

Visitor Centre Bank Work Application Form

A COMPANY LIMITED BY GUARANTEE
REG CHARITY NO: 1048152 COMPANY NO: 3067385
REG VAT NO: 883303130



Please complete this form using black ink, type or on your PC.

Please select the locations are you interested in providing Bank Work at. You can select more than one

To tick the box, double click on it and select, under default value, "checked"

- | | |
|---|--|
| <input type="checkbox"/> HMP Buckley Hall | <input type="checkbox"/> HMP Liverpool |
| <input type="checkbox"/> HMP Garth | <input type="checkbox"/> HMP Risley |
| <input type="checkbox"/> HMYOI Hindley | <input type="checkbox"/> HMP Wymott |
| <input type="checkbox"/> HMP Kennet | <input type="checkbox"/> HMP Styal |
| <input type="checkbox"/> HMP Wakefield | <input type="checkbox"/> HMP Lancaster Farms |

What areas of Bank Work would be of interest to you? You can select more than one

- Play Work
- Reception
- Tea Bar

Where did you see/how did you find out about Bank Work opportunities at POPS?

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Your Personal Details

First Name(s): Surname:

Address:

Postcode:

National Insurance No:

Home Telephone No:

Mobile Telephone No:

e-mail address:

Do you have the use of a car? Yes No

Do you have a full drivers licence and current insurance policy? Yes No

Bank Work Opportunities

(Please indicate what day(s) you would be available and for how many hours)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How did you find out about POPS?

(e.g. a friend, POPS worker, the POPS website, word of mouth, etc)

Current or Most Recent Paid/Voluntary Work

If you are working for yourself, put 'self-employed' where the form asks for 'Role Title'. If you are unemployed please give details of your most recent job, however long ago it was.

Name of Organisation:

Address:

Postcode

Your Role Title:

Brief description of your duties:

Continue on a separate sheet if necessary

Previous Paid/Voluntary Work
Please detail your employment/volunteering history (most recent first).

Name of Organisation:

Address:

Postcode

Your Role Title:

Summary of duties:

Name of Organisation:

Address:

Postcode

Your Role Title:

Summary of duties:

Continue on a separate sheet if necessary

Education
Qualifications obtained from Schools, Colleges and Universities. Please list most recent qualification first.

From	To	Name/ Address of Educational Establishment and Qualifications/ Grades Achieved

Continue on a separate sheet if necessary

Training and Development
Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Date	Details
------	---------

--	--

Continue on a separate sheet if necessary

Personal Statement

Please tell us why you would like to provide Bank Work for POPS, and what you hope to achieve from this. If you have any connections with local community groups, clubs or associations, please give details of your involvement. If you are or have been involved in voluntary/unpaid activities, please also include this information.

Continue on a separate sheet if necessary

References
If you have worked in the past five years, at least one reference should be obtained from your last employer. If not, give the names of people who know you well.

First Reference

Organisation:

Name:

Address:

Postcode: **Tel. No:**

e-mail address:

In what capacity do you know this person:

Second Reference

Organisation:

Name:

Address:

Postcode: **Tel. No:**

e-mail address:

In what capacity do you know this person:

DBS (Formally CRB) Disclosures

If the post you are applying for will involve dealing with vulnerable groups in regulated activity (e.g. Prison Visitor Centres or Family Support Work), an enhanced DBS Check will be required. This means applicants will be required to give details of **ALL** convictions for criminal offences including those which would otherwise be considered as 'spent'. If you have any convictions, please give details of these in a separate letter to the address in this section.

All other posts will require a Basic Check, regardless of whether you work with children or vulnerable adults. This will display all unspent convictions that are on the Police National Computer. If you have any unspent convictions, please give details of these in a separate letter addressed to:

Private & Confidential
The Human Resources Manager
POPS
1079 Rochdale Road
Blackley, Manchester M9 8AJ.

Please remember to provide your name, address and the position you have applied for.

Declaration

Are you related to or do you have a close personal relationship with an employee(s) of POPS?

Yes No

If yes, specify name(s), position(s) and relationship(s)

B. Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered by myself
- I possess all the qualifications which I claim to hold
- I have read and, if appointed, am prepared to accept the conditions set out in the conditions of Bank Work and the Bank Work description.

Signed:


Date:

(NB. Candidates selected for interview will normally be notified within three weeks of the receipt of the application. Unfortunately applicants who do not hear from POPS must conclude that their application has been unsuccessful on this occasion. Thank you for your interest in Bank Working for POPS.

POPS undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

If you are returning this form by email, you will be asked to sign your application at interview.

RETURNING THIS FORM

 **By Hand or Post:**
Partners Of Prisoners And Families Support Group
Valentine House
1079 Rochdale Road
Blackley
Manchester
M9 8AJ

 **By e-mail:**
mail@partnersofprisoners.co.uk

Enquiries:
Telephone: 0161 702 1000
Fax: 0161 702 1000

Recruitment Monitoring Form

The following two sheets will be separated from your application form upon receipt. They do not form part of the selection process. They will be retained by the Human Resources Department purely for monitoring purposes.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please **COMPLETE THIS SECTION OF THE APPLICATION FORM.**

What is your Ethnic Group?

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

A. White	White UK	<input type="checkbox"/>	White non-UK	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Any other White background (please give details):		<input type="checkbox"/>
<input type="text"/>				

B. Mixed	White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	Any other Mixed background (please give details):		<input type="checkbox"/>
<input type="text"/>				

C. Asian or Asian British	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Any other Asian background (please give details):		<input type="checkbox"/>
<input type="text"/>				

D. Black or Black British	Black Caribbean	<input type="checkbox"/>	Black African	<input type="checkbox"/>
	<input type="checkbox"/>	Any other Black background (please give details):		<input type="checkbox"/>
<input type="text"/>				

E. Chinese or other ethnic group	Chinese	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
	<input type="checkbox"/>	Any other ethnic background (please give details):		<input type="checkbox"/>
<input type="text"/>				

F. I do not wish to provide this information

Gender Male Female

Disability

Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”.

Do you consider yourself disabled? Yes No

If yes, please give details:

Age Group			
18-25 <input type="checkbox"/>	26-35 <input type="checkbox"/>	36-45 <input type="checkbox"/>	
46-55 <input type="checkbox"/>	56-65 <input type="checkbox"/>	Over 65 <input type="checkbox"/>	

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM