It is important that you complete this form accurately and in full. It must be typed or written in **BLACK INK.** The information requested is important and is essential to processing your application. Please note that a CV alone will **not** be accepted.

|  |  |
| --- | --- |
| **Application for Employment** | |
| Position applied for: |  |
| Date of application: |  |
| How did you hear about this vacancy/who referred you to us? |  |

|  |  |
| --- | --- |
| **Personal Details** | |
| Title: |  |
| Surname/Family Name: |  |
| Forename(s): |  |
| Former Names/Maiden Name: |  |
| Name in which you are registered  with a professional body (if  applicable): |  |
| Current Address: |  |
| Post Code: |  |
| Home Telephone Number: |  |
| Mobile Telephone Number: |  |
| Email Address: |  |
| Do you hold a current full driving licence? | YES / NO |
| Are there any restrictions on you taking up employment in the UK? | YES / NO |
| National Insurance Number: |  |
| Date of Birth: |  |

**SECTION 1**

**SECTION 2 (A)**

|  |  |
| --- | --- |
| **Current/Most Recent Employment** | |
| Name of Employer: |  |
| Nature of Business: |  |
| Full postal Address: |  |
| Start Date: |  |
| Finish Date (If applicable): |  |
| Job Title: |  |
| Key Responsibilities: |  |
| Salary: |  |
| Notice Period: |  |
| Reason for Wishing to Leave: |  |
| Line Manager’s Name & Contact Details: |  |

|  |  |
| --- | --- |
| **Do you give Meadows Care permission to contact your current/most recent line manager for a reference upon our extension of a conditional offer of employment?** | YES / NO |

**(B)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| Employers Name & full postal Address | Start Date – Finish Date (dd/mm/yy) | | Job Title | Reason for Leaving |
| Line Managers Name: | Email: | | | Direct line/ Work Mobile: |
|  |  | | |  |
| Employers Name & full postal Address | Start Date – Finish Date (dd/mm/yy) | | Job Title | Reason for Leaving |
| Line Managers Name: | Email: | | | Direct line/ Work Mobile: |
|  |  | | |  |
| Employers Name & full postal Address | Start Date – Finish Date (dd/mm/yy) | | Job Title | Reason for Leaving |
| Line Managers Name: | Email: | | | Direct line/ Work Mobile: |
|  |  | | |  |
| Employers Name & full postal Address | Start Date – Finish Date (dd/mm/yy) | Job Title | | Reason for Leaving |
|  |  | | |  |
| Line Managers Name: | Email: | | | Direct line/ Work Mobile: |

*Please continue on a separate sheet if necessary, in the same format.*

|  |
| --- |
| **Gaps/Breaks in Employment** - (**C)** |
|  |

|  |
| --- |
| **Dismissal – (D)** |
|  |

|  |  |  |
| --- | --- | --- |
| **Unpaid/Voluntary Experience – (E)** | | |
| Organisation | Start Date – Finish Date (If applicable) (mm/yy) | Experience Gained |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*Please continue on a separate sheet if necessary, in the same format.*

**SECTION 3**

|  |  |  |  |
| --- | --- | --- | --- |
| **Education and Qualifications – (A)** | | | |
| High School Name: | Dates from and to include month & years | Qualifications Awarded: | Grade(s): |
|  |  |  |  |
| Sixth Form / College Name (If applicable): | Dates from and to include month & years | Qualifications Awarded: | Grade(s): |
|  |  |  |  |
| University Name (If applicable): | Dates from and to include month & years | Qualifications Awarded: | Grade(s): |
|  |  |  |  |
| **Other Qualifications / Training – (B + C)** | | | |
| Qualification / Training Type (Eg. NVQ/MA, Safeguarding Training) | Dates from and to include month & years | Qualifications Awarded / Training Completed: | Grade (If applicable): |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Please continue on a separate sheet if necessary, in the same format.*

|  |  |  |  |
| --- | --- | --- | --- |
| Membership of Professional Bodies | | | |
| Body | Membership Status | Examination or Other | Membership Number |
|  |  |  |  |

**SECTION 4**

**(A)**

|  |  |
| --- | --- |
| **Date last DBS Check undertaken:**  **Please record DBS number if portable** |  |
| **By whom:** |  |

**(B)**

|  |  |
| --- | --- |
| **Cautions, Rehabilitation and Criminal Records -** | |
| Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence?  Have you any offences / allegations pending? | Yes / No |
| If Yes, please provide details, continuing on a separate sheet if necessary: | |

**(c)**

|  |
| --- |
| Disqualification (by association) |
| Are you aware of anyone within your household who is disqualified or is employed (disqualification by association), as specified in Regulation 9 of the Childcare (Disqualification) Regulations 2009, as made under Section 75 of the Childcare Act 2006. |
| NO / YES *Please give details if yes* |

**SECTION 5**

|  |
| --- |
| **How you meet the Person Specification:** |
|  |

|  |
| --- |
| Continuation for meeting the person specification: |

|  |
| --- |
| **Support** - If you are disabled, please give details of any special arrangements you would require to attend interview. |
|  |

**SECTION 6**

|  |
| --- |
| **Declaration** |
| 1. The information I have given on this form is true and accurate to the best of my knowledge. 2. I have read or had explained to me and understand all the questions on the form. 3. I am not subject to any immigration controls or restrictions that prohibit my undertaking work in the UK. 4. I understand that:    1. Under the Rehabilitation of Offenders Act I will be asked to declare, at interview, whether I have been convicted of any offences in a Court of Law or been given a reprimand or caution at a police station and if so to provide details of the offence(s). I understand that failure to disclose such convictions may result in an offer of employment being withdrawn. Should an offer of employment be given I will declare to the Company any behaviour in or outside of work which would call into question my suitability to work in social care services.    2. Under legislation for the Protection of Children and Vulnerable Adults, if successful, I will be asked to agree to an enhanced check being made by the Disclosure & Barring Service about the existence and content of a criminal record. I understand that a criminal record will not necessarily debar me from employment with the Company.    3. I also agree that the company will apply to my previous employers for references. I understand that should the disclosure of references not to be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated.    4. In accordance with the Data Protection Act, the personal details submitted with this application form will be used only for selection and interview procedures and for employment records if successful. If I am not appointed to this post, I understand that these details will be kept on file for ten months.    5. 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 information will be processed in accordance with the Data Protection Act.    6. Providing false information is an offence and could result in my application being rejected or summary dismissal if selected and possible referral to the police.   Signed …………………………………………………………………….. Date …………………………………………. |

**Section 7**

**Safeguarding Statement**

Everyone who comes into contact with children and their families has a role to play in safeguarding children. Residential staff are particularly important as they are in a position to identify concerns early and provide help for children, to prevent concerns from escalating. Residential staff form part of the wider safeguarding system for children. The system is described in statutory guidance, Working Together to Safeguard Children 2015. Residential staff should work with Social Care, police, health services and other services to promote the welfare of children and protect them from harm.

The very nature of our service at Meadows Care facilitates the opportunity for staff to get to know their young people very well. It is therefore obvious that you have a large part in keeping our young people safe and healthy. The Government has made it extremely clear that we must be more proactive in considering the welfare of young people in our care. Our close working relationships with young people places us in a position of great responsibility.

**If staff members have concerns about a child, they should raise these with their line manager.**

**This also includes situations of abuse which may involve staff members.**

**Effective Safeguarding and Child Protection**

* Places the welfare of the child as paramount
* Supports children’s rights
* Emphasises the importance of listening to young people
* Help to raise attainment and achievement by meeting the needs of all children more effectively
* Helps address behavioural issues
* Supports open communication with Social Workers, parents and other carers
* Promotes a positive culture / ethos
* Encourages a multi-agency approach to meeting need

**All staff, including those who are working with our young people on a temporary basis, (agency staff, those staff that have been moved from another home), have the same responsibility as permanent staff, to identify children who may be in need of extra help or who are suffering, or likely to suffer significant harm. All staff then have a responsibility to take appropriate action, working with other services as needed.**

I confirm I have read and understood my own responsibility in relation to Safeguarding.

Signed:…………………………………………………………………… Dare:………………………………………………….

**Disclosure and Barring Service**

The Company requires you to have a satisfactory enhanced disclosure from the Disclosure and Barring Service, in accordance with the Rehabilitation of Offenders Act 1974 and the Police Act 1997.

You are required to pay upfront for your DBS to be processed and this will be reimbursed, in full, by the Company upon completion of a satisfactory probation period, and proof supplied to the HR Department of being registered on the DBS Update / Portable Service. To register for the Update / portable service you must register within 19 days of your certificate being issued.

The current cost of a DBS certificate is **£55** which is to be paid in cash.

Failure to have a satisfactory disclosure may result in the withdrawal of a job offer or immediate dismissal. Should this be the case the cost of obtaining the DBS certificate will not be refunded.

Once employed Meadows Care requires you to notify HR immediately if you are convicted of any criminal offence or are given an indictment or police caution. Failure to notify the Company of any such convictions, indictments or cautions will result in disciplinary action and may be viewed as gross misconduct

You must also notify HR immediately should a person you reside with is convicted and subsequently barred (disqualified) from working with children.

The process of obtaining a DBS and references can take some considerable time. Therefore, I would recommend that you remain in your current post until this has been obtained.

You must also notify HR immediately should a person you reside with is convicted and subsequently barred (disqualified) from working with children.

**Driving Your Own Vehicle - Insurance**

If you are a driver and have a car, which, you choose to use during your working day, you are required to have business insurance included on your car insurance policy.

If you have fully comprehensive insurance, then in many cases you may find that you already have business use on your policy. Most insurance companies will amend your policy to include this free of charge.

When contacting your insurance company regarding this matter you need to stress that the business use is only for transporting young people about occasionally.

You must provide an original document from your insurance company with this confirmation along with your Driving License.

I ……………………………………………………………. Can confirm I have read and understood the above

information, on ………/………../…………………, and will follow the above procedure.