

Application Form

Please refer to the role description for the role you are applying for before completing this form.



Autism | ADHD
Neurodiverse Conditions

Your personal information

First name

Surname

Email address

Home Address
and Postcode

Phone / Mobile

Known as name

The role you are applying for

What role are you applying for?

How did you find out about this job role? (please tick the relevant box)

Friend/family ☐

Twitter ☐

An Employee/volunteer ☐

Facebook ☐

Indeed ☐

Instagram ☐

Educational Setting ☐

Other ☐
(please specify)

Other

Personal Statement

Please provide as much information as possible as this section will be used to assess your suitability for the role you are applying for. Feel free to add additional information if required.

Please tell us about your skills and experience relevant to this role

What knowledge, skills and experience have you acquired from either life, education, training or employment, previous volunteer work, or other activities (hobbies/sports) do you feel will support your application. (Use space on next page)

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Are there any aspects of the role where you feel you would need a bit more support or training?

Other Information

Use, this space to tell us any other information you feel we need to be aware of, or that you would like to tell us about.

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Work/Volunteering Experience

Do you currently hold any other voluntary/working roles with different organisations?

Details

Have you previously held any voluntary/working roles with any other charity organisations?

Yes ☐ No ☐

Details

Your health

Please include information of any additional support needs that we should be aware of

(it is important that you tell us about any health issues, including mental health, significant illness, or any disability where we might need to make special arrangements – please be aware that due to the physical nature of some of our roles we may find it difficult to accommodate you).

Rehabilitation of Offenders Act 1974

Please tick the relevant box

Do you have any unspent criminal convictions registered against you? No ☐ Yes ☐

Are you aware of any current police investigation in the UK or any other country following allegations made against you? No ☐ Yes ☐

If you have answered Yes to either question, this may not necessarily prevent you from working with the organisation; successful applicants will be subject to an enhanced DBS check.

Emergency contact

please supply the details of someone we can contact in case of emergency while you are working/volunteering with us

Name

Address and
Postcode

Telephone

Relationship to you

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Referees

Please provide details for **two** referees and ensure you have their permission for us to contact them. Referees could include a previous employer, tutor, volunteer manager or someone who holds a position of responsibility in the community. One of these should have known you for at least two years. **We cannot accept more than one family member, friend or people you live with as referees.**

	First name	First name	
	Surname	Surname	
	Occupation	Occupation	
	Telephone	Telephone	
	Email	Email	
	How do they know you?		
	How long have they known you?		

Data Protection Statement

SPACE need to collect personal information about you in order to process your application form - it will also form the basis of a confidential personal record in electronic format.

The information which you provide in this form and any other information obtained or provided during the course of your working with us ("the information") will be used for the purpose of assessing your suitability for roles, in emergency situations e.g. to protect life or in a medical situation, and in relation to legitimate interests of our organisation, including statistical reporting purposes.

If you choose not to accept any offer of employment that we make, the information will be retained for a further 6 months in the event of a more suitable opportunity arising, after which time it will be destroyed.

On termination of your employment, it will be held for one year and will then be destroyed under secure conditions.

You have the right to data portability, request access to, rectification or erasure of your data collected as part of this process.

In accordance with the General Data Protection Regulation, the information provided on this form will only be disclosed to those who have a legitimate reason to see it.

The lawfulness of processing this information under the General Data Protection Regulation is for Legitimate Purposes 6(f) and in compliance with legal obligations 6(c).

Declaration

Please put a X next to each statement to confirm you have read and understood this declaration.

I understand SPACE will use my information for administration and to keep in touch with me in accordance with the General Data Protection Regulations.

☐

I understand that if I am successful I will be required to provide evidence of identification and address and may need to complete an enhanced DBS (criminal record) check.

☐

I confirm that the facts included in it are true and complete. I accept that any false statements, omissions or other misrepresentations made by me may result in my immediate dismissal.

Signed

Date

When submitting this form electronically please type your name in place of a written signature, we will ask you to sign a printed copy if you are successful.