

Please forward your application form to:

Epilepsy Action

New Anstey House

Gate Way Drive

Yeadon

Leeds LS19 7XY

or by email to

recruitment@epilepsy.org.uk

Application Form

Please type or write clearly in black ink. A Microsoft Word version of this form is available from www.epilepsy.org.uk/vacancies

We will not accept curriculum vitae as part of the application process. We will only accept our application form.

All correspondence will be by email where an email address has been given.

Post applied for

Reference

Where did you see the post advertised?

Personal details

Surname

First name

Address for correspondence

Tel daytime ☎

Tel evening ☎

Email address

If we need to call you at work we will not identify who we are or why we are calling.

Is there any time you are not available for interview?

If successful, when could you start?

References

Please give details of two referees, one of whom must be your current/last employer. Do not give details of relatives, partners or friends. We will not approach referees before a job offer is made.

Name

Name

Position held and relationship

Position held and relationship

Organisation and address

Organisation and address

Tel ☎

Tel ☎

Email address

Email address

Employment

Current or last employer

Name and address	Job title
	Dates employed From _____ to _____
	Present salary £ _____

Reason for leaving / wishing to leave

Brief outline of duties

Previous employment / experience (most recent first)

From	To	Employer's name and address	Job title and duties	and final salary

Please continue on separate sheet if necessary

Education and training

School, college, university etc	Qualifications and grades obtained

Membership of professional bodies etc

Other relevant training and courses attended	Qualifications and grades obtained

Supporting information

Using the person specification as a guide, please outline under each point, how your skills and experience meet the criteria for this post. It will not be acceptable to duplicate what the person specification states.

You must demonstrate that you have the required skills and give examples to illustrate your point. Epilepsy Action uses a structured scoring system to review applications against the person specification. If you do not address all the criteria in the person specification you will significantly hinder your chances of being called for interview.

Please also tell us why you are applying for this post.

continue on to next page if necessary

Supporting information - continued

Please attach any further information to your e-mail or printed application

Licences and permits

Do you have the right to work in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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You will be required to provide evidence of your eligibility to work in the UK before you can start work with Epilepsy Action. This will require you to show an original in date passport or other document that shows you are not subject to immigration control, or have no restrictions on your stay, and so have an ongoing right to work in the UK. Alternatively you can show documents that show you have been granted leave to enter or remain in the UK for a limited period of time and, or, have restrictions on your right to work. Further details available at <https://www.gov.uk/check-an-employees-right-to-work-documents>

If no you should explain in a covering letter.

Convictions

Do you have any convictions for criminal offences subject to the provisions of the Rehabilitation of offenders Act 1975? Spent convictions need not be declared except in specific cases, which will be noted in the relevant job description. The postholder may be subject to police checks.

(If yes, please detail on a separate sheet)

	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Epilepsy Action is a Disability Confident employer. We encourage applications from disabled people. We will interview all disabled applicants who meet the essential criteria in the person specification. Please show how you meet the essential criteria in the supporting information section.

Do you have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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The Equality Act in England, Scotland and Wales, and the Disability Discrimination Act in Northern Ireland protect disabled people. A person is considered as disabled if they have a physical or mental impairment that has a substantial adverse effect on the person's ability to carry out normal day-to-day activities. This needs to have lasted, or be expected to last, at least 12 months.

Declaration

In accordance with the Data Protection Act 1998, I give my consent for the information in this form to be processed in accordance with Epilepsy Action policy for the purposes of recruitment and employment. I understand that if I am appointed, this application form will become part of my personnel file and that if I am not appointed it will be stored for six months and then destroyed.

I certify that the information given on this form is correct to the best of my knowledge. I understand that should any false statements or omissions be made, this may lead to dismissal.

Signed

Date

Equal opportunities monitoring

Answering the following questions is optional. We ask for this information to monitor the composition of our workforce and volunteer teams. We will not use it for any other purpose. Your information is collected anonymously and stored securely and confidentially. The information will not be used for short listing applications for jobs or volunteer roles.

Please choose one option from each of the sections listed below and then tick or place an X in the appropriate box.

1. Your Age

Please tell us which age group you are in

16–21 22–30 31–40 41–50 51–60 61–65 Over 65

2. Reasonable adjustments

If you have a disability or a long-term medical condition which has a substantial impact on your life, you may have rights under the Equality Act 2010. Employees with a disability or health condition are entitled in law to 'reasonable adjustments' to address their needs for support in the workplace. Therefore we are interested in any disability or health condition that may require a reasonable adjustment to overcome any such barriers.

A disabled person is described in the Equality Act 2010 as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

	Yes	No	Prefer not to say
Do you consider yourself to have a disability or a long-term health condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your disability or health condition?

What is the impact of your disability or health condition?

3. Your gender

Would you describe yourself as

Male Female Prefer not to say

4. Your sexual orientation

What is your sexual orientation?

Bisexual Gay man Gay woman/lesbian
 Heterosexual/straight Other (specify below if you wish) Prefer not to say

6. Your ethnic group

Please tell us how you would describe yourself.

Asian or Asian British

Bangladeshi

Indian

Pakistani

Asian British

Any other Asian background
(please write in the box below)

Black or Black British

African

Caribbean

Black British

Any other Black background
(please write in the box below)

Chinese or Chinese British

Chinese

Chinese British

Any other Chinese background
(please write in the box below)

Mixed Heritage

White and Asian

White and Black African

White and Black Caribbean

White and Chinese

Any other Mixed background
(please write in the box below)

White

British

English

Irish

Scottish

Welsh

Any other White background
(please write in the box below)

Any other ethnic background (please write in the box below)

Prefer not to say

7. Your religion or belief

Please tick the box below that best describes you

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Other religion or belief
(please write in the box below)

No religion

Prefer not to say