**Please write clearly in black ink or type into the boxes**

|  |  |
| --- | --- |
| 1. **YOUR FULL NAME** (please print) | 2. **DATE OF THIS APPLICATION** |
| 3. **YOUR CONTACT DETAILS** (please include full postal address, phone, mobile & email) |
| 4. **EMPLOYMENT** (please indicate, eg. Full-time, Part-time, Not working, Retired etc.) |
| 5. **WORK CONTACT DETAILS** (if applicable)Employer’s Name, address, phone number, email address.Department (if any)Your work telephone Your work email |
| 6. **REFEREE**  Please give the NAME, ADDRESS, TELEPHONE NUMBER, and EMAIL ADDRESS of someone able to comment on your application to participate in a Hope One World project. |
| 7. Please describe any experience/skills you have which might be beneficial on a Hope One World project. |
| 8. What sort of work might you do on a Hope One World project? |

|  |
| --- |
| 9. Hope One World projects are currently located in India, Malawi, Nigeria, Uganda and South Africa. Please indicate which of these you wish this application to be considered for. India Malawi Nigeria Uganda South Africa |
| 10. Any other comments? |
| 11. State any specific **health** and/or medical needs. |
| 12. Signed Date |
| 13. We will contact you as soon as possible to acknowledge receipt of your application and to arrange an interview at a convenient time, usually within a fortnight of receiving this form.Please indicate below any periods of time when you will **not be available** for interview. |
| 14. Complete the **Equal Opportunities Monitoring Form** on page 3 then**Return all 3 pages****by email to:****info@hopeoneworld.org.uk**Hope One World website <http://www.hopeoneworld.org.uk> |

## EQUAL OPPORTUNITIES MONITORING

Hope One World is committed to ensuring equality of opportunity for all, irrespective of gender, ethnic origin, disability, sexuality, religion or age. The following information will be used only for recruitment monitoring purposes. Information will be treated in confidence and in accordance with the provisions of the Data Protection Act 1998.

**This sheet will be detached from the application form on receipt.**

## Age

Date of birth ..............................

## Disability

Do you have a disability/impairment? YES 🞏 NO 🞏

If yes, which of the following categories best describes your disability/impairment? (Please tick as many as apply)

Chronic medical conditions 🞏 Hearing impairment/deafness 🞏

(e.g. epilepsy, diabetes, ME, asthma)

Mental health difficulties 🞏 Mobility impairment 🞏

(e.g. depression, schizophrenia, phobias)

Learning difficulty 🞏 Visual impairment 🞏

other (please specify) ..........................................

## Ethnic Origin

Which of the following best describes your ethnic background?

## Asian or Asian British Black or Black British Other Ethnic Group

Bangladeshi 🞏 African 🞏 Chinese 🞏

Indian 🞏 Caribbean 🞏 Other ethnic group 🞏

Pakistani 🞏 Other Black background 🞏 Please specify

Other Asian background 🞏 Please specify

Please specify

## Mixed Heritage White or White British 🞏

White & Asian 🞏

White & Black African 🞏

## Gender

Are you: Female 🞏 Male 🞏 Transgender 🞏

## Religion or Belief

Which of the following best describes your religion or belief?

Baha’i 🞏 Hindu 🞏 Muslim 🞏 Zoroastrian 🞏

Buddhist 🞏 Jain 🞏 Rastafarian 🞏 Other religion or belief 🞏

 (please specify)

Christian 🞏 Jewish 🞏 Sikh 🞏 None 🞏

## Sexual Orientation

Do you define yourself as

Bisexual 🞏 Gay 🞏 Heterosexual 🞏 Lesbian 🞏

Signed Date:

Name (please print)