Graphical user interface

Description automatically generated with medium confidence

**Application form**

**Trustee Apprentice**

**Please return this form to** [**hr@ddcab.org.uk**](mailto:hr@ddcab.org.uk) **or email your CV and cover letter.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name:** | |  | | |
| **Address:** | |  | | |
| **Phone:** | |  | | |
| **Email:** | |  | | |
| **Position:** | |  | | |
|  | |  | | |
| 1. Describe any skills you have that would be useful for the role. | | | | |
|  | | | | |
| 2. Please give details of any previous or current experience, including any voluntary roles. | | | | |
|  | | | | |
| 3. What do you hope to gain from the experience? | | | | |
|  | | | | |
| 4. Is there anything else you would like to say about yourself, in support of your application? | | | | |
|  | | | | |
| 5. How did you hear about this opportunity? | | | | |
|  | | | | |
| 6. Please tell us about any specific needs you would like us to consider, either at the interview or if we offer you a trustee role: | | | | |
|  | | | | |
| **References:** Please give the names and addresses of two people, other than your family, who can tell us about you – for example, an employer, teacher or someone who knows you well. | | | | |
| **Referee 1** | | | | |
| Name |  | | | |
| Address  Postcode |  | | | |
| Telephone |  | | | |
| Email |  | | | |
| In which context does this referee know you? | | |  | |
|  | | | | |
| **Referee 2** | | | | |
| Name |  | | | |
| Address  Postcode |  | | | |
| Telephone |  | | | |
| Email |  | | | |
| In which context does this referee know you? | | |  | |
| **Criminal Convictions**  The successful candidate will be required to undertake a Disclosure and Barring Service check. The possession of a criminal record will not necessarily prevent an applicant from obtaining this post, as all cases are judged individually according to the nature of the role and the background and circumstances of your offence. More information can be found in the information pack. Please get in touch to see our policy on criminal background checks.  **Have you had any previous convictions not regarded as spent under the Rehabilitation of Offenders Act 1974? Yes / No**  If yes, please provide details of the offence and the date of conviction: | | | | |
| **Declaration**  Data Protection Statement: I consent to this information being processed and stored for the purpose of recruitment and selection at Citizens Advice Derbyshire Districts, and if appointed, for the purposes of voluntary employment at Citizens Advice Derbyshire Districts.  I confirm that to the best of my knowledge, the information I have provided in the recruitment process is true and correct. I understand that if appointed on the basis of false information, I may be summarily dismissed. | | | | |
| **Signed:** | | | | **Date:** |

|  |
| --- |
| **Confidential diversity monitoring form :** |
| *Please note this section will be detached before sending your application to the recruitment panel for shortlisting. The panel will not see this information and it will not affect your application.*  The Citizens Advice service is committed to valuing diversity and promoting equality. We encourage and welcome applications from suitably qualified candidates from all backgrounds regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.  In order to achieve these aims we need to know about the diversity of people who apply to work in the service. Please help us by providing the information requested in the form below  **Data protection overview**  If you are happy to provide it, we will use this information for the sole purpose of allowing us to monitor the diversity of our applicants. The information you give us will be kept securely, won't be shared outside the service and is confidential. It will not be seen by anyone responsible for making recruitment decisions or have any impact on you directly.  If you are successful in your application and we require this information for other purposes, you will be asked to provide it separately - i.e. this form will not be used for other purposes. If you would prefer not to answer any of the questions we ask, please leave them blank. If you would like us stop using the information you provide, please contact us. |

**How did you hear about this opportunity?** Please include details below:

|  |
| --- |
|  |

**Age** - Which age bracket do you fit into? Put a cross in the relevant box.

|  |  |
| --- | --- |
| Under 25 |  |
| 25 - 34 |  |
| 35 - 44 |  |
| 45 - 54 |  |
| 55 - 64 |  |
| 65 and over |  |
| Prefer not to say |  |

**Gender** -What best describes your gender? Put a cross in the relevant box or write in a preferred term.

|  |  |
| --- | --- |
| Female |  |
| Male |  |
| I prefer to use another term – please write in………………………………………….. |  |
| Prefer not to say |  |

**Gender identity** -Do you identify as \*Trans?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

\*Trans is an umbrella term to describe people whose identity is not the same as the sex they were assigned at birth. People under the trans umbrella may describe themselves using one or more of a wide variety of terms – including transgender.

**Sexual orientation** -What is your sexual orientation? Put a cross in the relevant box or write in a preferred term.

|  |  |
| --- | --- |
| Bisexual |  |
| Gay Man |  |
| Gay Woman/Lesbian |  |
| Heterosexual/Straight |  |
| I prefer to use another term – please write in………………………………………….. |  |
| Prefer not to say |  |

**Disability** - Do you consider yourself to be a disabled person or do you have a long term health condition?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

**Neurodiversity** - Do you consider yourself to be neurodiverse?\*

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

\*Neurodiverse is an umbrella term to describe a number of neurodevelopmental conditions including ADHD, autism, dyslexia, dyspraxia, dyscalculia and dysgraphia.

*The information on this form is for monitoring purposes only. If you require any reasonable adjustments to be made in the recruitment process or at work subsequently if appointed, please make sure you tell us separately from this form. We follow the social model of disability which believes that it is the barriers created by society which disable people. We will use reasonable adjustments wherever possible to remove those barriers.*

**Religion or belief**Which group below do you most identify with? Put a cross in the relevant box.

|  |  |
| --- | --- |
| Buddhist |  |
| Christian (including all denominations) |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| No religion |  |
| Sikh |  |
| Any other religion or belief – please write in………………………………………….. |  |

**Ethnic origin**  
How would you describe yourself? Choose **one** section and put a cross in the relevant box within it or write in other.

|  |  |  |
| --- | --- | --- |
| **Asian/Asian British** | Bangladeshi |  |
| Chinese |  |
| Indian |  |
| Pakistani |  |
| Any other Asian Background  Please write in………………………………………. |  |
| **Black/African/ Caribbean/Black British** | African |  |
| Caribbean |  |
| Any other Black/African/Caribbean background  Please write in………………………………………. |  |
| **Mixed/multiple ethnic groups** | White & Asian |  |
| White & Black African |  |
| White & Black Caribbean |  |
| Any other mixed/multiple ethnic background  Please write in………………………………………. |  |
| **White** | British/English/Northern Irish/Scottish/Welsh |  |
| Gypsy or Traveller |  |
| Irish |  |
| Any other White background  Please write in………………………………………. |  |
| **Other ethnic group** | Arab |  |
| Other ethnic origin  Please write in………………………………………. |  |
| **Prefer not to say** |  |  |

**Thank you for your co-operation.**