

Preferred Title

Full Name



## **Garden Pathways Application Form**

Address				
Post Code			Date of Birth	
Phone Number			Mobile Phone	
Email Address				
Who	en are you	u available to	attend Garden	Pathways? (*¾)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				



### Education — Do you have any of the following qualifications, if so at what level?

Qualification	Tick relevant qualification	Level achieved	Date	School/College/ University
English				
Mathematics				
Literacy				
Numeracy				
ІСТ				
Communication skills				
Horticulture				
Other				

If you have any other qualifications please state below.



	Employment or Voluntary w	ork Details	
Employer's name, address, type of business	Position held, duties, responsibilities	Dates to and from	Reason for leaving
31			
Other details :			



Do you have any medical conditions we need to be aware of?	YES	NO
Please give details of any medical conditions below		
A	VEC	NO.
Are you on any medication? If so would this medication affect your ability to use machinery	YES	NO
Please can you give details of your medication below		
Additional Information		
For this section you can use up to two additional sheets of paper if needed.		
Describe why you are interested in becoming a trainee with Garden Pathways	•	



Describe why you are suited to the position (e.g. personal attributes, relevant experience etc, referring to the job description for a trainee).
Knowledge
Experience
Personal Qualities
Please describe any other additional information to support your application.



Do you have any criminal convictions? Any previous convictions do not necessarily bar you from training with Creative Support.

Please tell us how you heard about Garden Pathways? (﴿٪)					
Through Creative Support marketing event		Through our website		Referred by social worker/key worker/Job Centre (please state)	
Through a volunteer organisation (please specify)		Through another website (please specify)		Other (please specify)	

As part of the application process Creative Support may need to contact other professionals that you receive support from so we can gain additional information about the support your receive and also gain any relevant documents that will help us to be able to fully support you on the course.

Please tick the box below if you are happy for Creative Support to contact the professionals involved in your support.

I am happy for Creative Support to contact any relevant professionals who support me so they can gain additional information. I am also happy for Creative Support to receive any relevant documentation that will be needed so I can be fully supported on the Garden Pathways Programme.



OFFICE USE ONLY

#### **Valuing Diversity**

# Fairness in Employment Monitoring Sheet — Strictly Confidential

The information on this form will be separated from your application as soon as it is received and it will not be involved in the short-listing or interviewing for the post for which you are applying.

#### **Helpustohelpyou**

Creative Support is committed to achieving fairness and equality in employment. We want to make sure that all applicants and employees are treated fairly and are judged solely on their merits and abilities.

#### Whatinformationarewelookingfor?

We need different kinds of information so that we can check how closely the numbers of people who apply to us for jobs, or who get jobs with us, match up to the local population. This tells us a lot about whether our recruitment processes are fair and equally open to everyone.

### **Disability-Definition**

Under the terms of the Disability Discrimination Act 1995 a person has a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.

#### My Racial Origin: (please tick appropriate box) White ☐ British ☐ Irish European Other Black or ☐ Caribbean African Black **British** Asian or ☐ Indian Pakistani ☐ Kashmiri ☐ Bangladeshi **Asian British** Mixed Race ☐ White and ☐ White and $\square$ White and $\square$ White and Black Black Indian Pakistani Caribbean African



Chinese/other	group	Chinese		
For any other please write in				
My gender	Female	☐ Male		
My disability status	☐ I am not a	disabled pei	rson 🗌 I consid person	der myself a disabled
•	r yourself disabl ess may be mad			ication form so that any adjustments to the
My age:	☐ 16-19 ☐ ☐ 20-29 ☐	] 30-39 ] 40-49	☐ 50-59 ☐ 60-64	☐ 65 +
My religion:	Catholic, Protesta denominations)	ncluding Churc nt and all othe	_	☐ Jewish
	Sikh	] Muslim	☐ Hindu	☐ Buddhist
	None			
	Any other relig	´		



#### References

In order to take part in the Garden Pathways Programme you will need to give two references. A minimum of one reference must be submitted with either your application form or emailed directly to the project coordinator. If only one reference is submitted with your application you must provide details of your second referee who we will contact directly.

We have provided a template for you to send to your referees on the next page. The references cannot come from anyone related to you, and the person should have known you for at least two years. Ideally we would like references from:

Support/ Key worker
Previous employer
Previous/current supervisor of voluntary work
Ex/current teacher

If none of the above are available, we will also accept references from:

Doctors Religious leaders Community Leaders Employment advisors

When you have completed the application form and attached your references please send it to:

Jaci Walters Unit 3 Park Street Lye Dudley DY9 8SS

If you wish to email your applications please send to: <a href="mailto:jaci.walters@creativesupport.org.uk">jaci.walters@creativesupport.org.uk</a> (this is the preferred method as your application usually gets processed quicker)

If you have any queries please call Jaci Walters on 07816076365.



Dear Sir/Madam,	
	(Name of applicant) is applying to Creative Support for a trainee
	arden Pathways Programme based at our office in Lye and will be
working with vuln	erable adults.
attach with their of Dudley, DY9 8SS. I	fill in the reference request form and send back either to the trainee to application form or directly to Jaci Walters, Unit 3 Park Street, Lye, For any questions or queries please call Jaci on 07816076365 or email_tivesupport.org.uk
Reference	
Your full name, including preferred title	
Your job title	
Please describe how you know this applicant, including dates of employment if relevant	
How long have you know this person?	
Your Address	



Your Post Code	
Your Phone Number	
Your Email Address	
Please use this space to give	
details about the suitability of	
the applicant for the above post.	
the above post.	



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Reference	
Your full name, including preferred title	
Your job title	
Please describe how you know this applicant, including dates of employment if relevant	
How long have you know this person?	
Your Address	

Your Post Code



Your Phone	
Number	
Your Email	
Address	
Please use this	
space to give	
details about	
the annit of illustrate	
the suitability of	
the suitability of the applicant for	
the above post	
•	