**Application Form**

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| **Position Applied For:** |  | |
| **Weekly Contract** - Full Time/Part Time/Bank *(Please Specify Number of Hours):* | |  |

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| **Personal Details** |

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| **First Name/Forename:** | | | | **Surname/Family Name:** | | | | | | |
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| **Home Address (Including Postcode):** | | | | **Are you 18 years or over?** *(Please tick):* | | | | | | |
| **YES** | |  | | **NO** | |  |
|  | | | | **NI Number:** | |  | | | | |
| **Contact No:** | |  | | | | |
| **Email:** | |  | | | | |
| **Do you hold a full current UK Driving License?** *(Please tick):* | | | | **Do you require a permit to work in the UK?** *(Please tick):* | | | | | | |
| **Yes:** |  | **No:** |  | **Yes:** |  | | **No:** | |  | |
| *Do you have any endorsements/penalty points – If so, please give details including dates:* | | | | *If Yes – Please detail your current immigration status & relevant visa currently held, including visa number:* | | | | | | |
| **Are you related to any of our current members of staff or People we Support?** | | | | **Yes:** |  | | **No:** | |  | |
| **Equality Act 2010 –** Under the Equality Act 2010, the definition of disability is if you have a physical or mental impairment that has a “substantial” and “long-term adverse effect” on your ability to carry out normal day-to-day activities. Further information regarding the definition of disability can be found at: <https://www.gov.uk/definition-of-disability-under-equality-act-2010>. | | | | | | | | | | |
| For the purpose of this application & interview stage only, is there anything you would like us to be aware of so that we can make reasonable adjustments during the process? | | | | | | | **Prefer not to say:** | |  | |
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| **Refer A Friend** |

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| **Have you been referred by an employee of Special Needs Care?** *(Please include their full name & Designation):* |  |
| **How long have you known the referee?** |  |
| **In what capacity do you know the referee?** |  |

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| **Current / Most Recent Employer** |

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| **Employer:** |  | | |
| **Line Manager:** |  | | |
| **Contact Email:** |  | | |
| **Contact No:** |  | **Notice Required:** |  |
| **Reason for Leaving:** |  | **Salary/Hourly Rate:** |  |
| **Date From:** |  | **Date To:** |  |
| **Full Address** *(Including Postcode):* | | **Position Held & Details of Role & Duties:** | |
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| **Employment History** |

*Please record below the details of your* ***full employment history****. Any gaps must be explained. Attach a separate sheet if required; please sign the sheet(s)*

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| **Dates To & From:** |  | **Employer Name:** |  |
| **Salary/Hourly Rate:** |  | **Address & Contact Details:** |  |
| **Reason for Leaving:** |  | **Position Held:** |  |
| **Brief Description of Role & Duties:** |  | | |

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| **Dates To & From:** |  | **Employer Name:** |  |
| **Salary/Hourly Rate:** |  | **Address & Contact Details:** |  |
| **Reason for Leaving:** |  | **Position Held:** |  |
| **Brief Description of Role & Duties:** |  | | |

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| **Dates To & From:** |  | **Employer Name:** |  |
| **Salary/Hourly Rate:** |  | **Address & Contact Details:** |  |
| **Reason for Leaving:** |  | **Position Held:** |  |
| **Brief Description of Role & Duties:** |  | | |

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| **Dates To & From:** |  | **Employer Name:** |  |
| **Salary/Hourly Rate:** |  | **Address & Contact Details:** |  |
| **Reason for Leaving:** |  | **Position Held:** |  |
| **Brief Description of Role & Duties:** |  | | |

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| **Explanation of Gaps** – Use this section to detail any gaps in employment & why |
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| **Education** |

*(All qualifications will be subject to a satisfactory check)*

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| **Dates Attended** | **University/College/School Attended** | **Qualification Name** | **Grade Achieved (Where Applicable)** |
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| **Training** |

*(Evidence of attending courses is required)*

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| **Additional Training or Qualifications** *(Include Course Name & Organising Body):* |
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| **Relevant Skills & Qualities** |

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| **Please give details of any relevant skills, knowledge, qualities or experience you have that are relevant to the role** *(Attach a separate sheet if necessary):* |
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| **References** |

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| **Please provide contact details of referees who we may approach for a reference – Please include direct emails if available**  *You must provide references from your two most recent employers. In line with CQC requirements, we require references covering your last five years employment. If you have worked in a health & social care setting, you must provide a reference from your most recent employer of this setting too.*  *If you have not had more than one employer in the last five years, we require a further reference. Please provide two character references if you are unable to obtain two professional references, e.g. in the case of an applicant who has been raising children for ten years. All will be contacted, therefore, please inform referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.* | |
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| **Disclosure & Barring Service (DBS)** |

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| **An Enhanced DBS check will be undertaken as part of the Company’s pre-employment screening - Do you have a current DBS which is registered on the update service?** | |  | | |
| **If yes – Please provide your certificate number:** | |  | | |
| **Safeguarding / Ex-Offenders Declaration:** *Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest confidence* | | | | |
| The Rehabilitation of Offenders Act 1974 aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity & marriage or civil partnership. Special Needs Care undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.  Answering ‘yes’ to the question below will not necessarily prevent your employment. This will depend on the relevance of the information you provide in respect of the nature of the position and the particular circumstances. | | | | |
| **Do you have any unspent conditional cautions or convictions under the Rehabilitation of Offenders Act 1974?** | | | | |
| **Yes:** |  | | **No:** |  |
| **Do you have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020?** | | | | |
| **Yes:** |  | | **No:** |  |

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| **Privacy Statement** |

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| *Special Needs Care will only collect data for specified, explicit & legitimate use in relation to the recruitment process. By signing this application form, you consent to us holding the information contained within this application form. If successfully shortlisted, data will also include interview records. We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you). When that period is over, we will delete your data or inform you that we would like to keep it in our database for future roles.*  *We have privacy notices that you can request for further information. Please be assured that your data will be securely stored by the Recruitment Manager and only used for the purposes of recruiting for this vacant post.*  *You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time, please contact the Recruitment Manager to discuss.* |

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| **Declaration** |

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| **I declare that the information given on this form is to the best of my knowledge correct. I understand that the giving of false or misleading information may lead to disqualification or if appointed, dismissal.** | | | |
| **Print Full Name:** | |  | |
| **Signature:** |  | **Date:** |  |