**Application Form**

Thank you for expressing an interest in working for Survivor’s Manchester. The aim of the organisation is to break the silence of the sexual abuse, rape and sexual exploitation of boys and men in order to empower those affected to defeat the legacy of abuse to move towards positive futures.

Please complete the information below to the best of your ability and return it by email to:

admin@survivorsmanchester.org.uk

or by post, ensuring it reaches us by the closing date

**Survivors Manchester**

P.O Box 4325

Manchester

M61 0BG

Please note that all applications received after the closing date will be automatically rejected.

Successful applicants will be required to attend an interview and there are a number of mandatory training sessions that all workforce must attend, both in small groups and individually.

Most positions within Survivors Manchester will require a DBS check which will need to be conducted prior to undertaking the role.

**1. Personal Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *[ ]  Mr* | *[ ]  Mrs*  | *[ ]  Miss* | *[ ]  Ms* | *[ ]  Other:*  |
| *Surname:* |  |
| *First name(s):* |  |
| *Home address:* |  |
| *Postcode:* |  |
| *Home Tel:* |  |
| *Mobile Tel:* |  |
| *Email:* |  |

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| --- |
| *Please indicate your preferred method of contact* |
| [ ]  Postal Address | [ ]  Telephone | [ ]  Mobile | [ ]  Email |

**2. Training & Education**

Please detail your training and education experience, starting with the most recent and include any CPD you have undertaken

|  |  |  |
| --- | --- | --- |
| **Dates** | **Course** | **Qualification/Grade** |
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**3. Employment**

Please detail your training and education experience, starting with the most recent and include any CPD you have undertaken

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| *What is your current occupation?* |
| [ ]  Employed | [ ]  Unemployed | [ ]  Retired |
| [ ]  Self Employed | [ ]  Student | [ ]  Other |

|  |
| --- |
| *If employed/ self-employed what is your job role and which company do you work for?* |
| *Employment date:* |  |
| *Organisation:* |  |
| *Work Address:* |  |
| *Postcode:* |  |
| *Role:* |  |
| *Current duties and responsibilities:* |  |
| *Reason for leaving:* |  |

Please state all the paid or unpaid work you have undertaken and please account for any gaps there may be. Please continue on a separate sheet stating clearly which section of the form you are continuing and include your name.

|  |  |
| --- | --- |
| *Dates (from/to):* |  |
| *Organisation:* |  |
| *Role* |  |
| *Duties and responsibilities* |  |
| *Reason for leaving:* |  |

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| --- | --- |
| *Dates (from/to):* |  |
| *Organisation:* |  |
| *Role* |  |
| *Duties and responsibilities* |  |
| *Reason for leaving:* |  |

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| *Dates (from/to):* |  |
| *Organisation:* |  |
| *Role* |  |
| *Duties and responsibilities* |  |
| *Reason for leaving:* |  |

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| --- | --- |
| *Dates (from/to):* |  |
| *Organisation:* |  |
| *Role* |  |
| *Duties and responsibilities* |  |
| *Reason for leaving:* |  |

**4. References**

*Please give details of 2 people (to whom you are unrelated and have known for at least 2 years) who will be able to offer a reference about your ability to act as a volunteer in this role.*

*References supplied will be held in the paper file only in accordance with the Data Protection Act 1998.*

|  |
| --- |
| ***Referee 1*** |
| *Name:* |  |
| *Address:* |  |
| *Postcode:* |  |
| *Contact Tel:* |  |
| *Contact Email:* |  |
| *Relationship:* |  |

|  |
| --- |
| ***Referee 2*** |
| *Name:* |  |
| *Address:* |  |
| *Postcode:* |  |
| *Contact Tel:* |  |
| *Contact Email:* |  |
| *Relationship:* |  |

**5. Criminal records**

For all client facing positions we require you to complete a Self-Declaration Form. For some roles we also require a Disclosure Barring Scheme (DBS) Disclosure.

Having a criminal record however will not necessarily bar you from working with Survivors Manchester but this will depend on the nature of the opportunity sought and the circumstances and background of the offence.

For more details an informal chat or to have any queries you may have answered, please contact admin on 0161 236 2182 or email admin@survivorsmanchester.org.uk

If you do not consent to these checks being carried out, or if consent is withheld, we will unfortunately be unable to proceed with your application.

Survivors Manchester is unable to work with anyone who is under investigation for or has a conviction for any sexual offence. Therefore, we are unable to proceed any applications from individuals with the same parameters.

|  |  |  |
| --- | --- | --- |
| *Do you have any unspent criminal convictions?* | [ ]  Yes  | [ ]  No |
| *Are you prepared to complete a Self-Declaration Form and DBS if needed?* | [ ]  Yes  | [ ]  No |

**6. Diversity Monitoring**

You do not need to complete this section, however as Survivors Manchester is striving to ensure equality of opportunity, we wish to monitor our recruitment practices.

Please note that answers given here will not affect your application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Date of Birth* |  |  | *Gender at Birth* |  |

|  |  |
| --- | --- |
| *Is your gender the same now as it was at birth?* |  |

|  |
| --- |
| *What is your ethnic origin? Please X the box that best describes you.* |
| [ ]  | British | [ ]  | Caribbean |
| [ ]  | British English | [ ]  | African |
| [ ]  | British Northern Irish | [ ]  | Other black background |
| [ ]  | British Scottish  | [ ]  | Other mixed background |
| [ ]  | British Welsh | [ ]  | Indian |
| [ ]  | Irish | [ ]  | Pakistani |
| [ ]  | Other White background | [ ]  | Bangladeshi |
| [ ]  | White and black Caribbean | [ ]  | Other Asian background |
| [ ]  | White and black African | [ ]  | Chinese |
| [ ]  | White and Asian | [ ]  | Other background |
| [ ]  | Traveller/Gypsy | [ ]  | I prefer not to say |

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| --- |
| *How would you describe your sexuality* |
| [ ]  | Straight (Heterosexual) | [ ]  | Gay (Homosexual) |
| [ ]  | Lesbian (Homosexual) | [ ]  | Bisexual |
| [ ]  | Other (please specify) |

The Disability Discrimination Act describes a disability as *“a physical or mental impairment which has a substantial and long-term effect upon a person’s ability to carry out normal day-to-day activities”.* Using this definition, please tick the relevant box:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I would |  | I would not  | consider myself to have a disability |
|  | I would |  | I would not  | require any special adaptations / equipment to take up a role |
| If so please specify: |

**7. Declaration**

I confirm that the information given is true and complete to the best of my knowledge.

I understand that Survivors Manchester will:

* in considering my application, treat the information given in this form in confidence;
* not disclose information to any third party without my prior agreement;
* if I am accepted as a volunteer, retain this information to contact me.
* Send me information about the product and services of Survivors Manchester and its subsidiaries, unless I tick this box [ ] .

I understand my right to request to see all the information held about me on any record at Survivors Manchester.

In signing this form I give my consent for the information to be used as above.

|  |  |
| --- | --- |
| **Signed \*** |  |
| **Name** |  |

|  |
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| *How did you hear about the vacancy at Survivors Manchester?*  |
| [ ]  Business Support Agency | [ ]  Care Leaver |
| [ ]  Carer | [ ]  Employer |
| [ ]  Family | [ ]  Friend |
| [ ]  Internet | [ ]  Job Centre/Benefits agency |
| [ ]  Leaflet | [ ]  Leaving Care Team |
| [ ]  Mentoring Project Staff | [ ]  Magazine/Newspaper |
| [ ]  Other | [ ]  Personal Advisor |
| [ ]  Police/Probation Service | [ ]  Survivors Manchester Client |
| [ ]  Survivors Manchester Staff | [ ]  Survivors Manchester Volunteer |
| [ ]  Survivors Manchester worker | [ ]  School/College/University |
| [ ]  Youth worker | [ ]  Social Worker |
| [ ]  TV/ Radio | [ ]  Word of mouth |
| [ ]  (Other please state) I'm already very familiar with the organisation. |

**Please complete the consent form attached**

**CONSENT TO CHECKS OF CONFIDENTIAL INFORMATION**

As part of my application to work with Survivors Manchester, I consent to the personal identity details I have provided being checked against information held by the Department for Children and Education, such as the confidential Client Index Register and the Child Protection Register.

I consent to Survivors Manchester providing any relevant information to the above organisations and for any relevant information held about me to be shared with

Survivors Manchester.

I understand that these checks are additional to the check being sought from the Disclosure Barring Scheme and are solely for the purpose of assessing my suitability to become a volunteer with Survivors Manchester.

|  |
| --- |
| *Title* |
| *[ ]  Mr* | *[ ]  Mrs*  | *[ ]  Miss* | *[ ]  Ms* | *[ ]  Other:* |

|  |  |
| --- | --- |
| Surname |  |
| First Names |  |
| Maiden Name: |  |
| Previous /otherSurnames Used: |  |
| Date Of Birth:  |  |
| Address: |  |

|  |  |
| --- | --- |
| Signed: |  |
| Date: |  |