# Application Form

**Instructions:**

* **Please complete all sections of the application as fully as possible**
* **Please write/type in black ink**
* **Ensure you put your name on any additional sheets you use**
* **Sign and date the last page of the application form**
* **Please complete and return by email to** [**recruitment@wgn.org.uk**](mailto:recruitment@wgn.org.uk) **by 9am on Tuesday 22nd April 2025**

POSITION APPLIED FOR: ISVA Manager

## PERSONAL DETAILS

|  |  |  |
| --- | --- | --- |
| First name: | Last Name: | Miss / Ms / Mrs / Other: |
|  |  |  |

|  |  |
| --- | --- |
| Address: | |
|  | |
| Postcode: |  |

|  |  |
| --- | --- |
| Telephone numbers: | Email: |
| Home:Work:Mobile: |  |

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| --- |
| Please state the languages in which you are fluent: |
|  |

|  |  |
| --- | --- |
| **Where did you hear about the advert for this role:** |  |

## EMPLOYMENT

## Please give details of your employment history, starting with your current post

|  |  |  |
| --- | --- | --- |
| 1. Current / most recent employer / organisation | | |
| Name of employer: | | |
| Position held: | From: | To: |
| Duties / Responsibilities: | | |
| Reason for leaving: | | |

|  |  |  |
| --- | --- | --- |
| 2. Employer / organisation | | |
| Name of employer: | | |
| Position held: | From: | To: |
| Duties / Responsibilities: | | |
| Reason for leaving: | | |

|  |  |  |
| --- | --- | --- |
| 3. Employer / organisation | | |
| Name of employer: | | |
| Position held: | From: | To: |
| Duties / Responsibilities: | | |
| Reason for leaving: | | |

|  |  |  |
| --- | --- | --- |
| 4. Employer / organisation | | |
| Name of employer: | | |
| Position held: | From: | To: |
| Duties / Responsibilities: | | |
| Reason for leaving: | | |

|  |  |  |
| --- | --- | --- |
| 5. **Employer / organisation** | | |
| **Name of employer:** | | |
| **Position held:** | **From:** | **To:** |
| **Duties / Responsibilities:** | | |
| **Reason for leaving:** | | |

|  |
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| **Please give reasons for any gaps in employment:** |
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**EDUCATION / QUALIFICATIONS / TRAINING**

**Please include all relevant qualifications and training undertaken: (please use additional sheets if necessary)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Institution** | **Qualification (e.g. GCSE’s, NVQ, Degree)** | **Date** | **Result** |
|  |  |  |  |
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**MEMBERSHIP/REGISTRATION WITH PROFESSIONAL BODIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Professional Body** | **Level / Type of Membership** | **Registration Number** | **Renewal Date** |
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## PLEASE TELL US WHY YOU WISH TO WORK FOR WOMEN AND GIRLS NETWORK AND WHAT INDIVIDUAL CONTRIBUTION YOU THINK YOU CAN MAKE TO THE ORGANISATION?

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| --- |
|  |

**PLEASE TELL US WHAT YOU CONSIDER TO BE THE MAIN CAUSES OF VIOLENCE AND ABUSE IN SOCIETY?**

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|  |

## WHAT DOES EQUAL OPPORTUNITIES MEAN TO YOU AND HOW WOULD YOU INCOPORATE THIS INTO YOUR WORK AT WOMEN AND GIRLS NETWORK?

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| --- |
|  |

**FURTHER INFORMATION (Please use no more than 2 extra sheets of A4 if necessary for this question).**

**With reference to the Person Specification and Job Description, please outline the skills, qualities, knowledge and experience you will bring to this post. Please state how you gained the skills/experience, whether in a paid or unpaid capacity, and where appropriate give concrete examples of their application.**

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## DISCLOSURE OF CRIMINAL CONVICTIONS: REHABILITATION OF OFFENDERS ACT 1974, EXCEPTIONS ORDER 1975 AND CHILDRENS ACT 1989

## Due to the nature of the work for which you have applied, we need to ask you to disclose any convictions. You are not entitled to withhold information about convictions which otherwise might be considered “spent”. Any information given will be completely confidential and be considered only in relation to which the Exceptions Order applies. Enhanced Disclosure Barring Checks will be carried out. Successful applications will be dependent on the results of these checks.

|  |
| --- |
| Do you have anything to disclose? |
| Yes / No |
| **If yes, please give details (date, type of offence / sentence / fine imposed)** |
|  |
| Have you had an Enhanced DBS check carried out in the past 12 months? |
| Yes / No |
| **If you have, would you be able to provide a copy, if you are successfully short-listed for interview?** |
| Yes / No |

**REFERENCES**

## Please give details of two professional or academic referees who can be approached for references one of whom should be your current or most recent employer. We cannot accept referees who are friends or family members.

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| **Telephone:** |  |
| **Email (organisational addresses only; i.e. not from Gmail or Hotmail, etc. domains):** |  |
| **Position** |  |
| **In what capacity do you know this person?** |  |

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| **Telephone:** |  |
| **Email (organisational addresses only; i.e. not from Gmail or Hotmail, etc. domains):** |  |
| **Position** |  |
| **In what capacity do you know this person?** |  |

**I confirm that the information given in this application is correct.**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please email your completed application and Equal Opportunities Monitoring form to** [**recruitment@wgn.org.uk**](mailto:recruitment@wgn.org.uk) **by 9am on Tuesday 22nd April 2025.**