# 

## Employment Application Form

Please read the attached Job Description thoroughly, including the selection criteria listed in the Person Specification. These can be found in the attached Recruitment Pack.

**Please note that your application will need to evidence how/where/when you have gained the particular skills and experience we are looking for.**

Please complete the job application form and return it to Lymphoma Action ([jobs@lymphoma-action.org.uk](mailto:jobs@lymphoma-action.org.uk)) Curriculum Vitae will only be accepted if accompanied by a completed job application form.

If you have any queries about the application process, please contact Non Kinchin-Smith, HR Officer, at [job@lymphoma-action.org.uk](mailto:job@lymphoma-action.org.uk)

|  |
| --- |
| **Post applied for:** |

**Where did you see the advert for this role?**

**Part one: Personal details**

The personal information contained in this part of the application form will be treated with the strictest confidence. Please see the Privacy Policy on our website for further information.

**Title: Forenames:**

**Surname**:

**Address:**

**Telephone (home):**

**Telephone (mobile):**

**May we contact you at work/during office hours? Yes/No**

**Email address:**

**Part two: Education, training, qualifications and registrations to professional bodies.**

Please give details (including dates) of any training and qualifications obtained that are relevant to this post, along with membership of professional bodies. Please also include awarding bodies and date of award for any qualifications that would not otherwise be stated.

|  |  |  |
| --- | --- | --- |
| **Education, apprenticeships and qualifications (secondary education onwards)** | | |
| **Name of institution** | **Qualifications** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Other training relevant to this post** | |
| **Type of training** | **Date** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional membership** | | | |
| **Professional body** | **Membership number** | **Level of membership** | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Part three: Current/most recent employment**

|  |  |  |
| --- | --- | --- |
| **Job title** | | **Dates employed**  **From:**  **To:** |
| **Name and address of employer** |  | |
| **Part-time or full-time role?** |  | |
| **Main duties and responsibilities:** | | |
| **Reason for leaving/seeking new employment** |  | |
| **Notice period required** |  | |
| **Current/most recent salary (excluding any allowances, commissions, bonuses, etc)** |  | |

**Part four: Past employment and work experience (most recent first)**

Please ensure you provide details for the past five years, (including voluntary and/or non-executive roles), and account for any gaps in your work employment history. If you have held less than three positions during the past five years, please provide details of at least three positions including your current employment. Lymphoma Action reserves the right to approach all previous employers for references for the purposes of selection and appointment. Please continue on additional sheets if necessary.

|  |  |  |
| --- | --- | --- |
| **Job title** | | **Dates employed**  **From:**  **To:** |
| **Name and address of employer** |  | |
| **Part-time or full-time role?** |  | |
| **Main duties and responsibilities:** | | |
| **Reason for leaving/seeking new employment** |  | |

|  |  |  |
| --- | --- | --- |
| **Job title** | | **Dates employed**  **From:**  **To:** |
| **Name and address of employer** |  | |
| **Part-time or full-time role?** |  | |
| **Main duties and responsibilities:** | | |
| **Reason for leaving/seeking new employment** |  | |

|  |  |  |
| --- | --- | --- |
| **Job title** | | **Dates employed**  **From:**  **To:** |
| **Name and address of employer** |  | |
| **Part-time or full-time role?** |  | |
| **Main duties and responsibilities:** | | |
| **Reason for leaving/seeking new employment** |  | |

|  |  |  |
| --- | --- | --- |
| **Job title** | | **Dates employed**  **From:**  **To:** |
| **Name and address of employer** |  | |
| **Part-time or full-time role?** |  | |
| **Main duties and responsibilities:** | | |
| **Reason for leaving/seeking new employment** |  | |

*Please continue on a separate sheet, if necessary*

**Part five: Statement in support of your application**

Shortlisting and selection will be made against the enclosed Person Specification (part of the Job Description). Before completing this section, please ensure you have read the Person Specification to find out what experience, knowledge, skills, abilities and qualities we are looking for.

Please show us how you meet each of the selection criteria, and why you are interested in the role you are applying for. Please continue on additional sheets, as necessary.

**Supporting statement:**

*Please continue on a separate sheet if necessary*

**Part six: Disability**

In line with disability discrimination legislation, Lymphoma Action will ensure that any applicant who states s/he has a disability, and who meets the criteria for the role, will be shortlisted for interview. In order to facilitate this, we inform our shortlisting panel of any applicants with a disability. Please read the information below before answering the questions in the following box.

The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities.

The definition of ‘disability’ may be summarised as follows:

* The person must have a physical or mental impairment, which has substantial adverse effects.
* The substantial adverse effects must be long-term, ie, the impairment has lasted or is likely to last for at least 12 months, or is likely to last for the rest of the life of the person affected.
* The long-term substantial effects must have an adverse effect on normal day-to-day activities.
* The impairment can include sensory or physical conditions, as well as chronic medical conditions, mental health problems and dyslexia or other specific learning difficulties.

**Do you consider yourself to have a disability?** Yes / No

**If ‘yes’, and you meet the criteria for the role and are invited to interview, please tell us about any specific requirements,** **aids, adaptations, equipment or special arrangements you may have which would facilitate your interview.**

Please note that interviews will be conducted remotely using Microsoft Teams or Zoom video-conferencing.

**Part seven: References**

Any role offer will be conditional upon the receipt of at least two satisfactory references. Referees will not be contacted before interview or without an applicant’s permission.

It is Lymphoma Action’s policy to seek references for successful applicants that cover the past **five years** of employment. Please give the names and addresses of at least two employer referees over the last five years to whom we can apply to for a reference. These referees must be able to comment on your ability to meet the demands of the job for which you are applying and at least one of them should have been a former line manager of yours.

In addition, if you are currently in work, one of your referees should be your current employer.

**Reference 1 (current/most recent employer) (must be a senior representative and not a peer)**

Name:

Job title:

Organisation/company address:

Work telephone number:

Email:

In what capacity do you know the above person?

**Reference 2 (previous employer in the last five years)**

Name:

Job title:

Organisation/company address:

Work telephone number:

Email:

In what capacity do you know the above person?

**Reference 3 (previous employer in the last five years)**

Name:

Job title:

Organisation/company address:

Work telephone number:

Email:

In what capacity do you know the above person?

**Part eight: Declaration**

**I declare that the information I have supplied is correct, and acknowledge that if it is found to be false, I will be liable to summary dismissal.**

**Signature Date**

In accordance with the Data Protection Act, the information you provide on this form, and in any accompanying papers, will be used to assess your suitability for the post advertised. It will not be released to anyone who does not require it for this purpose. If you are employed, this information will form the basis of your employment file within Lymphoma Action; otherwise it will be destroyed one year after the post is filled, unless you give us permission to hold it on file.