The Howard League for Penal Reform 1 Ardleigh Road, London, N1 4HS

Tel: 020 7249 7373

info@howardleague.org

 Application Form

## Please expand the boxes throughout the form as necessary.

### Post Applied for:

 **Personal details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** |  | **Last Name:** |  |
| **First Name(s):** |  |

|  |  |
| --- | --- |
| **Address:** |  |
|  |
|  |
| **Postcode:** |  |
| **Home Telephone Number:** |  |
| **Mobile Telephone Number:** |  |
| **E-mail address:** |  |

 **Education/Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **School** | **Study Dates** | **Qualification and Grade** | **Date Obtained** |
|  |  |  |  |
| **College/University (If applicable)** | **Study Dates** | **Qualification and Grade** | **Date Obtained** |
|  |  |  |  |

Please use the space below to give details of any training or non-qualification based development which is relevant to the post and supports your application whether complete or currently in progress. Please expand boxes as necessary

|  |  |
| --- | --- |
| **Training Course** | **Course Details****(including length of course/nature of training)** |
|  |  |

#  Employment History (paid and voluntary)

## Employment History

|  |  |  |
| --- | --- | --- |
| **Employer Name, Location** | **Dates** | **Position Held** |
|  |  |  |
|  |  |  |

 **Tell us how you meet the essential criteria for the role**

**Please use the boxes below to demonstrate your skills and experience in each of the essential criteria. Please expand the boxes as necessary.**

**Strong research skills, both online and using databases:**

**Ability to process and present information clearly and accurately:**

**Excellent writing skills with an eye for detail:**

**Good organisational skills, with the ability to plan, multitask and prioritise:**

**A good team player with strong interpersonal skills and the ability to build relationships:**

**Experience of working independently and with initiative, as well as with others as part of a team:**

**Computer literacy:**

 **To what extent do you meet the desirable criteria for the role?**

**Please share your motivating factors in applying for a role in**

**fundraising and for the Howard League in general.**

**Please tell us about your personal experience of the criminal justice system.**

 **References**

Please give the names and addresses of two people we can contact for references, to whom you should not be related. One of these must be an employer reference. References will be taken up if you commence employment with us.

|  |  |  |
| --- | --- | --- |
| **Referee 1** |  | **Referee 2** |
| **Name** |  | **Name** |  |
| **Position held** |  | **Position held** |  |
| **Organisation** |  | **Organisation** |  |
| **Dates Employed** | **From:** | **To:** | **Dates Employed** | **From:** | **To:** |
| **Work relationship** |  | **Work relationship** |  |
| **Address** |  | **Address** |  |
| **Telephone Number** |  | **Telephone Number** |  |
| **Email** |  | **Email** |  |

#  Eligibility to Work in the UK

|  |  |  |
| --- | --- | --- |
| **Are you eligible to work in the UK?** | **Yes** | **No** |
| All employees must provide original specified documents to the company to confirm they have the right to work in the UK to comply with the Immigration, Asylum and Nationality Act 2006.Are you legally entitled to work in the United Kingdom and, if offered the position, can produce one of the following documents from the list below?* A UK passport
* An EU passport or national identity card
* A UK residence permit issued by the Home Office
* An application registration card issued by the Home Office to an asylum seeker stating that the holder is permitted to take up employment

**Or** two from the following:* An official document bearing a national insurance number along with a birth certificate, or letter from the Home Office, or an immigration status document
* A work permit, along with a passport, or a letter from the Home Office.

In either case, these must confirm the holder has permission to enter or remain in the UK and take the work permit employment in question. |
| **Signed** |  | **Date** |  |

 **Declaration**

|  |
| --- |
| I declare that the information given on this form is true and accurate to the best of my knowledge. |
| **Signed** |  | **Date** |  |

 **Submitting your application**

|  |  |
| --- | --- |
| By Hand or Post: HR DepartmentHoward League for Penal Reform 1 Ardleigh RoadLondon N1 4HS**(please ensure correct postage)** | By email: info@howardleague.orgEnquiries: Telephone: 020 7249 7373 |

 **Equal Opportunities Policy**

The Howard League for Penal Reform is fully committed to the active promotion of equal opportunities both in the provision of its services and in its capacity as an employer. Recruitment procedures and practices are regularly reviewed to ensure that the equal opportunities policy is being properly operated. To aid us in this process we would be grateful if you could complete the details as requested below. A copy of the equal opportunities policy is available on request. This is for monitoring purposes only.

|  |
| --- |
| **Position Applied for:** |
| **Where did you see the post advertised? :** |

## What is your Ethnic Group?

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

### White

English Scottish Irish Welsh

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

Other, please specify

### Mixed

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

White & Black Caribbean White & Black African White & Asian

Other, please specify

### Asian or Asian British

Indian Pakistani Bangladeshi

Other, please specify

### Black or Black British

Black Caribbean Black African

Other, please specify

### Chinese or other ethnic group

Chinese Vietnamese

Other, please specify

### I do not wish to provide this information

**Gender**

Male

Female

I do not wish to provide this information

### Disability

A disabled person under the Disability Discrimination Act 1995 is described as anyone with “a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities”.

### Do you consider yourself disabled? Yes No

If yes, please provide details of your disability and specify any adjustments we could make to accommodate your needs.

Thank you for completing the form. Please return it together with your application form to the address stated on the application form.