



JOB APPLICATION FORM

Please complete this application form (and the Equal Opportunities monitoring form) and return them by e-mail to: trustees@prcbc.net

Please mark your email '**Job Application – Legal Administrator**'

Position applied for: Legal Administrator

1) Personal Information

Full name:

(Please underline your surname or family name)

Address:

Telephone no:

(Home)

(Work)

Email address:

2) Education

Dates	Name and location of school/college attended	Exams passed/qualifications obtained

3) Professional Qualifications and Training		
Dates	Type of training course and name/location of provider	Qualifications obtained

4) Employment history		
Dates	Name and address of employer	Job title, main duties, present/final salary and reasons for leaving/wanting to leave

5) Please explain how your work experience (both paid and unpaid), skills and abilities help you to meet the selection criteria set out in the person specification for this post.

A decision on whether to interview you will be based on your ability to provide evidence here of your suitability for the post in relation to the person specification criteria. A final decision on who to select for the post will be based on this form as well as on your interview and on your references.

Therefore, you should use this section of the application form to demonstrate how you meet the different selection criteria. This includes explaining the nature and scope of any relevant employment or voluntary work. It is important not to assume that your experience or qualifications speak for themselves. You may add additional sheets if you wish to continue your answer, **but please do not include a CV or any other supporting documents**, as these will not be considered.

6) Further information

- i) How did you find out about this post?
- ii) How long is the notice period for your present post?
- iii) Do you consider yourself to be disabled?

If yes, please indicate any aid(s)/adjustments required at interview or if appointed

- iv) Have you any current disciplinary warnings outstanding from your current employment?

If yes, please provide brief details

6. References

Please provide the names and details of two people able to provide a reference for you. **One must be your current or most recent employer.**

Reference 1

Name _____

Address _____

Telephone _____

Email _____

Occupation _____

Connection with you _____

Reference 2

Name _____

Address _____

Telephone _____

Email _____

Occupation _____

Connection with you _____

7. Declaration

In accordance with the Data Protection Act 2018, I give my consent for the information contained in this form, including any defined as 'sensitive personal data', to be processed in accordance with PRCBC recruitment and employment policies. I understand that if I am appointed, this application form will form part of my personal file and that if I am not appointed it will be stored securely and confidentially for up to a year and then destroyed.

I confirm the information I have supplied above is, to the best of my knowledge, true and accurate.

Signature: _____

Date: _____

PRCBC Equal Opportunities Monitoring Form

PRCBC is committed to equal opportunities in its policy of employment and service delivery. Please assist us by filling in this form, which will be used solely for monitoring purposes. All information on this form will be treated as confidential and will be processed in accordance with the Data Protection Act 2018. This form will be detached from the application form and no information entered here will be used for the purposes of selection.

Post applied for _____

Where did you find out about this job? _____

Please tick as appropriate

1. Gender

Male Female Other _____ Prefer not to say

2. Age

Under 25 25-34 35-44 45-54 55-64 65+ Prefer not to say

3. What is your sexual orientation?

Bisexual Gay Man Gay Woman/Lesbian Heterosexual/Straight
 Other _____ Prefer not to say

4. Ethnic Origin

White

English / Welsh / Scottish / Northern Irish / British
 Irish
 Gypsy or Irish Traveller
 Any other white background

Black/African/Caribbean/Black British

African
 Caribbean
 Any other Black / African / Caribbean background

Asian/Asian British

Indian
 Pakistani
 Bangladeshi
 Chinese
 Any other Asian background

Mixed/multiple ethnic groups

White & Black Caribbean
 White & Black African

- White & Asian
- Any other Mixed/multiple ethnic background

Other ethnic group

- Arab
- Any other ethnic group
- Prefer not to say

5. Do you consider yourself to be disabled as defined by the Equality Act?

The Equality Act 2010 defines disability as a physical or mental impairment, which has a substantial long-term adverse effect on a person's ability to carry out normal day-to-day activities. Long term means 12 months or more.

- Yes
- No
- Prefer not to say

If yes, please specify the nature of your disability

6. What is your religion/belief?

- No religion
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Agnostic
- Other
- Prefer not to say

7. Do you have caring responsibilities for a child or adult relative?

- Yes
 - No
 - Prefer not to say
-

Thank you for taking the time to complete this form.