



APPLICATION FORM

Post Applied for:

1st Interview
Date:

2nd Interview Date:

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE

Section 1 Personal details

Last Name:

Title:

Previous
Surname:

Previous First
Names:

Address:

Post Code:

Letter

Letter Numbers

Home Telephone N^o:

National Insurance N^o:

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Daytime Telephone
N^o:

Passport Number:

Mobile Telephone
N^o:

E-mail Address:

Town & County of
Birth:

Date of Birth
(DD/MM/YY):

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Are you free to remain and take up employment in the UK with no current immigration restrictions?

Driving Licence

Do you hold a full driving licence valid in the UK?

YES / NO

Driving License Number:

we will require a copy of your driving licence AND a check code from gov.uk (<https://www.gov.uk/view-driving-licence>). If you fail to disclose any endorsements and it is found later that you have received points on your licence or have carried out an offence, this will invoke the disciplinary process and your employment could be affected.

Please state if you have any points on your licence and reason:

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

Section 2 Present Employment

Present Employment (If now unemployed, please provide details of your last employer).

Name of Employer:

Address:

Postcode:

Position Held:

Dates From / To:

Salary:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice:

Last day of Service

(if no longer employed):

Reason for leaving:

(if no longer employed explain gap from the leaving date to present)

If I am the successful candidate following the selection process and a conditional offer of employment has been made;

please tick if you are happy for us to apply for the reference above (your current employer), alternatively if you do not tick this box, we will wait for you to email us to provide permission for us to apply for this reference.

☐

Section 3 Previous Employment

Previous Employment (most recent employer first). Please cover all of your employment history from leaving education and state the nature of the business - if not public sector.

All gaps in employment **MUST** be explained

Company Name, Employer Name, Full Postal Address (inc postal code), Email Address and Contact Number	Job Title	Dates Employed from and to (mm/yy)	Reason for Leaving	Did post involve working with Vulnerable Children or Adults (Yes/ No)

Previous Employment Continued...

Continue on a separate sheet if necessary.

Employment Gaps

Please use this space to explain any employment gaps you have had since leaving school

i.e. June 95 – September 95 – Summer holidays, waiting for College to start

May 04 – August 04 – Made redundant, looking for work and claiming Job Seekers Allowance

Please note that we will require you to evidence the information provided in this section i.e. child benefit/job seekers letter.

Dates of Employment Gaps from and to (mm/yy)	Explain in Detail (please also state if you claimed any benefits in this time period)

Continue on a separate sheet if necessary.

Have you been subjected to any previous disciplinary action or been asked to leave employment or voluntary activity, due to inappropriate behaviour towards a child or young person?

YES / NO

**If yes,
please
explain in
further
detail:**

Section 4

Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and Grades obtained	Dates to and from (mm/yy)	Certificates Seen – Date & Signature
School	Subjects	Qualifications and Grades obtained	Dates to and from (mm/yy)	

Continue on a separate sheet if necessary

Section 5 Training and Development

Please provide details of any training and development courses or non-qualification courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Dates to and from (mm/yy) and Duration of Course	Certificates Seen – Date & Signature

Continue on a separate sheet if necessary

Professional, Technical or Management Qualifications

Please provide details:

Professional/Technical/Management Qualifications	Course Details	Certificates Seen – Date & Signature
Membership of any Professional / Technical Associations - Please state level of Membership:		

Continue on a separate sheet if necessary

Section 6 Personal Statement

Abilities, skills, knowledge and experience:

Please use this section to explain in detail how you meet the requirements of the Job Description/Role Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used to support your application.

Continue on a separate sheet if necessary

Section 7 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are spent or unspent under the Rehabilitation of Offenders Act 1974?

Yes

No

Are you currently on the DBS Updating Service? If so, please provide the updating reference or DBS certificate reference: _____

Yes

No

Because of the nature of the work for which you are applying, the post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders act 1974 (Exemptions) order 1975. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies

If yes, please provide details / dates of offence(s) and sentence:

	<p>DBS Date Received:</p> <p>Signature:</p>
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Section 8 Protecting Children and Vulnerable Adults

Enhanced Checks

Are you aware of any police, social services department or NSPCC enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post?

Yes

No

If yes please provide this information on a separate sheet.

Section 9 References

Please provide the names and addresses of your most recent employer (if applicable) and two other previous employment references. **Any previous employment and/or voluntary work undertaken involving vulnerable young children and adults should be included as a priority over other employment.** However, if you do not have a previous employment history, please provide the names and addresses of persons whom we may contact for character references.

Reference 1 – Present/Last Employer		Reference 2 – Previous Employer	
Name:	<input type="text"/>	Name:	<input type="text"/>
Position (job title):	<input type="text"/>	Position (job title):	<input type="text"/>
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Telephone N ^o :	<input type="text"/>	Telephone N ^o :	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>
Date Requested:	<input type="text"/>	Date Requested:	<input type="text"/>
Date Received:	<input type="text"/>	Date Received:	<input type="text"/>
Reference 3 – Previous Employer/ Character		Reference 4 – Voluntary work involving vulnerable young children and adults (if applicable)	
Name:	<input type="text"/>	Name:	<input type="text"/>
Position (job title):	<input type="text"/>	Position (job title):	<input type="text"/>
Relationship:	<input type="text"/>	Relationship:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Telephone N ^o :	<input type="text"/>	Telephone N ^o :	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>
Date Requested:	<input type="text"/>	Date Requested:	<input type="text"/>
Date Received:	<input type="text"/>	Date Received:	<input type="text"/>

Section 10 Declaration

Are you related to or do you have a close personal relationship with an employee(s) of Ashford Children's Care?	Yes No	Details:
Are you a Director, Officer or Person with Significant Control of any other business?	Yes No	Details:
If you have answered yes to the above, do any of your companies have significant control in any other businesses?	Yes No	Details:
Are you, or any company you hold an interest in, engaged in any other business activity with an employee of Ashford Children's Care?	Yes No	Details:
Do any of the above interests pose a potential conflict with employment by Ashford Children's Care in the role for which you have applied?	Yes No	Details:
Please provide full details in relation to the above questions. Continue on a separate sheet if necessary		

Signed:

Date:

(NB. Candidates selected for interview will normally be notified within four weeks of the closing date. Unfortunately applicants who do not hear from Ashford Children's Care must conclude that their application has been unsuccessful on this occasion. Thank you for your interest in this post.)

Ashford Children's Care undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

If you are returning this form by email, you will be asked to sign your application at interview.

EQUAL OPPORTUNITIES MONITORING FORM

Ashford Children's Care is an Equal Opportunity Employer. We are committed to the active promotion of equal opportunity, both in the provision of services and as an employer. To help us monitor our equal opportunities & diversity policy in recruitment and selection procedures, please complete the following questionnaire. The information you provide does not form part of the selection procedure; it is used only for monitoring purposes and in accordance with Equality legislation. This sheet will be separated from your application form before short listing. Please see over for further information.

Post applied for:

Date:

Please tick where appropriate [√]

Gender and Gender Identity

☐ Male

☐ Female

Age Range

☐ Up to 25

☐ 26-35

☐ 36-45

☐ 46-55

☐ 56 or over

Ethnicity

☐ White British

☐ Asian British

☐ Mixed White & Black African

☐ White Irish

☐ Asian Indian

☐ Mixed White & Black Caribbean

☐ Other White

☐ Asian Pakistani

☐ Mixed White & Asian

☐ Black British

☐ Asian Bangladeshi

☐ Mixed White & Black British

☐ Black African

☐ Asian Other

☐ Other Mixed

☐ Black Caribbean

☐ Chinese British

☐ Other

☐ Other Black

☐ Other Chinese

Please specify:.....

☐ Prefer not to answer

Sexuality

☐ Bisexual

☐ Gay

☐ Lesbian

☐ Heterosexual

☐ Unsure

☐ Prefer not to answer

Marital Status

☐ Single

☐ Married

☐ Civil Partner

☐ Divorced/Separated

☐ Widowed/Surviving Civil Partner

☐ Prefer not to answer

Religion

☐ Buddhist

☐ Christian

☐ Hindu

☐ Jewish

☐ Muslim

☐ Sikh

☐ Other

☐ No Religion

☐ Prefer not to answer

Disability

Do you have a disability as defined by the Equality Act?

Please indicate which category your disability falls within:

Equipment or facilities required:

Do you require any assistance to enable you to attend an interview?

I understand that this information may be stored and processed as part of Ashford Children's Care's Monitoring of Equal Opportunities and as part of the recruitment procedure and I give my consent for my details to be used for this purpose.

Where did you see this vacancy advertised?
(If it was online, please specify which website)

Signature

Date

Further Information

Who has access to this information?

Information provided on this form is kept strictly confidential at all times, with restricted access in Human Resources. It is used for monitoring purposes only, in line with our employer commitments. Data will be used in statistical format only and not be used to identify individuals.

What happens to the monitoring information gathered?

The information is stored on the recruitment database and used for recruitment and selection purposes. This ensures that all applicants are treated fairly and appointed solely on their suitability for the role. If you are appointed, the information will be transferred on to your computerised personal record to enable us to meet our workforce monitoring requirements.

Why does Ashford Children's Care monitor its recruitment and workforce?

We have specific duties as an employer to monitor our workforce, with data being published each year. This assists us in responding to anti-discrimination legislation and any potential discrimination or inequality in the workplace.

Gender and Gender Identity:

This is an optional category that supports our duty as an employer to promote gender equality in the workforce, and to eliminate discrimination and harassment of transgender people.

Ethnicity:

The categories of ethnic origin reflect those chosen by the Office for National Statistics (ONS).

Disability:

Under the Equality Act (2010) a person is considered disabled if they:

- Have a physical or mental impairment
- This impairment has an adverse effect which is substantial
- The effect is long-term (usually lasting, or likely to last, 12 months or more)
- The impairment has an adverse effect on their ability to carry out normal day-to-day activities

Certain conditions such as Cancer, HIV and Multiple Sclerosis do not require there to be a long term effect, but qualify from the point of diagnosis.

Thank you for taking the time to complete this form.