



Application for Employment

We are an equal opportunities employer

PERSONAL INFORMATION (Please print using black ballpoint pen)

Role applied for:			Location:		
Pattern of work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary					
The hours of work will also include weekends, evenings and sleeping-in duties on a rota basis.					
Due to a statutory licence requirement, we have a Genuine Occupational Requirement (GOR) to ask all candidates their age. There is a minimum age requirement for employees to be 18 years of age to work with adults and 22 years of age to work with Children and Young Adults who are in our care.					
Date of birth:					
Forenames in full:				Surname:	
Current address:					
Postcode:			Town/City:		
If you have lived at the above address for less than 5 years, please provide other addresses with dates and when you lived at the address including the month. To enable the processing of your disclosure application (CRB), it is essential to provide this information.					
Address 2:			Address 5:		
Postcode:			Postcode:		
From:	(month)	(year)	From:	(month)	(year)
To:	(month)	(year)	To:	(month)	(year)
Address 3:			Address 6:		
Postcode:			Postcode:		
From:	(month)	(year)	From:	(month)	(year)
To:	(month)	(year)	To:	(month)	(year)
Address 4:			Address 7:		
Postcode:			Postcode:		
From:	(month)	(year)	From:	(month)	(year)
To:	(month)	(year)	To:	(month)	(year)
Contact number(s):			E-mail address:		
Home:					
Mobile/Other:					
National Insurance Number:			Do you have a CSCS card? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Our positions may require employees to work at other locations and you may be asked to travel.					
Do you hold a full current driving licence: <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you own your own transport? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you related to an existing employee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, whom?					
Have you applied to work for or have worked for us previously? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, when and what role(s)?					

EMPLOYMENT HISTORY

Please give details of all jobs held, including part-time, unpaid, voluntary starting with your current or most recent employer. If there are any 'GAPS' in your employment, please state these clearly even if these are for periods of unemployment and travel.

Date(s)	Employer	Jobs Held	Reason for Leaving	Final Salary
To and From	(Name and Address)	Main duties, Responsibilities, Key Achievements		

Please continue on a separate sheet if necessary, giving page number and title heading

EDUCATION, APPRENTICESHIPS AND PROFESSIONAL QUALIFICATIONS

Please name educational institutes attended, in full and provide qualifications and attainment level

School, FE College, University, etc

Qualification and attainment level

Please continue on a separate sheet if necessary, giving page number and title heading.

Please list any professional institute memberships in full and include membership level

Professional Institute

Membership Level

Please continue on a separate sheet if necessary, giving page number and title heading.

PERSONAL DEVELOPMENT

Personal development; include any courses, internal and external, voluntary work or responsibilities that you consider relevant, with outcomes where applicable.

Please continue on a separate sheet if necessary, giving page number and title heading.

SUPPORTING INFORMATION

What do you understand the role you are applying for to be?

Please continue on a separate sheet if necessary, giving page number and title heading.

What are your reasons for applying for this position?

Please continue on a separate sheet if necessary, giving page number and title heading.

What is your greatest achievement that you consider relevant to this position?

Please continue on a separate sheet if necessary, giving page number and title heading.

Describe the most challenging experience of your career. How did you handle it?

Please continue on a separate sheet if necessary, giving page number and title heading.

SUPPORTING INFORMATION

How do you see this role in relation to your overall career plan?

Please continue on a separate sheet if necessary, giving page number and title heading.

What are your expectations of the company?

Please continue on a separate sheet if necessary, giving page number and title heading.

Why should we hire you?

Please continue on a separate sheet if necessary, giving page number and title heading.

What is the notice period of your current employer?

Please continue on a separate sheet if necessary, giving page number and title heading.

DECLARATIONS

References will be obtained covering a minimum of the past 5 years. One reference must be from your current or most recent employer.

Employment - please indicate two people who can provide references:

Name:	Name:
Address:	Address:
Tel No.	Tel No.
Email:	Email:
Position Held:	Position Held:
Dates of Employment:	Dates of Employment:
<input type="checkbox"/> I give <input type="checkbox"/> do not give permission to take up my reference prior to an interview.	<input type="checkbox"/> I give <input type="checkbox"/> do not give permission to take up my reference prior to an interview.

Character - please indicate two people who can provide references:

Name:	Name:
Address:	Address:
Tel No.	Tel No.
Email:	Email:
Relationship:	Relationship:
<input type="checkbox"/> I give <input type="checkbox"/> do not give permission to take up my reference prior to an interview.	<input type="checkbox"/> I give <input type="checkbox"/> do not give permission to take up my reference prior to an interview.

CRIMINAL RECORDS DISCLOSURE

Due the nature of the work for which you are applying, it is exempt from the provisions of the Rehabilitation of Offenders Act 1974 by virtue of ROA 1974 (Exceptions) Order 1975. Applicants are required to give details of ALL convictions for criminal offenses including those which would otherwise be endorsed as 'spent' by virtue of the above Act. Failure to disclose details of convictions could result in dismissal.

Have you ever been convicted of a criminal offence in the UK or Overseas? Do not assume any convictions are spent.

Yes
 No

Please give details of any current driving penalties or endorsements:

Have you ever been the subject of a disciplinary, to a suspension or dismissed? If yes, please give details.

Yes
 No

ASYLUM & IMMIGRATION

If you were successful in your application would you require a work permit prior to taking up employment? *

Do you hold a current work permit? If yes, please state the date of expiry? Yes No

Do you hold a current work visa? If yes, please state the date of renewal? Yes No

* Do NOT apply if you need a work permit as we will not be able to offer you work due to Home Office regulations

DATA PROTECTION STATEMENT

If you take up a position with us the information provided will be used in the administration of your employment and for auditing purposes for Ofsted and CSCI. If there is a complaint or legal challenge, the information collected may be checked with third parties or against other information held by us. We may also use or pass certain third parties information to prevent or detect crime, to protect public funds, or in other ways as permitted by the law.

By signing this application form, you agree to the processing of personal data, as described above, in accordance with our registration with the Data Protection Commissioner.

The information you provide on this form and that which is obtained from other relevant sources, will be used to process your application for employment.

You understand that as part of the application procedure, you will be expected to undergo the following checks and give your full consent for these checks to be carried out:

- Checks made with the Protection of Vulnerable Adults List (POVA)
- Checks made with the Protection of Children Act List (CRB)
- A request will be made to your G.P. concerning your health
- Reference requests will be made as provided in this application

You understand that your application is subject to satisfactory references and background checks.

You declare that the information given in this application is complete, accurate and true. You understand that providing misleading or false information will disqualify you from appointment, or, if appointed, may result in your dismissal with or without notice.

Signature: Dated:

Print Name:

INTERNAL USE:

Decline Accept

Comments

EQUAL OPPORTUNITIES MONITORING FORM

We appoint employees on merit and does not discriminate unfairly or unlawfully in recruitment or employment. We believe that our workforce should reflect the local community.

All information provided will be treated in confidence and will be used solely by the Human Resources Department for the purposes of equal opportunities monitoring to assist us in ensuring that people are selected, promoted and treated on the basis of their abilities. This monitoring form does not form part of your application or the short listing process and will be detached on receipt and stored separately.

Please complete and return this form along with your application.

POST APPLIED

Job Title:

Location:

To which of the following age groups do you belong?

Under 20 20 – 29 30 – 39 40 – 49 50 – 59 60 and over

What is your gender?

Female Male

What is your Ethnic Group?

White British Irish Scottish

Any other white background:

Asian or Asian British

Indian Pakistani Bangladeshi Any other Asian background:

Black or Black British

African Caribbean Any other Black background:

Mixed

White & black Caribbean White & Black African White & black Asian

Any other White & Black background:

Other Ethnic Groups:

Chinese Any other group not listed above:

DISABILITY SUPPORT INFORMATION

The definition of disability according to the Disability Discrimination Act 1995 (DDA) is 'A physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities'. Long term is taken to mean more than 12 months.

Anyone who has diagnosis of HIV or cancer for example, is automatically treated as disabled under the DDA. We do not discriminate on the grounds of a person's disability and is committed to providing appropriate support for staff with disabilities and the following information will assist us to do this.

Do you consider yourself to have a disability?

Yes No

If appropriate, please select the nearest description of your disability/disabilities below:

<input type="checkbox"/> Mental Health conditions including depressive illness	<input type="checkbox"/> Blind/partially sighted
<input type="checkbox"/> Unseen disability (e.g. epilepsy, asthma, diabetes)	<input type="checkbox"/> Deaf/partially deaf/hard of hearing
<input type="checkbox"/> Autistic Spectrum Disorder or Aspergers Syndrome	<input type="checkbox"/> Dyslexia, dyspraxia, dyscalculia
<input type="checkbox"/> Speech impairments that can affect communication	<input type="checkbox"/> Wheelchair user or other physical mobility impairment

Any disability, condition or special need not listed above, please state: