|  |
| --- |
| Brent Works Registration Form |

**Career Goals 1.**

**2.**

**3.**

**Relevant Qual’s 1.**

**2.**

**3.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Position applied for** | | | | | |
| **Job Title** | |  | | | |
| **Job Code** | |  | | | |
| **Referred from:** | |  | | | |
|  | | | | | |
| **Personal Details** | | | | | |
| **Title:** |  | |  |  |  |
| **First name(s):** |  | |  |  |  |
| **Last Name:** |  | |  |  |  |
| **Date of birth:** | | | **National Insurance Number:** | | |
| **Current Address:** | | | | | |
| **Postcode:** |  | | | | |
| **Contact numbers:** | **Day** **Mobile** | | | | |
| **Email Address:** |  | | | | |

|  |
| --- |
| **Do you require a certificate of sponsorship to work in the UK? Yes  No**  **Are there any other restrictions on you working in the UK? Yes  No**  **If yes, please provide details:** |

|  |
| --- |
| **Please select one or more of the following categories that apply to you:**  Unemployed – since? Employed part time Employed full time  Student part timeStudent full timeApprenticeSelf-employed |

|  |
| --- |
| **Rehabilitation of Offenders Act** |
| Have you ever been convicted of an offence, or are there any police investigations or proceedings pending against you?    **Yes  No**  If, ‘yes’ – please provide further information below: |
| I confirm that I am not disqualified from working with children or vulnerable adults and that the information I have provided about any convictions is accurate.  **Signed: Date:** |

|  |
| --- |
| I declare that to the best of my knowledge the information given on this form is correct. Failure to disclose information, or providing false information may result in rejection by the employer e.g. a criminal conviction which may result in dismissal.  **Signed: Date:** |

|  |
| --- |
| **Declaration – Consent to sharing information** |
| You are providing your information to Brent Council, contact details brent.works@brent.gov.uk, or 0208 937 6295. The Council’s Data Protection Officer can be contacted via dpo@brent.gov.uk or 020 937 1402.  Your information is collected for the purpose of enrolling you into The Brent Works Service. It is used to evidence your eligibility and may include ID checks, address checks, employment status and other evidence required. We also need to keep information on your progress throughout the service to ensure that we are able to continue to provide you with a holistic approach which includes working with external partners to ensure we deliver a person centred approach to your engagement. As required to fulfil the council’s duties under the contractual terms with our funding bodies, the information collected will be retained by Brent Council. The information collected on this form and throughout your engagement in Brent Works may be shared with partner organisations to give you the best service possible (including prospective employers, College of North West London, Job Centre Plus, Department of Work and Pensions, other Brent Council Departments).  Your details and documents will be stored securely and retained in compliance with the GDPR and the information shall be retained for seven years and shall be processed in adherence to your legal rights, including but not limited to the right to withdraw consent, right to copies of your information and right to be forgotten. You have a right to lodge a complaint with the Information Commissioner’s Office (www.ico.org.uk).This information will be used to report statistical information to a number of organisations, which may represent a cross sections of the service or the service as a whole. The information will not mention you by name or any other distinguishing feature and will be provided in pseudonymised or anonymised format. You can choose whether or not to participate in research related to the service.  Further information can be found at [www.brent.gov.uk/privacy](http://www.brent.gov.uk/privacy)  **If you have any concerns about the storage and use of your data please contact the Brent Works Manager at brent.works@brent.gov.uk**  **(If sending this electronically, please type your full name below).**  **Signed (typed name): Date:**  **Print Name:** |

**Equalities Information Form**

**Completing this form is optional. The information you give us will remain strictly confidential and will be used for monitoring purposes only, in accordance with the Data Protection Act 1998. When completed, please return your form to the Management Information Team (contact information at the end of this form).**

**What is your age?**

16 – 20

21 – 30

31 – 40

41 – 50

51 – 60

61 – 70

Over 71

**Disability, long term health condition or impairment**

**Do you consider yourself to have a disability, long term health condition or impairment?** Examples of this include: mobility difficulties; partial or full sight loss; partial or full hearing loss; mental health needs; learning disabilities, including dyslexia; and long term health conditions and illnesses (lasting over a year).

Yes

No

Prefer not to say

|  |
| --- |
| If yes please provide details: |

**What is your gender?**

Female

Male

**Gender identity**

**Is your gender identity the same as the gender you were assigned at birth?** If you identify as transgender or transsexual, please select ‘No’.

Yes

No

Prefer not to say

**Do you consider your sexual orientation to be:**

Bisexual

Gay man

Gay woman/ lesbian

Heterosexual

Other

Prefer not to say

**What is your religion/belief?**

Buddhist

Jewish

Prefer not to say

Christian

Muslim

Other

Hindu

Sikh

No religion

**Please specify any other religion or belief:**

**What is your ethnicity?**

**Asian or Asian British**

Bangladeshi

Pakistani

Indian

Chinese

Any other Asian background

**White**

English/ Welsh/Scottish/ Northern Irish/British

Irish

Gypsy or Irish Traveller

Any other White background

**Black or Black British**

African

Caribbean

Any other Black background

**Other**

Arab

Any other ethnicity

Prefer not to say**Dual background**

White & Black Caribbean

White & Black African

White & Asian

Any other dual background

**Do you have dependent children aged 18 or under?**

Yes

No

Prefer not to say

**Do you have caring responsibilities, other than parenting?**

Yes

No

Prefer not to say

**What is your legal marital or same-sex civil partnership status?**

Married

Divorced

Widowed

In a registered same-sex civil partnership

Never married and never registered in a same-sex civil partnership

Formerly in a same-sex civil partnership which is now legally dissolved

Separated, but still legally married

Separated, but still legally in a same-sex civil partnership

Surviving partner from a same-sex civil partnership

**Please remember to send your CV with this registration form to** [**brent.works@brent.gov.uk**](mailto:brent.works@brent.gov.uk)