## Job Application form

# In confidence

|  |
| --- |
| **Application for the post of:**  |
| **Lead Lawyer** |

Please read the instructions on this form before completing your application.

Please note that we do not accept CVs. All applications must be made on our official application form. We will only accept applications where the candidate has clearly demonstrated that they meet the personal specification.  This must be set out within the personal statement with each specification as the title, followed by a description of how the candidate meets the requirement, including reference to specific examples.

You should complete this form and return it to recruitment@professionalstandards.org.uk, by the closing date stated in the advert.

Personal Details

|  |  |
| --- | --- |
| **Surname/Family name** | **Forename(s) (in full)** |
|  |  |
| **Title (Dr Mr Mrs Miss Ms etc)** |  |
|  |  |
| **Permanent address** |
|  |
|  |
|  |
|  |
| **Postcode** |
|  |  |
| **Work telephone number** | **Mobile number** |
|  |  |
| **Home telephone number** | **Email address** |
|  |  |

 Education and Qualifications

Please give details of your education and qualifications, starting with the most recent first.

|  |  |
| --- | --- |
| Name and address of school, university, college or other institution | Qualification(s) obtained (please specify subjects and grades)  |
|  |  |
|  |  |
|  |  |
|  |  |

Training courses

Please give details of all training courses attended that you deem are relevant to the post you are applying for:

|  |  |
| --- | --- |
| Awarding body/institution | Course details & Qualification(s) obtained |
|  |  |
|  |  |
|  |  |
|  |  |

Professional memberships

Please give details of any current professional memberships.

|  |  |
| --- | --- |
| Professional membership | Organisation/Institution |
|  |  |
|  |  |
|  |  |
|  |  |

Full and Part-time work

Please give details of all full and part-time work. This includes any voluntary positions. Start with your current/most recent post and work backwards chronologically.

|  |  |
| --- | --- |
| **Employer’s name and address:** |  |
| **Start date:** |  |
| **End date:** |  |
| **Reason for leaving:** |  |
| **Positions held/main duties (including any management responsibilities):** |  |

|  |  |
| --- | --- |
| **Employer’s name and address:** |  |
| **Start date:** |  |
| **End date:** |  |
| **Reason for leaving:** |  |
| **Positions held/main duties (including any management responsibilities):** |  |

|  |  |
| --- | --- |
| **Employer’s name and address:** |  |
| **Start date:** |  |
| **End date:** |  |
| **Reason for leaving:** |  |
| **Positions held/main duties (including any management responsibilities):** |  |
| **Employer’s name and address:** |  |
| **Start date:** |  |
| **End date:** |  |
| **Reason for leaving:** |  |
| **Positions held/main duties (including any management responsibilities):** |  |

Time unaccounted for

Please give details of any time not already accounted for above.

Skills, competencies and experience

Please address below how you meet the criteria set out in the person specification. You should provide examples and evidence of previous relevant experience and how you have used specific competencies and skills.

References

Please give (in block letters) details of **two** referees. Where relevant, one should be your current or last employer.

|  |  |
| --- | --- |
| Referee 1 | Referee 2 |
| Name | Name |
|  |  |
| Job title | Job title |
|  |  |
| Full company name and address (including postcode) | Full company name and address(including postcode)  |
|  |  |
| Telephone | Telephone |
|  |  |
| Email address | Email address |
|  |  |

References will only be requested if your application is successful.

Guaranteed Interview Scheme

The Authority is committed to the employment and career development of disabled people.

***What is the GIS Scheme?***

We guarantee to interview anyone with a disability whose application meets the minimum criteria for the post. To qualify for the scheme, you are required to provide us with evidence in your application form which demonstrates that you meet the essential competences required for the role set out in the person specification and the advertisement for the post.

 ***What do we mean by disability?***

A physical or mental impairment which has a substantial and long term effect on a person’s ability to carry out normal day to day activities.

***How do I apply?***

Simply sign the declaration below. If you need assistance completing this form or would like an alternative format, please contact the Authority. Please also complete the ‘Assistance for Interview’ section below if necessary.

***Guaranteed Interview Scheme Declaration***

I consider myself to have a disability as defined above and would like to apply under the guaranteed Interview Scheme.

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  |  |

 Assistance for interview

The Authority wishes to ensure that all candidates have a fair opportunity to show their abilities in the selection process, so that our decisions are based on your ability to do the job and not any factor that is irrelevant to the post. In order to help us to do this, please indicate if you need any adjustments for the interview, such as:

[ ]  Wheelchair access [ ]  Keyboard for written tests

[ ]  Sign Language Interpreter [ ]  Accessible parking

[ ]  Induction Loop [ ]  Assistance in and out of vehicle

[ ]  Written material in large print [ ]  Voice activated software

[ ]  Personal support or assistance

If any other form of assistance is required, please provide details here:

Application declaration

I declare that the information I have given is, to the best of my knowledge and belief, true and complete. I understand that my application may be rejected or, if I have been appointed, that I may be dismissed and possibly subject to criminal prosecution, if I withhold relevant details or provide fraudulent, misleading or false information.

I confirm that I have read and agreed to the Authority’s privacy statement on how my information will be managed https://www.professionalstandards.org.uk/privacy-policy

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  |  |

Please tell us where you saw this advert?

The Guardian Website []

 The Professional Standards Authority Website []

 Twitter []

 Linkedin []

 DWP jobs/Job Centre Plus []

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equality and Diversity monitoring form**

The Professional Standards Authority wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The Authority needs your help and co-operation to enable it to do this but filling in this form is voluntary.

Please return the completed form in the envelope marked ‘Strictly confidential’ to the Governance team, 16-18, New Bridge St, Blackfriars, London, EC4V 6AG, alternatively you may email it to recruitment@professionalstandards.org.uk.

Emails may be identifiable by your email address. However, this information will never be shared with the recruiting manager.

**Gender** Female \* Gender fluid \* Male \* Non-binary \*

Prefer not to say \*

 If you prefer to use your own term, please specify here …………………….



 **Is your gender identity the same as you were assigned at birth?**

 Yes \* No \* Prefer not to say \*

 **Are you married or in a civil partnership?** Yes \* No \*

 Prefer not to say \*



 **Age** 16-24 \* 25-34 \* 35-49 \*

 50-64 \* 65+ \*

Prefer not to say \*

**What is your ethnicity? (Please select all that apply)**1

***Asian/Asian British*** \*

Bangladeshi \* Chinese \* Indian \* Pakistani \*

Prefer not to say \*

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British*** \*

African \* Caribbean \* Prefer not to say \*

Any other Black/African/Caribbean background, please write in:

***Mixed/multiple ethnic groups*** \*

White and Asian \* White and Black African \* White and Black Caribbean \* Prefer not to say \*

Any other mixed background, please write in:

***Other ethnic group*** \*

Arab \* Prefer not to say \*

Any other ethnic group, please write in:

***White*** \*

British \* English \* Irish \* Gypsy or Irish Traveller \*

Northern Irish \* Scottish \* Welsh \* Prefer not to say \*

Any other white background, please write in:

**Do you consider yourself to have a disability, mental health or health condition?**

You’re disabled under the Equality Act 2010 if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities

Yes\* No \* Prefer not to say \*

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, the HR and Governance team or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Bisexual \* Gay man \* Gay woman/lesbian \* Heterosexual/straight \* Other \* Prefer not to say \*

If you prefer to use your own term, please specify here:



**What is your religion or belief?**

 Buddhist \* Christian \* Hindu \* Jewish \* Muslim \*

 No religion or belief \* Sikh \* Prefer not to say \*

If other religion or belief, please write in:

**What is your current working pattern?**

Full-time \* Part-time \* Prefer not to say \*

**What is your current flexible working arrangement?**

None \* Flexi-time \* Staggered hours \* Term-time hours \*

Annualised hours \* Job-share \* Flexible shifts \* Compressed hours \*

Homeworking \* Prefer not to say \*
If other, please specify…………………………………………………………………

**Do you have caring responsibilities? If yes, please tick all that apply**

None \*
Primary carer of a child/children (under 18) \*

Primary carer of disabled child/children \*

Primary carer of disabled adult (18 and over) \*
Primary carer of older person \*

Secondary carer (another person carries out the main caring role) \*

Prefer not to say \*