



**WomenZone**  
empowering women

**WomenZone - Registered Charity No 1170163**

## APPLICATION FORM FOR EMPLOYMENT

Please contact us if you need this application form in an alternative format or if you need any adjustments if you are asked to attend an interview.

**Important: PLEASE WRITE CLEARLY IN BLACK INK USING BLOCK CAPITALS**

### POSITION INFORMATION

Position/Location: \_\_\_\_\_

Where did you hear about this position?

Website  Friend/Family  Employee  Social Media  Other (please specify)

### PERSONAL DETAILS

Title:  Mr  Mrs  Miss  Ms  Dr Other Title: \_\_\_\_\_

First Name(s) \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_ Telephone (Evening): \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

National Insurance Number:

Have you been employed by Women Zone before?  Yes  No  
(If yes, please provide details in your employment history)

Do any of your friends or family work or volunteer for us; please provide name(s) and relationship.

\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY - Current/most recent employer

Organisation Name: (Most recent first)	Position/Title and Salary	Key Responsibilities	Dates of employment and Reason for leaving

## EDUCATION / TRAINING

Institute	Qualification/level	Grade	From	To

## STATEMENT IN SUPPORT OF YOUR APPLICATION

Please provide further relevant information and highlight any key achievements that support your application. Please continue your statement on a separate sheet if necessary.

## REFERENCES

Please provide **FULL** details of your 3 referees below.

	Current/Last Employer	Previous Employer	Personal Reference
Full Name			
Address			
Postcode			
Occupation			
Telephone			
Email			

## CONVICTIONS

Please enter below details of any convictions for any offences or formal cautions from the police for any offence or any bind-overs imposed by any court. You must include any spent convictions under the Rehabilitation Act 1974.

Have you ever had any cautions/convictions?  Yes  No

If yes, provide and dates and details of offence(s):

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## DECLARATION

I hereby declare that I have answered all questions fully and truthfully to the best of my knowledge and understand the following (please tick each statement):

- False or misleading information I provide will lead to my disqualification at any stage of appointment.
- Any offer or continuation of my employment is subject to satisfactory references and DBS checks.
- Under the Data Protection Act 1998, I understand that my personal information may be held on, or verified, by computer for personal/employee administration purposes, including analysis for management purposes and statutory returns.
- If I am unsuccessful my details will be kept on record for no longer than 1 year, then destroyed, and I am aware I can instruct Women Zone Community Centre CIO to destroy my personal details immediately at any point during this period.

Candidate signature \_\_\_\_\_ Date \_\_\_\_\_

## ACCESS NEEDS

**Arrangements for interview:** If you have a disability are there any arrangements we can make for you, please write them below. (Ground floor, sign language, interpreter etc.)

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**Please return your completed application form to:**

Recruitment, WomenZone, 19-21 Hubert Street, Bradford, BD3 9TE.

Telephone 01274 665270 or email [info@womenzonecc.co.uk](mailto:info@womenzonecc.co.uk)

**Closing date: Friday 19<sup>th</sup> January 2024, 5 PM**

# EQUAL OPPORTUNITY MONITORING FORM

Womenzone is committed to equal opportunities set out in the Equality & Diversity Policy. We will assess for jobs, and ensure all employees are treated fairly, without regard to gender, age, marital status, sexual orientation, race, colour, ethnic or national origin, disability, or religion.

The information you provide will be treated in the strictest confidence and will only be recorded and used for statistical purposes when monitoring our policy.

This section will be detached from the application form and returned to Recruitment before shortlisting and interview processes begins, or if you have already been appointed.

Your name \_\_\_\_\_  Prefer not to say

Role applied for / appointed to: \_\_\_\_\_  Prefer not to say

Date \_\_\_\_\_  Prefer not to say

## PLEASE TICK THE APPROPRIATE BOXES BELOW ABOUT YOU

I am  Male  Female  Transgender  Prefer not to say

Age  20 & under  21-29  30-39  50 -59  60+  Prefer not to

Marital Status  Single  Married  Divorced  Separated  
 Co-habituating  Prefer not to say

Sexual Orientation  Heterosexual  Homosexual  Bisexual  Prefer not to say

## I WOULD DESCRIBE MY ETHNICITY ORIGIN AS:

White  British  Irish  Welsh  Scottish  Other

Asian/Asian British  Indian  Pakistani  Chinese  Bangladeshi  Other

Black/ Black British  Caribbean  African  Other

Mixed/Multi Ethnic  White & Black Caribbean  White & Black African  Other  
 White & Asian

If other, please state \_\_\_\_\_  Prefer not to say

What is your religion or belief?  Buddhist  Christian  Muslim  Jewish  
 Hindu  Other  Prefer not to say

If other, please state \_\_\_\_\_

## DISABILITIES

The Equalities Act 2010 outlines the definition of 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”.

Do you consider yourself to have a disability?  Yes  No  Prefer not to say

If yes, are you registered disabled?  Yes  No  Prefer not to say

If yes to either, please provide details of your disability below:

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**Thank you for taking the time to complete this Equal Opportunities Form, we appreciate your input and assistance with monitoring our Equality & Diversity Policy.**

If you have any queries regarding this form or would like to view or Equal Opportunities report based on the results of these forms, please contact WomenZone’s HR Designated Officer.