

Greater Manchester Coalition of Disabled People

Job Application Form

Please remember to complete the enclosed Equal Opportunities Monitoring Form and return it with this application.

Job applied for: Access and Inclusion Worker

Please Note: only disabled\* people will be considered.

\*By disabled people we mean anyone facing disabling societal barriers in relation to their impairments or conditions. This includes physical impairments, mental distress or illness, hearing or visual impairments, learning impairments, neurodiverse people, and those with chronic impairments.

Please do not send a C.V. it will not be considered.

All successful job applicants will be subject to the legally required Disclosure and Barring Service checks prior to confirmation of post. Due to the length of time this takes, successful applicants can start working their probationary period with GMCDP whilst this is being carried out. However restrictions on unsupervised working with some people involved in the organisation may occur during this period.

Please answer all the following questions.

Part A: Your contact details:

Name:

Your address:

Post Code:

Telephone No:

Email address:

Are you a disabled person? Yes/No

Part B: Employment history details

Present employer

Name, address and telephone number of your current or most recent employment if any:

Date of Employment from:

Position held:

Previous employment

Please list your previous employment history in date order:

Part C.

In this part of the form you need to show us that you meet all the points in the person specification.

Please use the numbering system from the Person Specification, covering all points within each section. You should demonstrate how your skills, knowledge, abilities and experience meet the requirements of the Person Specification for the post.

Please tell us about your:

1. Knowledge

**2. Skills**

1. **Experience**
2. **General**

**Part D**

References – if you are currently in work or have previously been in work at least one should be from your current or last employer. If not you may provide another referee.

Referee 1:

Referee 2:

**Please tell us were you saw this advertisement:**

**Returning this form:**

Please return this form by email to: info@gmcdp.com

If you have requested a paper copy of this application, please send to:

Greater Manchester Coalition of Disabled People, Unit 4, Windrush Millennium Centre, 70 Alexandra Road, Moss Side, Manchester M16 7WD. Please address this to Nicola McDonagh.

Completed applications must be received by **12 noon on Wednesday 5th October 2022**. Forms received after that will not be considered.