

## EMPLOYMENT APPLICATION FORM

This application form is *strictly confidential* and any information you give will not be given to any other organisation or person unless they are involved in the selection process.

Please complete the form as clearly as possible. Include full names and addresses where appropriate. If you have any difficulty completing the form because of disablement (eg partial sightedness, dyslexia, or other impairment) it can be completed by another person but you must sign it.

Please advise us if you require additional assistance at interview.

POST APPLIED FOR:

### PERSONAL DETAILS

FULL NAME (INCLUDING TITLE):		
ANY OTHER NAMES SINCE AGED 18:		
PLACE OF BIRTH:		
DATE OF BIRTH (OPTIONAL):		
NI NUMBER:		
CURRENT HOME ADDRESS:	Post Code:	
LENGTH OF TIME AT THIS ADDRESS:		
TELEPHONE NO:	Home:	Mobile:
EMAIL ADDRESS:		
DO YOU HOLD A FULL DRIVING LICENCE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PLEASE GIVE DETAILS OF ANY ENDORSEMENTS:		

# EDUCATION

SCHOOL/COLLEGE (INCLUDING ADDRESS)	DATES (FROM/TO)	QUALIFICATIONS	GRADE/LEVEL
FURTHER/HIGHER EDUCATION	DATES (FROM/TO)	QUALIFICATIONS	GRADE/LEVEL
OTHER TRAINING	DATES (FROM/TO)	QUALIFICATIONS	GRADE/LEVEL

Proof of qualifications may be required at interview. Please ensure these are available. Copies of *all* qualifications listed above will be required for your file when appointed.  
***PLEASE DO NOT LIST ANY QUALIFICATIONS OF WHICH YOU ARE UNABLE TO PROVIDE PROOF***

## EMPLOYMENT HISTORY

### CURRENT OR LAST EMPLOYMENT

NOTICE REQUIRED:

NAME AND ADDRESS OF EMPLOYER	JOB TITLE	DATES (FROM/TO)	SALARY	REASON FOR LEAVING
1				

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR CURRENT DUTIES AND RESPONSIBILITIES:

### PREVIOUS EMPLOYMENT

Please provide details of your past employment, starting with the most recent. This should include part-time and voluntary work as well as full-time employment with explanations for periods not in employment. For employment in the last five years include salary details.

NAME AND ADDRESS OF EMPLOYER	JOB TITLE	DATES (FROM/TO)	SALARY	REASON FOR LEAVING
1				

NAME AND ADDRESS OF EMPLOYER	JOB TITLE	DATES (FROM/TO)	SALARY	REASON FOR LEAVING
2				
3				
4				
5				
6				

**EXPLAIN ANY UNUSUAL FEATURES, INCLUDING GAPS, IN YOUR EMPLOYMENT HISTORY:**

## HEALTH DETAILS

Based on the information provided by you in this form, a decision will be made whether or not a medical examination, X-ray or further report is needed. You will be informed if additional tests or reports are necessary.

		YES	NO
1 Have you had any working days absent due to illness in the last 12 months? If YES, please indicate date, number of days and reason.			
2 Do you have any pending health treatment which will necessitate your absence from work for longer than one week? If YES, please give details.			
3 Are you at present having injections, medicines, pills or tablets from your GP (other than oral contraceptives)? If YES, please give details.			
4 Are you having any injections or taking medicines, pills or tablets NOT prescribed by your doctor? If YES, please give details.			
<b>5 Have you been immunised against the following?</b>			
	YES	NO	
Hepatitis B			Poliomyelitis
Tetanus			Tuberculosis
Rubella (German Measles)			Diphtheria
<b>6 Have you suffered, or are you suffering, from any of the following medical conditions?</b>			
Tuberculosis			Epilepsy, fits, black-outs, giddiness or fainting
Asthma, Hay Fever, Sinusitis, Tonsillitis			Mental or emotional illness or nervous breakdown
Recurrent Bronchitis			Dermatitis or skin trouble
Heart trouble or high blood pressure			Rupture or hernia
Gastric/duodenal ulcer or stomach trouble			Sugar diabetes
Gall bladder disease/stones			Typhoid or paratyphoid fever
Defect of sight, hearing or speech			Dysentery or recurring diarrhoea
Back trouble/disorder			Migraine/recurrent headaches
Arthritis/rheumatism or joint trouble			Any major accidents/operations
Varicose veins or foot trouble			Any conditions or illness affecting your ability to work.
Thyroid disease			Is your vision good in both eyes (with glasses if worn)?
Disease of kidney/bladder			Are you disabled in any way?
Recurrent boils or septic fingers			Are you having medical treatment at present?

**IF YOU HAVE ANSWERED YES TO ANY HEALTH QUESTION (APART FROM VISION), PLEASE PROVIDE FURTHER DETAILS:**

## REFERENCES

Please give details of two referees who can provide information relating to your competency in a caring role, one of whom must be your present or most recent employer. If you are a student, please give an academic reference. As the post you are applying for requires unsupervised access to children, we reserve the right to approach any past employer for a reference. References will not be accepted from relatives or from people writing solely in the capacity of friends.

<b>NAME:</b>	
<b>ADDRESS:</b>	Postcode
<b>E-MAIL ADDRESS:</b>	
<b>DAYTIME TELEPHONE NO:</b>	
<b>IN WHAT CAPACITY DO YOU KNOW THIS PERSON?</b>	
<p><b>NOTE:</b> <i>We will seek references on short-listed candidates and may approach previous employers for information to verify particular experience or qualifications, before interview. Please indicate below if you do NOT wish us to contact your referee prior to interview.</i></p> <p><i>I do not agree to the referee being contacted prior to interview.</i> <input type="checkbox"/></p>	

<b>NAME:</b>	
<b>ADDRESS:</b>	Postcode
<b>E-MAIL ADDRESS:</b>	
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## PERSONAL STATEMENT IN SUPPORT OF YOUR APPLICATION

A statement (handwritten or typed) in support of this application is required. The purpose of the supporting statement is to provide you with an opportunity to state your specific and relevant experience and achievements to date in relation to the post for which you are applying. Give examples, where you can, in support of your application to show how you can contribute to the development of this therapeutic community.

*/Continued . . .*

*Supporting Statement Continued*

*You may continue on a separate sheet if necessary.*

**OTHER ACTIVITIES AND INTERESTS:**

*Please give details of any interests and hobbies:*

# CAUTIONS, REHABILITATION AND CRIMINAL RECORDS

## REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application. In addition you are required to submit to a Criminal Records Bureau check. Any enhanced disclosure made by the CRB will remain strictly confidential.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? YES / NO (delete as required).

If YES, please give details.

## PREVIOUS CONVICTIONS

Date	Offence	Sentence

## PENDING MATTERS

Date	Circumstances

Have you been subject to any disciplinary procedures during the last twelve months? If yes, please provide details.

Date	Circumstances

Do you have any family or close relationship to existing employees or employers? If yes, please give details.

Name of employee / employer	Relationship

## SPECIAL REQUIREMENTS

Because this position involves the care of children, employment is dependent on the following:

1. Your written consent to obtaining an enhanced disclosure certificate from the Criminal Records Bureau.
2. Such disclosure being acceptable to us.
3. Proof of identity – birth or marriage certificate (where appropriate) and passport (if available).
4. Two satisfactory written references.
5. That you will supply a photograph of yourself for retention in your records.
6. Evidence of physical or mental suitability for your work.

Please state whether a CRB check has been carried out in the last three months of your employment YES / NO

If "Yes", please give: Disclosure Number: ..... Date Completed: .....

## DECLARATION (Please read this carefully before signing this application)

1. I confirm that all the information contained herein is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your Doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your Doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that the information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will apply to the Criminal Records Bureau for an enhanced disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company, any offer of employment may be withdrawn or, if appointed, I would be subject to immediate dismissal without notice.
4. Disqualification For Caring For Children Regulations 1991 disqualifies individuals, who have committed certain offences, or for other reasons, from running or being employed in a children's home. I confirm that none of the circumstances leading to disqualification under the Disqualification for Caring For Children Regulations apply to me.

Signed: .....

Date: .....