c/o Touchstone, 4 Easby Rd, BD7 1QX. Tel: 07505 053149.

director@bradford.cityofsanctuary.org; http://bradford.cityofsanctuary.org/

Registered Charity 1160553

**Application for the post of**

**Administration and Communications Officer**

**Closing Date**: 9am Friday August 29th, 2025

**Interview Date:** Friday September 5th, 2025

**PERSONAL DETAILS**

**Surname:**

**Forename(s):**

**Address:**

**Post Code:**

**Email Address:**

**Contact No: Day: ...................................**

**Evenings ............**.............

Are you free to remain and take up employment in the UK with no current immigration restrictions? **Yes / No**

How much notice would you require to start this employment?

**………………......**

**REASONABLE ADJUSTMENTS – Disability / Health Condition**

Please declare any reasonable adjustments that Bradford City of Sanctuary would need to make to enable you to participate in the recruitment process

**REHABILITATION OF OFFENDERS ACT 1974**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Do you have any convictions that are unspent under the Rehabilitation of Offenders Act 1974? | Yes | ☐ | No | ☐ | |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If yes, please give details / dates of offence(s) and sentence:   |  | | --- | |  |   **R**  **RREFERENCES:** Please provide details of two referees. One should be your most recent employer.  s Please do not give your spouse/partner, members of your family or personal friends.   |  |  |  | | --- | --- | --- | |  | **Reference 1** | **Reference 2** | | **Name** |  |  | | **Capacity in which known** |  |  | | **Address** |  |  | | **Contact Number** |  |  | | **Email** |  |  | |
|  |
|  |

**EMPLOYMENT:** Please indicate any paid employment you have had, giving the most recent first. Please add additional rows to the table if needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Present or most recent employer:**  **name & address** | **Hours**  **worked** | **Post held and main responsibilities** | **Dates Employed** | **Reason for leaving** |
|  |  |  |  |  |
| **Period of notice, if applicable**: | | | | |
| **Previous employers: names & addresses** | **Hours**  **worked** | **Posts held and main responsibilities** | **Dates**  **Employed** | **Reasons for leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
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**VOLUNTARY WORK EXPERIENCE:** Please indicate any volunteering you have done, starting with the most recent. *Please add additional rows to the table if needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates from/to** | **Name and address of organisation** | **Hours**  **worked** | **Details of role and main responsibilities** |
|  |  |  |  |
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|  |  |  |  |

**EDUCATION:** Please indicate any education you have undertaken, adding any qualifications obtained. *Please add additional rows to the table if needed*.

|  |  |  |
| --- | --- | --- |
| **Dates** | **Institution** | **Qualifications Obtained** |
|  |  |  |
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|  |  |  |

**RELEVANT TRAINING.** Please add additional rows to the table if needed.

|  |  |  |
| --- | --- | --- |
| **Title of programme or course and qualifications, if any** | **Provider** | **Dates** |
|  |  |  |
|  |  |  |
|  |  |  |

**STATEMENT OF INTEREST:**

Please explain below why you are applying for the post. Make sure that you read the Job Description and the Person Specification before completing this section. Show us how you meet the requirements for this post, going through the Person Specification point by point. Experience may have been gained through paid or voluntary work. Please do not exceed 2 pages in total.

|  |
| --- |
|  |

**And finally** ….Please could you let us know how you heard of this vacancy.

To the best of my knowledge, the information I have supplied in this application is true and correct. I understand that any false statement may disqualify me from employment or render me liable to dismissal. I consent to Bradford City of Sanctuary checking any information provided in this application.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Please return this form to director**[**@bradford.cityofsanctuary.org**](mailto:chair@bradford.cityofsanctuary.org) |
|  |