|  |
| --- |
| **Application form – Charity Shop Manager** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal details** | | | | | | | | | | | | |
| **Title (Mr/Mrs/Miss/Ms/Dr):** | | | | | | |  | | **Other:** |  | | |
| **Surname:** | |  | | | | | | | | | | |
| **Forenames:** | | |  | | | | | | **Preferred name:** | | |  |
| **Address:** |  | | | | | | | | | | | |
|  |  | | | | | | | | **Postcode:** | |  | |
| **Home tel no:** | | | |  | | | | | | | | |
| **Home email address:** | | | | | |  | | | | | | |
| **Work tel no** (if convenient): | | | | | | | |  | | | | |
| **Mobile tel no:** | | | | |  | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Education and training details** | | | |
| **Secondary school/further education** | **Dates** | | **Examinations gained with grades** |
|  | From | To |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Press tab key to create a new row or click on the next field to continue through form.

|  |
| --- |
| **Please give details of additional qualifications or vocational training (with dates where possible).  Please also give details of any professional qualifications and membership of any professional bodies, where relevant.** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Employment details** | | | | |
| **Present or most recent employment** | |  |  |  |  |
|  | |  |  |  |  |
| **Name and address of employer**  **and nature of business** | | **Salary** | **Date joined** | **Date left**  (if applicable) | **Notice required**  (if applicable) |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |

|  |
| --- |
| **Current/most recent position held:** |
|  |

|  |
| --- |
| **Details of duties and responsibilities:** |
|  |

|  |
| --- |
| **Reason for leaving/wishing to leave:** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Previous employment** | | | | |
| **Dates** |  | **Employer’s name** | **Job title and details  of responsibilities** | **Reason for leaving** |
| From | To |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Press tab key to create a new row or click on the next field to continue through form.

|  |  |
| --- | --- |
| **Spare time activities/interests** | |
|  | |
| **Do you have any business interests or spare time activities or interests related to animals or animal welfare?** If yes, please give details | **Yes**  **☐ No** **☐** |
|  | |

|  |
| --- |
| **Supporting evidence** |
|  |
| Please indicate your reasons for applying and suitability for the post using the *person specificatio*n provided.  Please continue on a separate sheet if necessary and use examples where possible.  **Please ensure additional sheets detail your name, and the role you are applying for and are attached to your application.** |
|  |
| **Retail Task** |
|  |
| As part of the application process we would like you to visit one of our charity shops and provide some feedback about your experience.  **Please ensure additional sheets detail your name, and the role you are applying for and are attached to your application.** |
|  |

|  |  |  |
| --- | --- | --- |
| **Other details** | | |
|  | | |
| **Do you hold a full current UK driving licence?** (Please answer only if driving is essential for the role.) | **Yes ☐ No ☐** |  |
|  | | |
| **Do you have any other restrictions on your driving licence?**  If yes, please give details (Please answer only if driving is essential for the role.) | **Yes ☐ No ☐** |  |

|  |  |
| --- | --- |
| **Rehabilitation of Offenders Act 1974** | |
|  | |
| **Have you been convicted of any criminal offence which is not ‘spent’ under the Rehabilitation  of Offenders Act 1974?** | **Yes ☐ No ☐** |
|  | |
| **For some roles you will be required to declare details of all convictions including those regarded  as being ‘spent’ under the Rehabilitation of Offenders Act 1974. You will be provided with further  information if this applies to you.** | |

|  |  |
| --- | --- |
| **Asylum and Immigration Act 1996** | |
|  | |
| **Are you currently eligible for employment in the UK?** | **Yes ☐ No ☐** |
| **In order to comply with the Asylum and Immigration Act 1996, any offer of employment will  be subject to provision of documentation showing your entitlement to work in this country.** | |
| **If eligibility to work in the UK is for an agreed duration, please confirm the expiration  date of your permit/visa.** | |
|  | |
| **Please note, if you are not eligible to work in the UK we cannot progress your application.** | |

|  |  |  |
| --- | --- | --- |
| **Health assessment** | | |
|  | | |
| To fulfil our responsibilities under the Health and Safety at Work Act 1974 and ensure offers of employment do not present  any particular risks from a medical point of view some formal offers of employment may require the subsequent completion  of a health assessment questionnaire and medical examination (where necessary). **If you are likely to need any reasonable adjustments for the interview process, please contact Neile Abbs, Branch Retail Manager.** [**neile@rspca-yorkhome.org.uk**](mailto:neile@rspca-yorkhome.org.uk) **Please do this under separate cover, by way of sealed note or confidentially marked email.** | | |
|  |  |  |

|  |
| --- |
| **References** |
| Please give the names and addresses of at least two employment referees, one of whom should be your current or most recent employer. These should if possible cover a period of at least five years. The Branch reserves the right to contact your previous employers before an offer of employment has been made. Unless your permission is granted, your present employer will not be approached until an offer of employment has been made. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Current/most recent employer** | **Previous employer** | **Previous employer** |
| **Name** |  |  |  |
| **Position** |  |  |  |
| **Organisation** |  |  |  |
| **Address** |  |  |  |
| **Postcode** |  |  |  |
| **Tel no** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Confirmation of application details** | | | | |
| I confirm that the details I have provided on this form are correct to the best of my knowledge and I understand  that any contract of employment will be jeopardised if I have misrepresented or omitted any relevant information.  I understand if I am appointed information divulged in applications and forms for employment will be kept on file  (both manual and computer) for recruitment, monitoring and employment purposes. Information will be stored  securely in line with the Data Protection Act 1998.  I consent that if I am the successful candidate I may be subject to a health assessment as a condition of employment. | | | | |
| **Signed:** |  | | **Date:** |  |
| (Can be signed at interview if sending application by email.) | | | | |
| **Print name:** | |  | | |
|  | |  | | |

|  |  |
| --- | --- |
| **Please return this application form to Neile Abbs, Branch Retail Manager –** [**neile@rspca-yorkhome.org.uk**](mailto:neile@rspca-yorkhome.org.uk) **RSPCA York Animal Home, Landing Lane, York Yo26 4RH, marked Private and Confidential.** |  |