

# SOCIETY OF ST. JAMES

## APPLICATION FORM

POST APPLIED FOR:

Please complete the form using a black/blue pen or typescript.

If you wish to give more information, you may do so on a separate sheet.

Do not send a CV as this will not be considered  
by the Shortlisting Panel.

When you have completed the form, please return it to  
The HR Administrator by the closing date at:

Society of St. James, 125 Albert Road South, Southampton, SO14 3FR

Or

Email to: [jobs@ssj.org.uk](mailto:jobs@ssj.org.uk)

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INVESTORS  
IN PEOPLE

Gold

**OFFICE USE ONLY APPLICANT NO:**

The first 3 pages will be detached from your application and will NOT be made available to the shortlisting panel.

**EQUAL OPPORTUNITIES MONITORING**

The Society of St James has a policy of providing equal opportunities in employment. We want to ensure that no-one applying for a job is treated less favourably than anyone else because of their ethnic origin, sex, or disability. In order for the implementation of the policy to be assessed, you are asked to complete this information as part of your application.

**GUIDANCE ON COMPLETING THIS SECTION**

**YOU MUST:**

- Complete this **electronically** or **by hand** by marking an [X] in the appropriate boxes.
- Include this section as part of your completed application.

**YOU MUST NOT:**

- Amend the format of this section in any way, as it is processed electronically.
- Mark in more than one box per question, or use correction fluid to make a correction.
- Strike out a section or a box.

*Please provide a response to each of the sections below:*

<b>1. Full Name:</b>	
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<b>2. Gender:</b>					
Male		Female		Prefer not to say	

<b>3. Age:</b>					
18 – 25		26 – 35		36 – 45	
46 – 55		56 +			

<b>4. Ethnic Origin:</b>					
<b>White -</b>					
British		Irish		Other	
<b>Mixed -</b>					
White & Black Caribbean		White & Asian		White & Black African	
Other					
<b>Asian or Asian British -</b>					
Indian		Bangladeshi		Pakistani	
Other					
<b>Black or Black British -</b>					
Caribbean		African		Other	
<b>Chinese or Other -</b>					
Chinese		Other			
Prefer not to say					

<b>5. Do you consider yourself to be disabled?:</b>					
Yes		No		Prefer not to say	
<b>If YES, please choose from the following which best describe your disability:</b>					
Dyslexia		Blind / partially sighted		Deaf / hearing impairment	
Mental health disability		In need of personal care		Mobility difficulties	
Unseen disability (e.g. diabetes, epilepsy, asthma)				Multiple disabilities	
Other, not listed					

<b>OFFICE USE ONLY</b>			
Shortlisted		Recruited	
Applicant no:			

**OFFICE USE ONLY APPLICANT NO:**

**PERSONAL DETAILS – Please complete all boxes where possible.**

<b>Title:</b>	<b>First Name:</b>	<b>Surname:</b>
<b>House Name/No.:</b>		<b>Road:</b>
<b>Town:</b>	<b>Post Code:</b>	<b>D.O.B:</b>
<b>Phone Number:</b>		<b>Mobile Number:</b>
<b>E-Mail:</b>		
<b>Where did you see or hear of this post?</b>		<b>NI No:</b>

**REFERENCES**

Please give names & addresses of two referees, one of whom must be your current or most recent employer.

<b>Name:</b>
<b>Job Title:</b>
<b>Address:</b>
<b>Post Code:</b>
<b>Telephone:</b>
<b>E-Mail:</b>

<b>Name:</b>
<b>Job Title:</b>
<b>Address:</b>
<b>Post Code:</b>
<b>Telephone:</b>
<b>E-mail:</b>

We will not approach your referees unless and until a provisional job offer has been made.

**REHABILITATION OF OFFENDERS ACT 1974**

Whilst the Society would not intend to discriminate against ex-offenders, the duties outlined in the job description require that this post is exempt from the provisions of Section 4(2). The successful applicant will also be expected to co-operate in making an application to the Disclosure and Barring Service.

A criminal record does not lead to automatic elimination from the recruitment process. Any disclosure will be carefully considered by the panel, which will take account of factors such as the nature of the offence, and the time elapsed since the offence was committed.

Would you please, therefore, complete the following section:

Have you ever been convicted of a criminal offence? Yes <input type="checkbox"/> No <input type="checkbox"/>
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If the answer is YES please give details of the date(s) of offence(s), conviction(s) and sentence(s) passed; including "spent convictions".

Date	Details of Offence	Nature of Offence	Date of Conviction	Sentence

Continue on a separate sheet if completing by hand or continue typing if completing in electronically so the box expands

**TRAINING AND QUALIFICATIONS**

Please tell us about any training you have undertaken or qualifications you have obtained or are undertaking, which are relevant to the position for which you are applying. Please state where this training was undertaken or qualifications obtained.

Relevant Training or Qualifications	Date

Continue on a separate sheet if completing by hand or continue typing if completing in electronically so the box expands

**WORK EXPERIENCE**

Please tell us about your work experience. Include any unpaid or voluntary work relevant to the position for which you are applying. **Please start with your current or most recent job.**

Name & Address of organisation	Job held	From	To	Salary

Continue on a separate sheet if completing by hand or continue typing if completing in electronically so the box expands

**JOB SPECIFIC INFORMATION**

Please use this section to show how you meet the requirements of the job, which are set out in the Person Specification. Under suitable headings tell us how you have the necessary experience, knowledge, skills and abilities which we require and give us examples. This may be gained through home and voluntary activities as well as at work.

Continue on a separate sheet if completing by hand or continue typing if completing in electronically so the box expands

**OFFICE USE ONLY APPLICANT NO:**

**OTHER INFORMATION**

**Health & Safety:**

For health & safety reasons we need to know about your general health.

Do you have any health problems or disability that you would like taken into account, or do you have any health problems which might affect your ability to do this job?

Yes  No

If YES please give details:

**General Information:**

Are you related to, or in a relationship with a member of the Society's Staff, Board or Service User?

Yes  No

Have you ever been a user of one of the Society's services?

Yes  No

If yes, when did you stop using the service?

If you answered YES to any of the above questions, please give details:

Do you have any current convictions? Yes  No

Do you have a car and full driving licence? Yes  No

What is the period of notice required by your present employer?

**I declare that the above information provided by me is correct.**

**Signed:**

**Date:**