| **GENERIC WORK PLACEMENT**  **APPLICATION FORM** |
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Please email your completed application form and equal opportunities monitoring form to:- [WorkPlacements@kirklees.gov.uk](mailto:WorkPlacements@kirklees.gov.uk). Application must be submitted at least 8 weeks prior to placement start date.

|  |  |
| --- | --- |
| **Personal Details** | |
| **Title:** (select as appropriate) | Dr 🞎 Mr 🞎 Mrs 🞎 Miss 🞎 Ms 🞎  Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Full Name:** |  |
| **Current address:**  (including Postcode) |  |
| **Email address:** |  |
| **Telephone/mobile number:** |  |
| **Emergency contact:**  **Name:**  **Telephone number:** |  |

|  |  |  |
| --- | --- | --- |
|  | **Opportunity Details** | |
| **How long would you like this work placement for?** (between 1-8 weeks) **Please note this will be dependent on the services requirement** |  | **Preferred start date:**  **Preferred end date:** |
| **Preferred location for work placement** (delete as appropriate) | **North Kirklees** | **South Kirklees** |

Please email your completed application form and equal opportunities monitoring form to [**workplacements@kirklees.gov.uk**](mailto:workplacements@kirklees.gov.uk)

Your application must be submitted at least 8 weeks before you want your placement to start.

**Please Note**

*Although we will do our best to support you and will get back to you if we can help, Please do remember we can't guarantee you a placement so do continue to search for a placement elsewhere also.*

**Please sign and date to confirm that the information supplied is correct:**

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Placement Information**

|  |
| --- |
| *What area of the council are you interested in carrying out your work placement in*  *(Please include a first and 2nd choice)?* |
|  |
| *Why do you want a work placement within Kirklees Council?* |
|  |
| *Considering the choices you have made, what are you aiming to gain from your work placement (eg will it support your future career goals)?* |
|  |
| *Please detail any skills/qualifications/work experience you have had, that can support your request?* |
|  |
| *Any additional information (eg support needs):* |
|  |

If you need more space, please attach additional sheets and put an x in this box 🞎

**If you are required to attend an informal interview, will you require any support**

**Yes 🞎 / No 🞎**

**If yes, please give details:**

|  |
| --- |
| **EQUAL OPPORTUNITIES MONITORING Form** |

**Please submit this form with your application form**

|  |  |
| --- | --- |
| **Opportunity Details** | |
| **Work Placement applied for:** |  |

|  |  |
| --- | --- |
| **Applicant’s Name:** |  |

Kirklees Council and Partners are committed to employing a workforce that reflects the community we serve. Please help us to monitor our progress by completing the details below. Your information will be treated confidentially.

|  |  |  |  |
| --- | --- | --- | --- |
| Are You | Male🞎 Female 🞎 | Date of Birth |  |

I would describe my ethnic origin as (please select x)

|  |  |
| --- | --- |
| White | British 🞎 Irish 🞎 |
| Other White background (please specify) |
| Asian or Asian British | Indian 🞎 Pakistani 🞎 Bangladeshi 🞎 Kashmiri 🞎  British 🞎 |
| Any other Asian background (please specify) |
| Black or Black British | Caribbean 🞎 African 🞎 British 🞎 |
| Any other Black background (please specify) |
| Mixed | White and Black Caribbean 🞎 White and Black African 🞎  White and Asian 🞎 White and Black British 🞎 |
| Any other mixed background (please specify) |
| Chinese or Other Ethnic | Chinese 🞎 |
| Any other ethnic group |
| I do not wish to disclose information about my ethnic origin 🞎 | |

**Disability**

Kirklees Council and its Partners have to ask you if you are disabled as defined under the Disability Discrimination Act (1995). As a disabled person, under this definition, you have ‘a physical or mental impairment which has a substantial and long term adverse effect on your ability to carryout normal day-to-day activities’.

Do you consider yourself to be disabled under this definition? Yes 🞎 No 🞎

If you have answered No to the question above, do you personally consider yourself to be a disabled person? Yes 🞎 No 🞎

**Sexual Orientation**

If you wish to, you may disclose information about your sexual orientation below:

|  |
| --- |
| Heterosexual/Straight 🞎 Gay man 🞎 Lesbian/Gay woman 🞎 Bisexual 🞎 |
| I do not wish to disclose information about my sexual orientation 🞎 |

**Religion**

If you wish to, you may disclose information about your religion below:

|  |  |
| --- | --- |
| Christian 🞎 Buddhist 🞎 Hindu 🞎 Jewish 🞎 Muslim 🞎 Sikh 🞎 No religion 🞎 | |
| Any other (Please specify) |  |
| I do not wish to disclose information about my religion 🞎 | |

**Guidance for Applicants when completing the Equal Opportunities Monitoring Form**

The information you provide will be used to produce statistics for equal opportunity and recruitment monitoring only.

Kirklees Council and its partners recognise their responsibility to remove barriers in recruitment, retention and development processes for potential and existing employees and aim to ensure that people from all sections of the community have fair and transparent opportunities.

If you have an impairment which means you identify difficulties or barriers within the work placement or its implementation, please indicate these in your application form and reasonable adjustments will be considered.

It is recognised that all employees have an individual responsibility in the promotion of equality and diversity.