



Post Applied for: COMMUNITY & EVENTS FUNDRAISER

1. Personal Details	
Title	Mr Ms Mrs Dr Rev
Surname	
Forename(s)	
Address	
Postcode	
Daytime Phone Number	
Evening Phone Number	
Mobile Phone Number	
Are you eligible to work in the UK?	
Do you hold a full Driving Licence?	Yes/No
Do you have access to a car?	Yes/No

2. Current or Most Recent Job	
Job Title	
Date Appointed	
Notice Required	
Name and address of employer (if any)	

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Postcode	
Salary	
Brief description of duties	
Reason for leaving	

3. Previous Employment			
Dates (from – until)	Job Title & Key Duties	Employer	Reason for leaving

3. Previous Employment (cont.)

Dates (from – until)	Job Title & Key Duties	Employer	Reason for leaving

4. Relevant Voluntary Experience (if any)

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Experience	Organisation	Dates (from/to)

5. Education and Training

Name of School, College, University etc.	Qualifications gained/ training undertaken	Dates (from/to)

6. Membership of Professional Bodies (current registration)

Name of Body/Membership	Date of Joining and Renewal Date	Membership no.
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References

Please provide details of two referees below. At least one should be an employment referee and this should be your present or last employer.

Approach for references will only be made after acceptance of employment offer. Completion of this application form will be taken as your consent to apply for references.

	Referee 1	Referee 2
Name:		
Job Title and Company:		
Address:		
Postcode:		
Email:		
Telephone:		
In what capacity have you known this person?		

Your Experience/Skills

Please demonstrate, with specific examples, how you meet **each** of the key competencies and skills as outlined in the job description/person specification.

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Reason for Applying

Please state why you think you are suitable for this post, and the reason why you are applying.

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Where did you see this post advertised?	

Signature:	Date:
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Please return your completed application to r.amiel@richmondshope.org.uk

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Equal Opportunities Monitoring Questionnaire (optional)

Richmond's Hope Equal Opportunities Policy aims to ensure that individuals are not discriminated against on the grounds of race, colour, culture, ethnic origin, religion, gender, disability, marital status, responsibility for dependants, sexual orientation or age. Please complete all sections of the questionnaire below by placing a tick (☐) or by providing information where appropriate in the classification box applying to you in each section.



Name:

Post Applied For:

GENDER AND SEXUAL ORIENTATION

Female ☐ Male ☐ Non binary ☐ Transgender ☐

Lesbian ☐ Gay ☐ Bisexual ☐ Heterosexual ☐ Prefer not to Say ☐

AGE

Under 21 ☐ 22 - 34 ☐ 35 - 49 ☐ 50 - 64 ☐ 65+ ☐ Prefer not to Say ☐

DISABILITY

Do you have a recognised disability as outlined in the Equality Act 2010 a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities?

Disabled ☐

Not Disabled ☐

Prefer not to Say ☐

If yes, please tell us what your disability is:

ETHNIC ORIGIN

Individuals should determine with which of the undernoted categories they most closely associate themselves having regard to their ethnic or cultural background:

- | | | | |
|--------------------------------------|------------------------------------|--|---------------------------------------|
| ☐ 1. Scottish | ☐ 2. UK | ☐ 3. European | ☐ 4. Asian |
| ☐ 5. Chinese | ☐ 6. Indian | ☐ 7. Bangladeshi | ☐ 8. Pakistani |
| ☐ 9. African | | ☐ 10. Other (please specify): | |

Thank you for your help in completing this form. Please note that this information and the accompanying form may be stored or processed for monitoring purposes and that you consent to that storing or processing in returning either form. This form will be securely destroyed within six months.