APPLICATION FORM

MCRactive operates an anonymised application process. An anonymised application process can help us overcome some, if not all, of the unconscious biases that often result in people from more diverse backgrounds being overlooked for the job.

Once your application is received pages 1 and 2 will be removed before it is put forward for shortlisting.

Vacancy Details	**Please complete all sections.**
Job applied for:	
Where did you see this vacancy advertised:	

Personal Details	
Surname:	
First Name(s):	
Postcode:	
Telephone:	
Email Address:	

Should you be offered the role you may be asked to declare any unspent criminal convictions, reprimands of warnings, would you have any objection to this?

Yes ☐ No ☐

This post may require you to undergo an Enhanced Disclosure and Barring Service check, would you have any objection to this?

Yes ☐ No ☐

Do you require permission to work in the UK?

Yes ☐ No ☐

Are you related to, have a close relationship with or are a friend of any current employee of MCRactive?

Yes ☐ No ☐

If yes please give details of who and how in the space below:

Period of Notice:	
If offered the job how soon could you start?	

References:
Please supply details of two references, one of whom must be your current or most recent employer. Referees will not be contacted until an offer of post has been made.

Referee 1 – Current or most recent employer	
Name:	
Address:	
Postcode:	
Telephone:	
Mobile:	
Email:	
Relationship to this person:	

Referee 2 - Other	
Name:	
Address:	
Postcode:	
Telephone:	
Mobile:	
Email:	
Relationship to this person:	

Work Experience (starting with most recent employment):			
Company Name:			
From:		To:	
Position:		Salary:	
Reason for leaving:			
Please provide a brief summary of your role:			

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Company Name:			
From:		To:	
Position:		Salary:	
Reason for leaving:			
Please provide a brief summary of your role:			

(Please continue on a separate sheet if necessary)

Qualifications:	
Qualification:	
Level:	
Where Obtained:	
Expiry date (if applicable):	

Qualification:	
Level:	
Where Obtained:	
Expiry date (if applicable):	

Qualification:	
Level:	
Where Obtained:	
Expiry date (if applicable):	

Qualification:	
Level:	
Where Obtained:	
Expiry date (if applicable):	

(Please continue on a separate sheet if necessary)

Additional Training:	
Date:	
Level:	
Qualification:	
Where Obtained:	

Date:	
Level:	
Qualification:	
Where Obtained:	

Date:	
Level:	
Qualification:	

Where Obtained:	

(Please continue on a separate sheet if necessary)

Hobbies and Interests
Please supply details of your hobbies and / or interests:

Information in support of your application:
The recruitment panel will need to gain enough evidence about how you might meet the requirements of the person specification from your submission to be able to shortlist you.

(Please continue on a separate sheet if necessary)

Declaration:

By submitting this application I confirm that to the best of my knowledge the information I have provided in this application (including home address and self-declaration) is correct and true. I realise that if it is found that I have deliberately given false or misleading information, I am liable to be disqualified from further consideration or, if appointed, to be dismissed immediately and without notice.

Data Protection Act

All documents associated with Recruitment and Selection will be stored for a period of six months and then destroyed.

Completed application forms should be sent to **recruitment@mcractive.com**

Head Office: c/o National Squash Centre & Regional Arena,
Etihad Campus, Gate 13, Rowsley Street, Manchester M11 3FF
Company Registration no.: 03747112 | Vat Registration no.: 628652028

MCRactive

Equality Monitoring - Self Classification Form - OPTIONAL

MCRactive is committed to recruiting, retaining and developing a workforce that reflects at all grades the diverse communities that we serve. It is vital that we monitor and analyse diversity information so that we can ensure that our recruitment processes are fair and transparent. Any information provided on this form will be treated as strictly confidential and will be used for statistical purposes only. It will not be seen by those involved in the selection process. No information will be published or used in any way which allows any individual to be identified.

Gender - What is your gender?

☐ Male ☐ Female ☐ Intersex ☐ Non Binary ☐ Prefer not to say

Other (please specify): _____

Age – Which age bracket do you fall into?

☐ 16-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70+

Ethnic Origin - Ethnic origin refers to members of an ethnic group who share the same cultural identity. This does not mean country of birth or nationality. Please tick one of the following. I am:

Asian

☐ Arab ☐ Bangladeshi ☐ Chinese ☐ Indian ☐ Pakistani

Other Asian (please state): _____

Black

☐ Black African ☐ Black British ☐ Black Caribbean

Other Black (please state): _____

Mixed

☐ White and Black African ☐ White and Asian ☐ White and Black Caribbean

Other Mixed (please specify): _____

White

☐ White – British ☐ White – English ☐ White European ☐ White - Irish
☐ White Northern Irish ☐ White – Scottish ☐ White – Welsh

Other White (please specify): _____

☐ Prefer not to say

Religion or Belief - What is your religion or belief?

☐ None ☐ Buddhist ☐ Christian (eg Catholic or C of E)
☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh
☐ Prefer not to say

Other (please specify): _____

Sexuality - Which of the following options best describes how you think of yourself?

☐ Bisexual ☐ Gay or Lesbian ☐ Heterosexual (Straight) ☐ Prefer not to say

Other (please specify): _____

Disability - This includes people with physical, mental or sensory impairments who experience, or have experienced, restrictions or discrimination in taking part fully in mainstream society.

Do you consider yourself to have a disability? Yes ☐ No ☐

The information in this form is for monitoring purposes only.

Thank you for taking the time to complete this questionnaire.