

Position Applied For

Executive Assistant (15 hours pw)

PERSONAL DETAILS

(Please note: this section will be removed prior to shortlisting)

| Tit | le (Mr/Mrs/Ms/etc) |
|-----|--------------------|
| Ful | II Name |
| Ad | dress |
| Po | stcode |
| Но | me Telephone |
| Мо | bile Telephone |
| Em | nail Address |
| | |

REFERENCES

An offer of employment from Carers Together will be subject to the receipt of two satisfactory references. Please provide the name and contact details of two referees, one of whom should be your current or most recent employer.

If you do not wish your referees to be contacted prior to interview, please indicate this below.

Referee 1 Name

Address

Position

Contact number

Email address

Referee 2 Name

Address

Position

Contact number Email address



EDUCATION

| Dates | Name of School, College or other Provider | Qualification (GCSE, A-Level, Degree) | Subject | Grade |
|-------|---|---|---------|-------|
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ADDITIONAL TRAINING AND PROFESSIONAL DEVELOPMENT

То

Details

Please list details of any additional training including short courses and seminars.

From

| CURRE | ENT OR MOST RECENT EMPLOYER | |
|------------------------------|-----------------------------|--|
| Name of Employer | | |
| Address | | |
| | | |
| | | |
| Position Held | | |
| Salary Employed from | Grade | |
| Employed from | Employed to | |
| Main Duties and Responsibili | ties | |
| | | |
| | | |
| | | |
| | | |
| Reason for Leaving | | |
| | | |
| | | |
| | | |

Ref No: EA July 2025 (1)

Name of Course

PREVIOUS EMPLOYMENT

| Name of Employer | |
|----------------------------------|-------------|
| Address | |
| | |
| | |
| | |
| Position Held | |
| Salary | Grade |
| Employed from | Employed to |
| Main Duties and Responsibilities | |
| · | |
| Reason for Leaving | |
| | |
| | |
| Name of Employer | |
| Address | |
| | |
| | |
| | |
| Position Held | |
| Salary | Grade |
| Employed from | Employed to |
| Main Duties and Responsibilities | |
| | |
| | |
| Reason for Leaving | |
| Reason for Leaving | |



| Name of Employer | |
|---|----------------------|
| Address | |
| | |
| | |
| | |
| Position Held | |
| Salary | Grade |
| Employed from | Employed to |
| M · B · IB · III | |
| Main Duties and Responsibilities | |
| | |
| Reason for Leaving | |
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| | |
| Name of Employer | |
| Name of Employer Address | |
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| | |
| Address | Grade |
| Address Position Held | Grade Employed to |
| Address Position Held Salary Employed from | |
| Address Position Held Salary | |
| Address Position Held Salary Employed from | |
| Address Position Held Salary Employed from | |

(Please continue on a separate sheet if necessary)



SUPPORTING STATEMENT

Please use the section below to outline your suitability for this position under the following headings:

- Education
- Experience and Knowledge
- Skills and Abilities
- Attitudes and Interests

When completing this section, please refer to the essential and desirable criteria for the position as outlined in the person specification for the role. If you feel there are other relevant factors in support of your application, please state those as well.

(Please continue on a separate sheet if necessary)



ADDITIONAL INFORMATION

| Are you related to any member of Carers Togo Together staff? | ether Board of Trustees or | any member of Carers |
|---|--|-----------------------|
| If yes, state name and position held. (Canvas | | |
| If appointed, when will you be able to commer | nce work? | |
| Do you possess a full driving license? | | |
| | Yes | No |
| Do you own or have access to a vehicle? | | |
| | Yes | No |
| Disalogues and Parring Comics | | |
| Disclosure and Barring Service | | |
| Employment with Carers Together is depended disclosure from the Disclosure and Barring Se | | |
| | | |
| SUBMITTING YOUR APPLICATION | | 4 - d 1: 4: f |
| Please ensure you have completed all section and equal opportunities monitoring form shoul rc.org.uk or sent via post: | • | • • |
| HR / Governa | ance Co-ordinator | |
| | s Together vation Centre | |
| | n Business Park | |
| | and Cleveland | |
| TS | 10 5SH | |
| (If returning via post please mark the envelo | pe as 'Private & Confidenti | al – Addressee Only) |
| I confirm that to the best of my knowledge the any additional documents is correct and I acc could result in an offer of employment being w | ept that providing deliberate withdrawn. | ely false information |
| Name | | |
| Signature | Date | |



EQUAL OPPORTUNITIES MONITORING

Carers Together is committed to equality of opportunity for all staff, and applications from individuals are encouraged regardless of age, disability, sex, gender, sexual orientation, pregnancy and maternity, race, religion or belief, marriage and civil partnership status or an applicant's caring responsibilities.

As part of this commitment, we collect monitoring data on all applicants for our roles. Completion of this monitoring form is voluntary, but the information we collect is very useful in helping us to ensure that we are inclusive in our advertising and recruitment and that we understand the diversity of our workforce.

In accordance with our GDPR policy, we take care to ensure that all applicant data is appropriately and securely stored and handled. <u>Please note that the data that we take from this form will not be</u> seen by the recruitment panel and will be stored securely.

| Where did you first find about this role? (Please select one) | | |
|---|--|--|
| ☐ Charity Job | ☐ North East Jobs | |
| ☐ Sector1.net | □ Indeed | |
| □ LinkedIn | ☐ Other Job Board: Click here to enter text. | |
| ☐ Twitter | □ Facebook | |
| ☐ Other website/social media: Click here | to enter text. | |
| ☐ Printed Publication (Please state): Click | k here to enter text. | |
| ☐ Through a family, friend or other source | e (Please state): Click here to enter text. | |
| Your gender ☐ Male | | |
| □ Female | | |
| ☐ Inter-sex | | |
| □ Non-binary | | |
| ☐ I do not wish to disclose | | |
| \square I prefer to use my own term (please sta | ate): Click here to enter text. | |
| | | |
| Sexual Orientation | | |
| ☐ Bisexual | | |
| ☐ Gay man | | |
| ☐ Gay woman/lesbian | | |
| ☐ Heterosexual/straight | | |
| ☐ I do not wish to disclose | | |
| ☐ I prefer to use my own term (please sta | ate). Click here to enter text | |



| Do you consider yourself to have a dis | sability or health condition? | |
|---|---|--|
| □Yes | , | |
| □ No | | |
| ☐ I do not wish to disclose | | |
| If you have answered 'Yes' above, we would appreciate it if you could tell us how your disability or condition impacts upon your working life and what adjustments could be considered to support you in the role you are applying for? | | |
| Click here to enter text. | | |
| Age | | |
| ☐ Under 16 | □ 35-44 | |
| □ 16-24 | □ 45-54 | |
| □ 25-34 | □ 55-64 | |
| □ 65+ | | |
| | | |
| Ethnicity | | |
| □ Arab | ☐ Mixed: White and Black Caribbean | |
| ☐ Asian or Asian British: Indian | ☐ Mixed: White and Black African | |
| ☐ Asian or Asian British: Pakistani | ☐ Mixed: White and Asian | |
| ☐ Asian or Asian British: Bangladeshi | ☐ Mixed: Other | |
| ☐ Asian or Asian British: Chinese | ☐ White: British | |
| ☐ Asian or Asian British: Other | ☐ White: Irish | |
| ☐ Black or Black British: African | ☐ White: Gypsy or Irish Traveller | |
| ☐ Black or Black British: Caribbean | ☐ White: Other | |
| ☐ Black or Black British: Other | ☐ Other Ethnic Group | |
| If 'Other' or you prefer to use your own term, please state: Click here to enter text. | | |
| Policion and Polici | | |
| Religion and Belief | Muslim | |
| ☐ Buddhist | ☐ Muslim | |
| ☐ Christian | ☐ Non-religious (Atheist, Humanist, etc.) | |
| ☐ Hindu | □ Sikh | |
| □ Jewish | ☐ Other | |
| ☐ I do not wish to disclose | ☐ I prefer to use my own definition: Click here to enter text. | |



| Are you married or in a civil partnership? |
|---|
| □ Yes |
| □ No |
| ☐ I do not wish to disclose |
| |
| Do you have unpaid caring responsibilities for a dependent, friend or relative or expect to become a carer in the next 12 months? |
| □ Yes |
| □ No |
| ☐ I do not wish to disclose |
| |
| Have you used Carers Together's services? |
| □ Yes |
| □ No |
| □ I do not wish to disclose |



