|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CONFIDENTIAL | | | | | Applicant Reference No: | | | |  |
| Personal Details and Declaration Form | | | | | | | | | |
|  | | | | | | | | | |
| **Application for the post of** | | | |  | | | | | |
| PERSONAL DETAILS | | | | | | | | | |
|  | | | | | | | | | |
| **Full name:** | |  | | | | | | | |
| **Address:** | |  | | | | | | | |
| **Postcode:** | |  | | | | | | | |
|  | | | | | | | | | |
| **Telephone** | | | | | | | | | |
| landline: |  | | | | mobile: |  | skype: |  | |
|  | | | | | | | | | |
| **Email address:** | | |  | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **APPLICANT DECLARATION** | | | | | | | | | |
| I declare that to the best of my knowledge and belief the information I have given on the application form is true. I confirm to the best of my knowledge there are no medical or other reasons which would prevent me from undertaking the duties of this post. I understand that to have knowingly given false information could lead to the withdrawal of any offer or may result in termination of contract if service has commenced.  Signature: ………………………………………………………………………………………….….  Date: ………………………………… | | | | | | | | | |

Once you have completed the application form please

**email to** [**secretariat@nswp.org**](mailto:secretariat@nswp.org) **with RECRUITMENT in the subject line.**

**NB** The first 3 pages of this form will be removed prior to short listing

|  |
| --- |
| **References Form** |

|  |
| --- |
| Please give names and addresses of two referees who can speak for your competence to fulfil the requirements of the post. References will only be taken up for shortlisted applicants**.** |

|  |  |
| --- | --- |
| Referee 1: | |
| Name : |  |
| Address : |  |
| Telephone contact no. : |  |
| Email address : |  |
| Skype name : |  |
| Occupation : |  |
| Relationship to you : |  |
| Referee 2: | |
| Name : |  |
| Address : |  |
| Telephone contact no. : |  |
| Email address : |  |
| Skype name : |  |
| Occupation : |  |
| Relationship to you : |  |

|  |  |  |  |  |  |  |  |  |  |
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| **Equal Opportunities Monitoring Questionnaire** | | | | | | | | | |
| NSWP is committed to equality of opportunity in employment. Applicants will not be treated less favourably on the grounds of gender, disability (incl. HIV status), ethnic origin, sexual orientation, involvement in sex work, age, nationality, marital status, responsibility for dependants or religious or political beliefs. In order to monitor the effectiveness of our Equal Opportunities Policy, we ask all applicants to provide the information requested below. This information will be held in strictest confidence and will not be seen by the selection panel. It will in no way affect the outcome of your application. The information will be anonymised and held on a computerised database and is subject to the provisions of the Data Protection legislation.  This questionnaire is not mandatory. | | | | | | | | | |
|  | | | | | | | | | |
| **Application for the post of** | | | | |  | | | | |
| How did you hear about the post? | | | | |  | | | | |
|  | | | | | | | | | |
| Gender |  |  | |  | |  |  | |  |
| Female | |  | | Male | |  | Transgender | |  |
| Other | |  | |  | |  |  | |  |
|  | | | | | | | | | |
| **Do you consider yourself to be disabled?** | | | | | | | | | |
|  | | | | YES | |  | NO | |  |
|  | | | | | | | | | |
| **How would you describe your ethnic origin?** (Ethnic origin refers to colour and broad ethnic group, not nationality, place of birth or citizenship.) | | | | | | | | | |
|  | | | | | | | | | |
| **How would you describe your sexual orientation?** | | | | | | | | | |
| Bisexual | |  | Gay | | |  | Heterosexual | |  |
| Lesbian | |  | Other | | |  |  | |  |
|  | | | | | | | | | |
| **How would you describe your involvement in sex work?** | | | | | | | | | |
| work/worked as a sex worker | |  | work/worked in sex industry | | |  | not worked in sex work | |  |
| Other (please specify) ………………………………………………………………………………………… | | | | | | | | | |
|  | | | | | | | | | |
| **Age:** | |  | | | | | | | |
| **Nationality:** | |  | | | | | | | |
| Dependents | | YES | | | |  | NO |  | |
|  | |  | | | |  |  |  | |
|  | |  | | | | | | | |

**NB** The first 3 pages of this form will be removed prior to short listing

**Privacy Notice**

**Purpose**: We process the personal data of applicants for employment for the purposes of enabling fair and lawful recruitment.  
  
We process the personal data of employees and contractors who undertake work for NSWP for the purposes of managing employment and other workplace activities, as well as maintaining the safety and security of persons and premises.

**Legal Basis**: The legal basis for processing this data is necessary for performance of contract

**Recipients of Data**: The data will be processed by NSWP. This data will not be passed to a third party or transferred outside the EU.

**Retention Period**: For successful applicants the data will be held for 7 years as required by NSWP donors, for unsuccessful applicant’s data will be held for 12 months in line with our retention policy.

**Your rights**: Your core rights as a data subject apply to this processing (including data portability). This data will not be used in automated decision –making.

**Is it obligatory to supply this data and what are the consequences of not supplying the data:** Yes, the supply of certain categories of personal data (for example address) must be supplied for these purposes. If you are unable to supply this personal data, you may not be able to work for NSWP.

Application Form

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please complete this form in black ink and email your completed application to** [**secretariat@nswp.org**](mailto:secretariat@nswp.org) | | | | | | |
| **Application for the post of** | | |  | | | |
| PERSONAL DETAILS Personal details such as name, address and age have been intentionally omitted from this part of the application form. This is to ensure that your application will be shortlisted only on the basis of your experience, skills and fit with NSWP to the above post.  Your application will be identified by the applicant reference number at the top of this form. Please ensure that you fill in your personal details and declaration form, references form and the equal opportunities monitoring form, none of which will be examined by the selection panel until after applicants have been shortlisted for interview.  **Please do not write your name on any additional sheets you attach to your application.** | | | | | | |
| Employment | | | | | | |
| Name and address of last or current employer: | | | | | | |
| Job title: | | | | | | |
| Dates employed | from: |  | | to: |  | |
| Give a brief description of your duties: | | | | | | |
| Give details and dates of any voluntary work you have done or other relevant life experience: | | | | | |
|  | | | | | |

|  |  |  |
| --- | --- | --- |
| Why do you want to work with NSWP? | | |
|  | | |
| Experience / Skills | |
|  | Describe how you think your experience and skills will enable you to undertake the tasks listed in the Terms of Reference, **address each task separately**. Maximum of 1 page. |
|  | Describe how you think you meet the person specification set out in the Terms of Reference, **address each bullet point separately.** Maximum of 1 page. |
| **Do not send a CV in support of your application, as it will not be considered.** | |