Dewis

### Centre for Independent Living

**Application Form for the position of**

**INDEPENDENT ADVOCATE (Newport)**

Which post are you interested in (please tick all that apply):

22 hours p/w

30-37 hours p/w

**Personal Details**

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_

Forename \_\_\_\_\_\_\_\_\_\_\_\_\_\_(other forenames)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel.No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Tel.No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Work Tel.No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

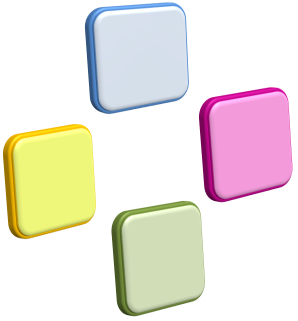
Do you consider yourself a disabled person? Yes/No

*(Please add access or other interview*

*requirements on final page of this form)*

How did you find out about this job ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completing the Application Form

Please complete the application form by paying attention to the person specification and job description for the post. 

Please note, that in the interest of equal opportunities we do not require C.V.s. All the questions in this application form should be answered in full. Short-listing will be based upon the answers supplied.

We advise each applicant to read through all the questions before answering, in order to avoid repetition. If you need to give additional information, please attach extra sheets.

The front page and back page of the application form will be removed for short-listing purposes.

(N.B. The application form is available in alternative formats e.g. large print, disk, tape – please specify if you require an alternative)

**EMPLOYMENT HISTORY**

Please give details of your recent employment history. You can expand the tables as much as necessary or continue on additional sheets.

|  |  |
| --- | --- |
| **Present or most recent employment** | |
| Company/organisation |  |
| Position held |  |
| Nature of work |  |
| Dates of employment |  |
| Reason for leaving |  |

|  |  |
| --- | --- |
| **Previously employment 1** | |
| Company/organisation |  |
| Position held |  |
| Nature of work |  |
| Dates of employment |  |
| Reason for leaving |  |

|  |  |
| --- | --- |
| **Previous employment 2** | |
| Company/organisation |  |
| Position held |  |
| Nature of work |  |
| Dates of employment |  |
| Reason for leaving |  |

|  |  |
| --- | --- |
| **Previous employment 3** | |
| Company/organisation |  |
| Position held |  |
| Nature of work |  |
| Dates of employment |  |
| Reason for leaving |  |

Please use additional sheets if required

*Further details*

For example, not in employment - please provide information about your circumstances which might be relevant to your application such as voluntary work, or part-time work, or personal interests, using separate sheets.

**SCORED QUESTIONS**

Please answer the questions below with particular reference to the job description and person specification for the role. Write your answers directly below the question, expanding the document as much as necessary or alternatively use the questions as headings on separate sheets, as you choose. The score (in brackets after each question) will give you an indication of the amount of detail we are looking for in each question.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please outline the reasons why you are applying for this position. (5)**
2. **Please look at the job description. Tell us about your experience and knowledge of independent casework advocacy carers, disabled people and vulnerable adults. (10)**
3. **Look closely at the person specification. Please tell us about the qualities, attributes and skills which you believe you possess or have acquired which you think make you suited for this post. (10)**
4. **What are your thoughts about the approach and methods which an advocate needs to employ and bear in mind when working across various impairment/client groups? Even if you have not wide experience we are interested to have your views. (10)**
5. **We would like to know something about your ability to organise your own work and prioritise your work for a project to achieve results. Tell us about the way you have planned/organised your work and how targets were set and achieved (give actual examples and indicate difficulties you needed to overcome for success). (10)**
6. **What are your thoughts and opinions on user-led organisations (such as Dewis CIL), their work and their significance? (5)**

## REFERENCES

Please provide the names and addresses of two people you wish to nominate as referees.

* If you are in employment, one must be your current employer.
* If you are not in employment please give a previous employer or someone who can comment on your paid or unpaid work.

|  |  |
| --- | --- |
| **Referee 1** | |
| Name and position |  |
| Address |  |
| Telephone number |  |
| E-mail address |  |
| Relationship to applicant |  |
| Can this person be contacted prior to interview? |  |

|  |  |
| --- | --- |
| **Referee 2** | |
| Name and position |  |
| Address |  |
| Telephone number |  |
| E-mail address |  |
| Relationship to applicant |  |
| Can this person be contacted prior to interview? |  |

**CRIMINAL CONVICTIONS**

Please give details of any criminal convictions that may affect you in carrying out any of the duties for this post?

**SPECIAL REQUIREMENTS**

Are there any access requirements or any other particular requests you might have which you would like us to provide for interview?

**DECLARATION**

I confirm that information I have given in this application form is correct and complete and will form the basis on which any contract of employment is made. I understand that misleading statements may be sufficient grounds for cancelling any agreements made. If submitting this form electronically, your submission will be regarded as your agreement with this statement.

**Signed Date**

Please return to:

CEO – Projects and Service Delivery

Dewis Centre for Independent Living

Amber House

Upper Boat Business Park

###### Upper Boat

#### Pontypridd

#### CF37 5BP

**E-mail:** [**human.resources@dewiscil.org.uk**](mailto:human.resources@dewiscil.org.uk)

