

**Declaration Form for Post of Head of Business Improvement**

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| --- | --- | --- | --- |
| **Contact Details** | | | |
| Surname |  | | |
| First name/s |  | | |
| Address  City  Postcode |  | | |
| Mobile number |  | Discretion required: |  |
| Home number |  | Discretion required: |  |
| Work number |  | Discretion required: |  |
| Email address to be used for primary communication | |  | |

|  |  |  |
| --- | --- | --- |
| **References** | | |
| An offer of employment would be made subject to receiving satisfactory references. Please provide the full contact details of 2 referees. We will inform you before contacting any of your referees and will only contact your current employer having offered you the position, subject to references. | | |
|  | Referee 1  (Current/most recent employer) | Referee 2 |
| Full Name |  |  |
| Position |  |  |
| Organisation |  |  |
| Relationship to you |  |  |
| Address  City  Postcode |  |  |
| Work number |  |  |
| Mobile number |  |  |
| Email address |  |  |
| Prior consent required |  |  |

|  |  |
| --- | --- |
| **Driving** | |
| Do you hold a driving licence which entitles you to drive in the UK? | Yes/No |
| Do you have a car available for work? | Yes/No |

|  |  |
| --- | --- |
| **Guaranteed Interview Scheme** | |
| Castles and Coasts Housing Association has made a commitment to guarantee an interview to all job applicants with a disability who meet the essential criteria for the post. The Association defines a disability as a physical or mental impairment which has a substantial and long-term adverse effect on an individual’s ability to carry out normal day to day activities. | |
| Do you have a disability | Yes/No |
| Are there any steps we can take to make it easier for you to attend the interview? | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Recruitment and Selection Process** | | | |
| Can you attend the specified interview dates | Yes/No | If you selected No, please specify your availability |  |
| How did you hear of this post? | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Declarations** | | | | |
| Are you entitled to work in the UK?  (*Evidence of eligibility to work in the UK will be required if you are offered the post).* | | | | Yes/No |
| *Castles & Coasts Housing Association is an equal opportunities employer and will not unfairly discriminate against you if you declare you have a criminal record. Criminal records are only taken into account when the conviction may be relevant to the job for which you are applying. Please inform us of any convictions which are not spent under the Rehabilitation of Offenders Act 2004 (as amended).* | | | | |
| Do you have any unspent criminal convictions?  *(If Yes, please provide details on a separate sheet marked ‘CONFIDENTIAL’ and submit it with this form).* | | | | Yes/No |
| *Some Castles & Coasts Housing Association posts require an Enhanced Disclosure & Barring Service (DBS) check and are exempt from the Rehabilitation of Offenders Act 1974 (as amended). This will require the disclosure of all convictions. DBS checks will be carried out upon offer of employment.*  *If a DBS check is required, Castles & Coasts Housing Association will arrange and pay for this. The recruitment pack will confirm where this is the case. The question below should ONLY be answered if an Enhanced DBS**check is required.* | | | | |
| Do you have any criminal convictions? (spent or unspent)  *(If Yes, please provide details on a separate sheet marked ‘CONFIDENTIAL’ and submit it with this form).* | | | | Yes/No |
| *We need to know of any previous or current connections you have with Castles and Coasts Housing Association. These will not preclude you from seeking employment, but we need to ensure fairness and transparency in the recruitment process.* | | | | |
| Have you previously worked for Two Castles or Derwent and Solway Housing Associations, prior to the merger of these organisations to Castles and Coasts Housing Association on 31st July 2017?  (*If Yes, when did you leave?)* | | | | Yes/No |
| Do you or any of your immediate family have any connections with Castles and Coasts Housing Association, its staff or its Board/Committee members?  *(If Yes, give details)* | | | | Yes/No |
| Are you a Castles and Coasts Housing Association resident, or related to a Castles and Coasts Housing resident?  *(If Yes, give details)* | | | | Yes/No |
| Do you have any interest that may relate to the work of Castles and Coasts Housing Association– be it employment, contracts, positions of responsibility, financial interest, through you or a partner or close relative?  *(If Yes, give details)* | | | | Yes/No |
| Is there anything in your employment history that you should reasonably draw to Castles and Coasts Housing Association attention, which, if it came to light subsequently, could adversely affect the Association’s reputation?  *(If Yes, please provide details on a separate sheet marked ‘CONFIDENTIAL’ and submit it with this form).* | | | | Yes/No |
| *‘Are you aware of any business dealings between CCHA and any company, business, statutory or voluntary agency in which you or any close relatives are or have been involved in the past 12 months or any proposed dealings? (Close relatives being: persons related by blood or marriage, including step-parent, step-daughter, step-son. Spouse of any of these persons; co-habiting partner)’.* | | | | |
| Do you or any of your close relatives have: |  | Details | | |
| Membership of a campaigning residents’ or  community association which has interests in the business and/or operation of CCHA | Yes/No |  | | |
| Membership of another association or unregistered ‘not for profit’ body with interests in the area of operation of CCHA | Yes/No |  | | |
| Membership of secret societies or similar Organisations | Yes/No |  | | |
| I declare the information provided in this application is correct to the best of my knowledge. I understand that any false information may render an offer of employment invalid and lead to termination of employment or other disciplinary action. I also understand the information provided will be processed and I give consent for data processing under GDPR and the Data Protection Act 1998 and understand that social media vetting may take place. | | | | |
| Signed:  *(Please type your name in the signature box when returning by email)* | | | Date: | |

**Equal Opportunities Monitoring Form**

*This form will be removed from the rest of the application prior to shortlisting.*

We are committed to developing a workforce which reflects the communities it serves. In order to monitor this, applicants are invited to complete this form. The information is kept strictly confidential and is only used for monitoring purposes. This information will not be used as part of the selection process and is not seen by managers shortlisting for the post. All information use and storage will follow Data Protection legislation guidelines.

We strive to be an equal opportunities employer. However, Section 7 (2) (e) of the 1975 Sex Discrimination Act allows us to restrict certain posts to females or males.

1. Age Group

|  |  |  |  |
| --- | --- | --- | --- |
| 16–24 | 25–34 | 35–44 | 45–54 |
| 55–64 | 65 + | Prefer not to say |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Female | Male | Transgender | Prefer not to say |

2. Please give your gender:

|  |  |  |  |
| --- | --- | --- | --- |
| Heterosexual | Lesbian/Gay | Bisexual | Prefer not to say |

3. Do you identify yourself as:

4a. Do you consider yourself to have a disability?  Yes  No

4b. Are you registered disabled? Yes  No

1. How would you describe your ethnic group:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White-  White British | Black or Black British-Caribbean | Asian or Asian British-Pakistani | Asian or Asian British- Other | Mixed- White and Black Caribbean | Other Ethnic Group- Other |
| White-  White Irish | Black or Black British-African | Asian or Asian British-Bangladeshi | Mixed- White and Asian | Other Mixed Background | Prefer not to say |
| White-  White Other | Black or Black British- Other | Asian or Asian British-Indian | Mixed- White and Black African | Other Ethnic Group-  Chinese |  |

1. Which religion, if any, do you follow?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Christian (all denominations) | Sikh | Islam | Hindu | Buddhist |
| Jewish | Other | None | Prefer not to say |  |

Thank you for taking the time to complete this form.

Please return the completed application form along with the equality and diversity monitoring form to: **jim@dixonwalter.co.uk**