this post and the work involved. Make sure you have first read the job description and person specification carefully and use this section to demonstrate how you meet the criteria, giving examples where possible. Please include any voluntary work, any involvement with women's, community or voluntary organisations, including any involvement whether as a volunteer or a service user of domestic abuse services and all other like experience. Please include your present and previous employment. Please use an additional sheet if required.

References:

Please give the names and addresses of two business or professional referees (**NOT relatives, partners or personal friends**). These should include your present or, if currently unemployed, your most recent employer. Students should give the name of their Course Tutor or Head Teacher, as appropriate.

If a referee knows you by a name other than the surname shown overleaf, please state that name here, indicating referee 1 or 2:

If you do not wish your present employer to be contacted at this stage, please write "No" in the box:

1. Name:	2. Name:
Position/Title:	Position/Title:
Address:	Address:
Postcode:	Postcode:
Telephone:	Telephone:
Email:	Email:
Capacity in which referee knows you:	Capacity in which referee knows you:

EDAN Lincs is committed to safeguarding and promoting the welfare of people experiencing domestic abuse, children, young people and vulnerable adults. All staff have an absolute responsibility to safeguard and promote the welfare of children and adults. Please note that information provided to you by us will be checked. We will undertake DBS checks, identity check and will check references and qualifications which will be verified by us. Such checks will include checks of previous voluntary work, including any voluntary work, any involvement with women's, community or voluntary organisations, including any involvement whether as a volunteer or a service user of domestic abuse services. Please include your present and previous employment.

All personal data held about you will be held in accordance with EDAN Lincs' Data Protection Policy, a copy of which is available at <u>www.edanlincs.org.uk</u>.

Declaration

I hereby declare that the information given in my application is correct to the best of my knowledge.

Signature:

Date:_____

EDAN Lincs Domestic Abuse Service

Monitoring Form



Please ✓ one box

EDAN Lincs Domestic Abuse Service is aiming to achieve equal opportunities in employment. To help us monitor the effectiveness of our equal opportunities policy, you are asked to complete the following questions. If you do not wish to answer any of the questions, you may leave them blank.

Completion of this form is voluntary and will not affect your application in any way as it will not be seen by the selection panel.

1.	How would you describe your ethnic origin?					
	Black African:		Black Caribbean:		Black Other:	
	Indian:		Bangladeshi:		Pakistani:	
	White British:		White European:		Other:	
3.	Do you consider you have a disability?					
	yes:		no:			
4.	How would you describe your sexuality?					
	Heterosexual:		GLBT:			
5.	Do you have dependants, or are you a carer?					
	yes:		no:			
6.	Where did you s	ee this p	ost advertised? (ple	ase spec	ify):	

Thank you for taking the time to complete this form.