

# OPEN NEWTOWN



## Application Form

**Position:**

**Full name**

**Home address**

**Telephone number(s) where we can contact you**

**Email address**

**Have you any criminal convictions?** *If yes, please supply details under separate cover to the Project Director. This will not affect your application where not relevant to the job.*

**References,** *Please give details of two referees who are willing to support your application. One of these should be your most recent employer.*

**Full name**

**Address**

**Postcode**

**Telephone**

**Email**

**May the above person be approached before any interview?**

**How is this person known to you?**

**Full name**

**Address**

**Postcode**

**Telephone**

**Email**

**May the above person be approached before any interview?**

**How is this person known to you?**

**Declaration** *I understand that any false or misleading information given in this application may render my employment, if I am appointed, liable to termination. I declare that to the best of my knowledge the above information is correct.*

**Signed**

**Date**

If you return this form by email, it will be accepted as signed unless you state otherwise.

**Office use only**

**ON Ref:**

**This cover sheet will be detached from your application prior to assessment**

**1. Education and training** *Please give details of any relevant qualifications or training, including any part-time courses. Continue a separate sheet if necessary.*

School / College / Awarding body	Qualification	Date
Position	ON Ref (for office use only):	

**2. Present & previous employment/voluntary work over the past ten years** *Relevant employment previous to this may be detailed on a separate sheet.*

<b>Job Title</b>	<b>Employer</b>	<b>Dates</b>	<b>Summary of duties</b>

**3. Please give details of your knowledge, skills and experience relevant to this post** *Please pay particular attention to this section as it tells us what makes you suitable for this job. Your application will be judged against the Person Specification. Please give evidence for each point on the Person Specification, being as specific as possible and supporting your answers with examples. Please also tell us why you wish to apply for this post. Continue on a separate sheet if necessary.*

**4. Are there areas of responsibility in the job description for which you may require special training or induction?**

**5. Please give details of any workdays missed through illness in the past 12 months (completion of this question is optional)**

**6. Where did you see this post advertised?**

**Closing date: 5pm 19<sup>th</sup> March 2025**

**Interviews: To be arranged ASAP**

Please ensure this form is returned by the deadline to:

**Email:** [admin@opennewtown.org.uk](mailto:admin@opennewtown.org.uk)

**Post:** Open Newtown, 9 Broad Street, Newtown, Powys SY16 2LU

**This form can be made available in other formats on request**



**AGOR**  
DRENEWYDD  
**OPEN**  
NEWTOWN

## Equal Opportunities Monitoring Form

### Position:

Open Newtown (ON) is committed to equal opportunities. We aim to ensure that no job applicant or employee receives less favourable treatment on the grounds of sexuality, impairment, marital status, sex, age, race, religion, colour or nationality.

To help assist ON to improve employment practices, all applicants are asked to answer the following questions, voluntarily, by putting a tick in the appropriate box. This information, which will only be used for monitoring purposes, will be treated as confidential and **will be separated from your application form before candidates are shortlisted.**

- 1. Please tick the box corresponding to what you feel to be your Ethnic Group.** Note: Ethnic Group is not the same as 'nation of origin' or 'race', but is normally defined in relation to a people or culture with which a person, or their forebears, are most strongly identified.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Bangladeshi     | <input type="checkbox"/> Black African          | <input type="checkbox"/> Black European |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Black Other            | <input type="checkbox"/> Chinese        |
| <input type="checkbox"/> Indian          | <input type="checkbox"/> Pakistani              | <input type="checkbox"/> White European |
| <input type="checkbox"/> White Other     | <input type="checkbox"/> Other (please specify) |   |

- 2. My sex is:**  Female  Male

- 3. Do you consider yourself disabled?**  Yes  No

- 4. Please state which age group you are in:**

- |                          |         |                          |         |                          |             |                          |         |
|--------------------------|---------|--------------------------|---------|--------------------------|-------------|--------------------------|---------|
| <input type="checkbox"/> | 16 – 17 | <input type="checkbox"/> | 18 – 25 | <input type="checkbox"/> | 26 – 34     | <input type="checkbox"/> | 35 – 44 |
| <input type="checkbox"/> | 45 – 54 | <input type="checkbox"/> | 55 – 64 | <input type="checkbox"/> | 65 and over |                          |         |