

Application Form

Completed forms to be sent to:

Onside Independent Advocacy, Williamson House, 14 Charles Street, Worcester WR1 2AQ

Onside Independent Advocacy is committed to equal opportunities in employment and we positively welcome your application irrespective of your gender, race, disability, colour, ethnic or national origin, nationality, sexuality, marital status, responsibility for dependants, religion, trade union activity and age.

Please complete all sections of the form in black ink and CAPITAL LETTERS. If any sections do not apply to you, enter not applicable (n/a).

Application for	or the post of:			
Based at:		Williamson House, 14 Charles St, Worcester, WR1 2AQ		
Closing Date:				
		1		
Personal Det	ails			
Surname:			Other names:	
Address:				
Postcode:				
Home Telepho	one:		Mobile:	
Email:				
Are you relate If Yes, please	d to, or know anyo give details:	ne working at On	side? Yes No	
	ere independent teet this need:	travel across the	e county is essential, p	lease explain how
Education				
Schools attend	ded since age of 1	1	Dates	Qualifications

			I			
Further/Higher Education			Dates		Qualific	cations
Membership of an	y Organisation relev	ant to t	this job:			
Name of Organisation		Ту	Type of Membership		Date(s)	
Current or Lates	t Employment (Con	tinue o	n separate sheet if ne	cessar	y)	
Cross lover	A 1.1					_
Employer	Address	Post	t & outline of duties	Date	es	Reason for
Employer	Address	Post	t & outline of duties	Date	es	Reason for Leaving
Employer	Address	Post	t & outline of duties	Date	es	
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Employer	Address	Post	t & outline of duties	Date	es	
Employer	Address	Post	t & outline of duties	Date	es	
Employer	Address	Post	t & outline of duties	Date	es	
Employer	Address	Post	t & outline of duties	Date	es	
Employer	Address	Post	t & outline of duties	Date	es	
Employer	Address	Post	t & outline of duties	Date	es	
Current Salary:	Address	Post	t & outline of duties	Date	es	
Current Salary:		Post	t & outline of duties	Date	es	
		Post	t & outline of duties	Date	es	

Previous Employment				
Employer	Address	Post & outline of duties	Dates	Reason for Leaving

SUPPORTING STATEMENT		
In order for us to decide whether to call you for an interview, it is essential that you provide us with sufficient detail of any experience and skills which demonstrate how you meet the requirements of this job, as set out in the job description and person specification. You may		
continue on a separate sheet(s) or document if you wish. You should ensure that any additional sheet(s) are attached and include your name and job reference number/job title.		

Onside Values - We are passionate about what we do - We value difference - We are creative in our approach - We are committed to fairness and justice Please provide examples of how you would support these values in the work place.			
Voluntary Work			
Organisation	Details of Volunteering	Dates	
Other Relevant Training			

REFEREES			
Please give the names of two people we can o	ontact for a reference, one of these should be		
your current or most recent employer			
First Referee	Second Referee		
Name	Name		
Job Title	Job Title		
Address	Address		
Town	Town		
Postcode	Postcode		
Email	Email		
Capacity in which	Capacity in which		
the referee is known	the referee is		
to you	known to you		
May they be approached prior to interview	May they be approached prior to interview ☐ Yes ☐No		
Yes No	YesINO		
Data Protection Act 1988 – Consent and Ce	ertification of Details		
	m may be used by the Company in the monitoring		
	es and practices, and in particular its Equal		
	nitoring is for statistical purposes only and you will		
	wever, your personal details contained in the		
application form may be used in the prevention or detection of fraud. Where this occurs you will be identifiable.			
Application forms of unsuccessful candidates will be destroyed after 6 months following an			
appointment to the job. Giving false information will result in your application not being pursued			
or your contract being terminated if you have already been appointed to the job.			
I consent to Onside recording and processing the information detailed in this application form. I understand that this information may be used by the Company in pursuance of its business			
purposes and my consent is conditional upon the Company complying with their obligations			
under the Data Protection Act 1998.			
I also confirm that the information contained in this application form is correct.			
Signature:			
Deter			
Date:			