## **Job Application Form**

**You must complete all sections on this form. Failure to do so may result in a delay processing your application.**

If you have a disability which makes it difficult to complete this document or participate in any part of our recruitment process, please contact us and we will be happy to discuss reasonable adjustments which can be made to assist you.

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| **Job Applied For:** |  |
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| **Preferred Location(s): Location** |  |

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| --- | --- |
| Where did you see this post advertised/hear about the vacancy? |  |

**About You**

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| --- | --- | --- | --- |
| Surname: |  | First Name(s): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Address: |  | Home phone: |  |
|  |  |  |
|  | **Mobile:** |  |
|  |  |  |

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| --- |
| **Email address –**  |

Have you been known by any other surname? (Yes/No)

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| --- |
| If yes, please state:  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have the Right to Work in the UK? | Yes ☐ | No ☐ |  |
| Do you hold a full current Driving Licence? | Yes ☐ | No ☐ |  |
| Do you hold Professional Registration? | Yes ☐ | No ☐ | Number: |

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|  **NI No:** |  |  |  |  |  |  |  |  |  | **Are you aged over 21**? (Required for some posts) |  |

**[At interview you will be asked to produce documentary evidence]**

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| **Safeguarding Children** |
| Have you ever been disqualified from working with children?  | Yes [ ]  | No [ ]   |  |
| Has your conduct in relation to children ever been a cause for concernor investigation, (irrespective of whether it resulted in a charge or conviction)?This also includes any workplace investigations. | Yes [ ]  | No [ ]   |
| Have you ever been subject to any disciplinary proceedings?  | Yes [ ]  | No [ ]   |
| Have you ever been prohibited from being a private foster carer?  | Yes [ ]  | No [ ]   |
| Has your child, or a child of which you are or have been the registered guardian of, been the subject of a care order or supervision requirement removing him/her from your care? | Yes [ ]  | No [ ]   |
| Are you the parent of, or associated with any child who is on the at risk register?  | Yes [ ]  | No [ ]   |
| If you answer yes to any of the above safeguarding questions please details, including dates |

1. **Who do you currently work for?**

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| Name of Employer: |  | Your Job Title: |  |

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| Address: |  | Start Date appointment: |  |
|  |  |  |  |
|  |  | Finish Date |       |
|  |  |  |  |
|  |  | Notice required: |     |
|  |  |
| Present Salary: |       |

**Employers Contact email & phone number -**

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Briefly describe the main aspects of your current role

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| Your reason for seeking other employment |

**Previous Employment**

Please list below all your employment and voluntary roles including those overseas, in chronological order, starting with the most recent first. You must include details of any gaps or breaks in service giving full reasons, including those outside of employment. There cannot be any unexplained gaps in your employment history. **Please note we are obliged to contact all employers and any voluntary work that you have undertaken in the care industry.**

| **Employer’s Name and Address** | **Your Job Title** | **Dates from/to****(Date, Month and Year required)** | **Reason for leaving** |
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**PLEASE CONTINUE ON AN ADDITIONAL SHEET IF REQUIRED**

**Please explain any gaps in your employment history.**

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1. **Education from the age of 11**

| **Name of School, College or University including full address** | **Dates from/to****(Date, Month and Year required)** | **Subjects or Qualifications gained** |
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1. **What relevant Qualifications/Training do you have?**

| **College/University, Company Name including full address** | **Dates from/to****(Date, Month and Year required)** | **Qualifications gained (and grades if known)** |
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1. **What attracts you to this job?**

**Please tell us briefly why you are interested in this job and why you believe you have the right qualities to do it well.**

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1. **Referees**

**Please ensure you give full details including email address and telephone number of previous employers; this is usually the HR department, we will need the details for anything within the last five years and any care related setting. If you are unemployed, this should be your last employer, or if this is your first job, your school/tutor details. Please note that should you be successful at interview, Cambian Children’s Services may take up references in any previous employment paid or unpaid, without further notification to you. You may also provide the name of a personal referee as well as your employment references if you wish. None of the above should be related to you.**

**Please add any further positions you need to, especially care roles on an additional sheet of paper.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Employer:** |  | **Previous Employer:** |  |
| **Name:** |  | **Name:** |  |
| **HR/Referee Email:** | **HR/Referee Email::** |
| **Organisation Address in full:** | **Organisation Address in full:** |
| **Tel No.** |  | **Tel No.** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous Employer:** |  | **Previous Employer:** |  |
| **Name:** |  | **Name:** |  |
| **HR/Referee Email:** | **HR/Referee Email::** |
| **Organisation Address in full:** | **Organisation Address in full:** |
| **Tel No.** |  | **Tel No.** |  |

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| --- | --- | --- | --- |
| **Previous Employer:** |  | **Previous Employer:** |  |
| **Name:** |  | **Name:** |  |
| **HR/Referee Email:** | **HR/Referee Email::** |
| **Organisation Address in full:** | **Organisation Address in full:** |
| **Tel No.** |  | **Tel No.** |  |

1. **Declaration**

Signature of this document indicates that you have read the job description and any other information issued relating to the vacancy and can comply with its requirements. In addition it indicates that all the information given by you is accurate. Incomplete or misleading information may, on discovery, result in summary dismissal.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  |  Date: |       |

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| ***If returned by email, please use electronic signature*** |

**Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020)**

Due to the nature of Cambian Groups’ work with children and vulnerable adults, we use the Disclosure and Barring Service to make checks at an enhanced level on all persons offered employment by Cambian.

Do you have any UNSPENT convictions as outlined in the Rehabilitation of Offenders Act 1974?

This includes any unspent convictions that may have been issued in any other country, where it would be an equivalent offence in England and Wales.

It also includes all unspent convictions or Summary Hearings that have been issued under military law while serving in the Armed Forces in the UK or any other country, where it would be an equivalent offence in England and Wales.

You **are not** required to disclose any information in relation to convictions that have become filtered SPENT. In these circumstances you should select NO to this question.

Please refer to further information in the [List of offences that will never be filtered from a DBS certificate - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/dbs-list-of-offences-that-will-never-be-filtered-from-a-criminal-record-check)  section before completing this question.

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| [ ]  | Yes  | [ ]  | No |

 *Answering yes will not necessarily preclude you from employment, we will discuss the matter with you and risk assess your suitability based on our discussions.*

If yes please give details.

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DATA PROTECTION ACT:

Information provided by you on this application form may be copied for use during the recruitment procedure. Once the recruitment procedure is completed, the data will be stored for 12 months and then destroyed. If you are a successful candidate, this form and information on it will be used as part of your personnel record. Disclosures will only be made for payroll and personnel administration procedures.

**Cambian Group is an Equal Opportunities employer**

It is our policy to select employees solely on job related criteria irrespective of protected characteristics. To make sure all the recruitment decisions reflect the aims of Equal Opportunities policy we monitor all stages of our recruitment and selection process.

In order to do this we require all job applicants to provide the information requested below.

**The information you provide will be removed and will not be seen by anyone involved in any stage of the selection process.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Job Applied for:** |       |

|  |  |  |
| --- | --- | --- |
| **Job Vacancy No.** |       | (where applicable) |

**Personal Details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Birth**:  |       |  | **Sex:** | Male | [ ]  | Female | [ ]  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Marital Status:** | Single | [ ]  |  Married | [ ]  |  Civil Partnership | [ ]  |  Divorced | [ ]  | Widowed | [ ]  |

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| --- | --- | --- |
| **Are you the sole or main carer for any dependents**?  |     | Yes/No |

**Religion or Belief**

What is your religion or belief?

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  Buddhist | [ ]  |  Christian | [ ]  |  Hindu | [ ]  |  Jewish | [ ]  |  Muslim | [ ]  |  Sikh | [ ]  |

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|  Atheist | [ ]  |  Agnostic | [ ]  |  Other | [ ]  |  |  |  |  |  |  |

Please specify

**Ethnic Origin**

How would you describe your ethnic origin?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  Asian | [ ]  | Bangladeshi | [ ]  |  Black | [ ]  |  Black African | [ ]  |  Black Caribbean | [ ]  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  Chinese | [ ]  |  Indian | [ ]  |  Pakistani | [ ]  |  White | [ ]  |  Other | [ ]  |

Please specify

**Disability**

The Disability Discrimination Act 1995 describes a ‘disabled person’ as a person with a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities.

|  |  |  |
| --- | --- | --- |
| Do you have such a disability?  |     | Yes/No |