

**Lifecentre**

**Application form for Client Administration Officer**

|  |  |
| --- | --- |
| PERSONALFirst Name: | Mr/Ms/Mrs/Miss/OtherFamily name: |
| Address:Postcode: | Tel. Nos.Home:Work:Mobile:E-mail: |

|  |
| --- |
| **Please detail your qualifications below:** |
| **Title of Qualifications** | **Date received** | **Who accredited by/Where Studied** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Please detail any relevant training, i.e. health and safety qualifications** |
| **Date received** | **Title of training** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Please outline previous employment** |
| **Dates** | **Name of employer** | **Job role** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Please tell us why you are applying for this post (300 words): |
|  |

|  |
| --- |
| Please tell us what you think you would bring to the role (300 words): |
|  |

|  |
| --- |
| Please describe how you prioritise your workload and meet deadlines (300 words).  |
|  |

|  |
| --- |
| Please describe your experience in organising & maintaining efficient administrative systems (300 words). |
|  |

|  |
| --- |
| **Lifecentre is an ecumenical Christian organisation and requires its staff to work in such a way as to respect and work within the Christian foundation and ethos of this service.** **Lifecentre has a faith requirement for this job and are looking for someone who will work in a way that is actively sympathetic, respectful of and supportive towards the Christian values and work of the Charity and the role of prayer within the organisation.** |
| Are you happy to fulfil these requirements? Yes / No |

|  |
| --- |
| Please tell us how you came to hear about this post?  |
|       |

|  |
| --- |
| 1. **REFERENCES:**

Please give us the name, addresses and telephone numbers of two people who can provide us with an assessment of your suitability for this job. If you are currently employed, one of these referees should be your current employer. If you are not currently employed, please give details of your last employer, if possible.  |
| **Name****Name:Address:****Postcode:****Email address:****Tel No:****Relationship to applicant:** | **Name** * **Name:**
* **Address:**

**Postcode:****Email address:****Tel No:****Relationship to applicant:** |
| **SIGNATURE OF APPLICANT**Signed............................................................. Dated................................... |

I declare that the information given in this application form is true. If I am successful in obtaining this position and the information is later discovered to be incorrect, I understand that appointment can be terminated by the employer.

Signed……………………………………………………… Date………………………………………

**Please also include with this application your C.V and return to:**

***Claire Gillett***

***Office Supervisor***

***Lifecentre***

**claire@lifecentre.uk.com**

**Lifecentre**

Equality Monitoring form

**What is equality monitoring?**

Equality monitoring is the way we collect, store and analyse information about people who work for us, with us and use our services.

**Who this form relates to:**

This form relates to Lifecentre trustees, staff, volunteers and Lifecentre service users.

**Why do we ask you these questions?**

Without equality monitoring we would not know if our equality policies and plans were working. We want to know a bit more about you, to understand who we are engaging with our work, and who we need to work harder to reach. We also want to make sure we understand the needs of all the communities we work with. This information helps us understand how our policies and procedures affect different groups, if we are reaching under-represented groups and if the services, we provide are relevant to everyone’s needs. It helps us make sure that everyone is being treated fairly.

Thanks for your help.

**What we do with your information:**

Completing these questions is voluntary, and the information you provide will be entirely anonymous and confidential. We will only use them to improve our services and employment practices.

If you are completing this form as part of your application for a job with Lifecentre, please note the following:

* On receipt of your application the monitoring form will not be opened and viewed but will be immediately filed separately from your application.
* None of the people responsible for shortlisting, interviewing and selection will have sight of your form at any stage.
* The data from the monitoring form will be kept in statistical format only. After data has been transcribed and analysed, the forms themselves will be deleted/destroyed.
* It will not adversely affect your employment prospects if you choose not to complete this form or any part thereof.

|  |  |
| --- | --- |
| **If applying for a job, what post are you applying for?** |  |
| **What age are you?** | ……… years¨ Prefer not to say |
| **What gender are you?** | ¨ Female ¨ Male¨ Non-binary¨ Prefer to self-identify (please write in) ….…………...................................¨ Prefer not to say |
| **Do you identify as the gender you were assigned at birth?** For people who are trans\*, the gender they were assigned at birth is not the same as their own sense of their gender.  | ¨ Yes ¨ No¨ Prefer not to say |
| **Which of the following best describes your sexual orientation?** | ¨Heterosexual/Straight¨ Lesbian/Gay woman¨ Homosexual/Gay man¨ Bisexual¨ Prefer to self-identify (please write in) ………………………………………………………….¨ Prefer not to say |
| **Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last,** **at least 12 months?** | ¨ Yes, a little¨ Yes, a lot¨ No (do not answer the next question)¨ Prefer not to say (do not answer the next question) |
| **If you answered ‘yes’, please state the type of impairment.** **If you have more than one, please tick all that apply.** **If none apply, please mark ‘other’ and write an answer in.** |
| ¨ Physical Impairment ¨ Long-standing Illness¨ Sensory Impairment ¨ Mental Health Condition ¨ Learning Disability/Difficulty ¨ Developmental Condition¨ Other (please state) ……………………………………………………………………… |
| **How would you describe your ethnic origin?** |
| **White**¨ White BritishEnglish/Welsh/Scottish / Northern Irish/British¨ Irish* Gypsy or Traveller
* Eastern European
* Any other White background (please give details if you wish)

………………………………………………………………………**Asian or Asian British**¨ Bangladeshi¨ Indian¨ Pakistani¨ Chinese¨ Japanese¨ Any other Asian background (please give details if you wish) .......................... | **Black or Black British**¨ African¨ Caribbean¨ Any other Black background (please give details if you wish)………………………………**Mixed**¨ Asian & White¨ Black African & White* Black Caribbean &White

¨ Any other mixed background (please give details if you wish) …………………………… | **Other Ethnic Group*** Arab

¨ Any other ethnic group (please give details if you wish)……………………………...¨ Prefer not to say. |

|  |
| --- |
| **What is your religion or belief?** |
| ¨ I have no particular religion¨ Buddhist¨ Christian¨ Hindu¨ Jain¨ Jewish¨ Muslim  | ¨ Pagan¨ Sikh¨ Agnostic¨ Atheist¨ Other (please state)……………………………. | ¨ Other philosophical belief (please state)………………………..............¨ Prefer not to say |
| **Are you a carer?** A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems. | ¨ Yes¨ No¨ Prefer not to say  |
| **If yes, do you care for a…….?** | ¨ Parent¨ Child with special needs¨ Other family member¨ Partner / spouse¨ Friend¨ Other (please give details) ………………………………………… |

**Thank you for completing this form – it will help us
improve our services for everyone.**