

Strictly Confidential

Application for Employment Form

Please complete in black ink or typescript as this form will be photocopied if you are shortlisted for interview.

Personal Details			
Position applied for:			
Title:	Surname:	Forename(s):	
Address:			Postcode:
Home Tel:	Mob No:	Work Tel:	
Email:			
Please confirm your right to work in the UK: Yes / No		Visa/Permit expiry date <i>(if applicable)</i> :	
Do you hold a suitable current driving license? Yes / No		Have you any current endorsements? Yes / No	
If so, please specify:			

Employment & Education History
<p>Please attach/enclose your CV or a word document providing details of your current and previous complete employment and education history, starting with the most recent job, training and accounting for any gaps. It is essential we are able to account for all periods of applicants history due to safeguarding requirements. For posts within the last five years, please confirm salary details. Please include any voluntary, home-based or part-time work. Highlight duties, responsibilities, skills or experience gained that are relevant to the post for which you are applying. If you are a school or college leaver, please include details of vacation employment.</p> <p style="text-align: right;">I have attached/enclosed a copy of my Employment & Education History <input type="checkbox"/></p>

Supporting Statement
<p>The Job Description details the key areas of responsibility and tasks involved. The person specification details the competencies, understand them and do not make any assumptions. In the supporting statement please make sure you clearly and concisely evidence all the competences required. The selection process will consider how each applicant demonstrates an understanding of every competence and to what extent this understanding influences professional and personal behaviour.</p>

State number of sheets (if any) included: ___

Declarations

Rehabilitation of Offenders

Have you ever been convicted of a criminal offence, cautioned, reprimanded or given a final warning by the police, or do you have any court cases pending? Because of the nature of the work, this post is exempted from the Rehabilitation of Offenders Act 1974 and all convictions, both spent and unspent, must be disclosed. Non-disclosure is likely to have an impact on selection. Yes / No *if yes, please give details below:*

Date of Offence	Nature of Offence	Sentence or nature of police/court sanction

PLEASE NOTE:

If your application is successful, prior to taking up your post, you will be required to provide a current Disclosure and Barring Service (DBS) check or undergo a **Formal Disclosure** process through the DBS. This will require you to complete a separate DBS application form and to provide a range of documentary evidence of your identity.

Although a criminal record involving sexual offences against children is likely to debar you from appointment of this type of post, the existence of the criminal convictions will not necessarily be a bar to employment.

Data Protection

Information given in this application will be controlled under data protection legislation and will be used for the purposes of recruitment within the Carroll Centre. Should your application be successful, the information will then be used for your personnel records and payroll purposes. The information provided will be processed both manually and automatically for these purposes.

I have read and agree to the above statement

Early Years Disclaimer

Disqualification from Caring for Children

UK legislation on the provision of early years (or later years) services to children contains a number of requirements which employments must meet. Within this legislative framework it is necessary for employers to ensure that those involved in the provision of regulated services are not disqualified from that position under law. Recent tightening of the requirements has highlighted the need for employers to be aware of the possibility that an individual may be disqualified from working with children in early or later years by reason of residence. The legislation cited does not apply to Scotland.

Under Section 76(3) and (4) of The Childcare Act 2006 it is an offence for any person to employ "in connection with the provision of early years or later year's provision to which this section applies" someone who is disqualified from registration.

Subject to regulation 9 of the Act, a person who knowingly lives-

- (a) In the same household as a person who is themselves disqualified; or
- (b) In a household in which any such person is employed is disqualified

As the role which you have applied for or are currently in may fall within the definition given, you are required to complete the following declarations.

- 1) To the best of my knowledge, I do not live in the same household as a person who are themselves disqualified or in a household in which any such person employed is disqualified
- 2) Neither I nor any member of my household has had children taken in to care or made subject to care proceedings

I have read and agree to the above statement

References

Please ensure that one is your present or last employer.

As part of our safer recruiting policy references for shortlisted candidates will be taken up prior to interview.

Reference 1	Reference 2
Name:	Name:
Position:	Position:
Address:	Address:
Tel No:	Tel No:
Email:	Email:

Where did you see this post advertised?

Have you previously been invited for interview with the Carroll Centre? Yes / No

If yes, please state the position applied for:

I declare to the best of my knowledge the information I have given in this application is true. I understand that providing false information may lead to disqualification from the interview or dismissal after appointment.

Signed:

Print name:

Date:

Please return this application form to:

Head of Centre
Carroll Centre
Somers Close
Winchester
SO22 5EJ

IF you do not hear from us within 4 weeks, you should assume on this occasion your application has been unsuccessful.

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Medical Declaration

Please read the following and answer the questions as accurately as possible:

Do you or have you had any major illnesses/absences?

Yes / No

Major illness includes heart or blood pressure problems, respiratory problems (including asthma), diabetes, epilepsy, any back conditions or mental illness and any condition requiring referral to a medical or surgical consultant. Please give details below as appropriate.

Have you ever been retired or had your contract terminated due to physical or mental health?

Yes / No

Please give details below as appropriate.

Do you have any medical condition, which may affect your work?

Yes / No

Please give details below as appropriate.

Are you under any medical treatment/supervision at present?

Yes / No

Please give details below as appropriate.

How many days sickness absence/illness have you had in the last two years?

If you answered NO to all of the above questions then this form will be kept with your application. If you have answered yes to any of these questions, you may need to complete a more detailed confidential questionnaire and/or attend a medical.

I declare that the information that I have given is a true statement (to the best of my knowledge and belief) and that I consider I am medically able to undertake this work.

Signed:

Date:

Print name:

Date of Birth:

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Equal Opportunities Form

The Carroll Centre aims to ensure that no employee or prospective employee is subject to any form of discrimination or harassment on grounds including sex, marital status, race, religion, belief, colour, ethnic origin, disability, age, sexual orientation, language.

In order to ensure that our practices comply with good equal opportunities, we would be grateful if you would complete and return the questionnaire below to enable us to assess our performance. The information will be detached from your application form and will be treated in the strictest of confidence.

Post applied for:	Vacancy Ref:	Closing Date:
Region/Country:	Location:	

Please tick the box that is appropriate to you:

Gender

Male Female *If you are undergoing gender reassignment, please tick the box which applies to your future gender*

Age

16-25 26-35 36-45 46-60 61+

Disabilities

Are you registered disabled? Yes No If yes, do you require any assistance? Yes No

If yes, please provide details:

What is your ethnic group?

Prefer not to state Asian Bangladeshi Asian Indian Asian Pakistani Asian Other* Black African
 Black Caribbean Black Other* White English White Irish White Northern Irish White Welsh
 White Scottish White Other* Mixed Parentage White & Black African White & Black Caribbean
 White & Asian Any other mixed background* Other ethnic group* *If other please state.....

How would you describe your religion/beliefs?

Prefer not to state Agnostic Atheist Baha'i Buddhist Catholic Christian Hindu
 Jehovah's Witness Jewish Muslim/Islam Protestant/C of E Sikh Other* *Please state.....

Preferred language:

English Arabic Bengali Deaf Loop Deaf Sign Deaf Written French German Hindi
 Italian Japanese Javanese Korean Mandarin Marathi Polish Portuguese Punjabi
 Russian Spanish Tamil Telugu Urdu Vietnamese Welsh Other* *Please state.....