**Oaktree Haven Application Form**

Please complete all sections of the Application Form using black ink or electronically. This form will be used to assess your suitability for the position, so ensure that all information is accurate and fully completed. Please note that CVs will not be accepted.

|  |  |  |  |
| --- | --- | --- | --- |
| Position applied for: |  | Closing date: |  |
| Where did you first learn of this vacancy?  |
| If it was via an existing Oaktree Haven employee please include their name: |

# Personal Details & Contact Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: | Surname: | Forenames (in full): |  |  |
| Please also provide details of any former names (if applicable) |  |  |  |
| Home Address:inc Post Code | Daytime Telephone No: |  |  |
| Mobile No: |  |  |
| Date of Birth:  |  |  |
| E-mail: |  | National Insurance No: |  |  |
| Do you have a full UK driving license with access to a vehicle and the ability to add business insurance for the role? |  YES \_ NO \_ |  |

**Address History** (please include last five years)

You will be asked to provide a certificate of good conduct if you have previously lived in another country.

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | From / to: |  |
| Address: |  | From / to: |  |
| Address: |  | From / to: |  |
| Address: |  | From / to: |  |
| Address: |  | From / to: |  |

# Entitlement to work in the UK

All applicants will be asked at interview to provide documentary evidence of their right to work in the UK

Do you have any restrictions that apply to you?

YES \_ NO \_

\*If yes – please give details of any restrictions:

## 1. ReferencesPlease provide details of two referees who can comment on your suitability for this post. The referee must be a line manager or supervisor. References from relatives or people who only know you as a friend are not acceptable. If you do not wish us to contact a referee prior to interview, then please tick the appropriate box and use a separate sheet to explain why. If you have not worked previously, then please give details of a school/college/university official.

## Oaktree Haven may also request references from previous Social Care Providers, including those in Children’s or Adults' services. References will be sought using the company's standard reference request form.

|  |  |
| --- | --- |
| **Referee 1** (current or most recent employer)  | **Referee 2**  |
| Name: | Name: |
| Relationship to applicant: | Relationship to applicant: |
| Position: | Position: |
| Employer/University/College Name:  | Employer/University/College Name:  |
| Address: | Address: |
| Post Code: |  | Post Code: |  |
| Telephone No: |  | Telephone No: |  |
| E-mail: |  | E-mail: |  |

**2. Current Employment** (or last employment if not currently employed)

|  |  |  |  |
| --- | --- | --- | --- |
| Your Post Title: |  | Employer Name: |  |
| Employer Address: |  |
| Start date (dd/mm/yyyy): |  | End date (dd/mm/yyyy):(if applicable) |  |
| Please give a brief description of current duties, responsibilities and achievements: |  |
| Reason for leaving this post: |  |
| What is your contractual period of notice? |  | Current Salary: |  |

## 3. Previous Employment Please list all your employment history and continue on an additional sheet if necessary. In accordance with The Children’s Homes (England) Regulations 2015, if you have previously worked in a role involving children or vulnerable adults, we will contact these employers to verify the reason for the termination of employment. Failure to provide a complete employment history may delay the start of your employment or result in an offer being withdrawn.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and address of Employer | Job Title | Start Date(dd/mm/yyyy) | End Date(dd/mm/yyyy) | Reason for leaving |
|  |  |  |  |  |
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# 4. Gaps in Employment Please indicate and explain any gaps in employment since leaving secondary education. Include specific dates and ensure all gaps, regardless of duration, are accounted for.

|  |  |  |
| --- | --- | --- |
| Start Date(dd/mm/yyyy) | End Date(dd/mm/yyyy) | Reason for gap |
|  |  |  |
|  |  |  |
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## 5. EducationIf the post requires a particular qualification, you will be asked to produce original evidence at your interview, if short-listed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Secondary and Further Education (please list in chronological order and start / finish dates mm/yyyy)  | Level | Subjects | Grade/Result | Year Obtained (yyyy) |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

**Other training and development** (including professional, vocational or job-related training)

|  |  |
| --- | --- |
| Title and brief description of course | Date |
|  |  |
|  |  |
|  |  |
|  |  |

# Membership of Professional Associations or Statutory Body

|  |  |  |
| --- | --- | --- |
| Organisation Name | Level of Membership/Role/Registration No. (if applicable) | Registration Date |
|  |  |  |
|  |  |  |
|  |  |  |
| Are you subject to any conditions or prohibitions placed on you by any statutory body in the UK. \*If Yes – please provide details in a sealed envelope and attach with this form \*YES \_ NO \_ |

## 6. Reasons for applying for this postThis section is crucial to your application. Please provide detailed information to support your candidacy, enabling us to shortlist fairly and impartially. We recommend that you include as much evidence as possible to demonstrate how your skills, abilities, knowledge, and experience meet the selection criteria outlined in the job description and person specification. These documents describe the essential experience and competencies required for the role. Please provide examples directly related to the position you are applying for.

## 7. Additional Information

|  |
| --- |
| Please confirm whether this will be your only employment?  YES \_ \*NO \_ |
| \* If no, provide details including days and hours worked and whether full- or part-time: |
| Have you been the subject of a formal disciplinary sanction or are you in the process of ongoing disciplinary proceedings in your current employment? \*YES \_ NO \_  |
| Have you been dismissed from any previous employment?  \*YES \_ NO \_ |
| \* If yes, please indicate which employment and specify the reasons for your disciplinary / dismissal (use a separate sheet if necessary):If you are short-listed for interview the panel will discuss this with you and your current or previous employers. |
| **Please note the following:** If you are related to anyone in this organisation, please provide details (refer to notes below): |

1. **Enhanced DBS Check:**

All positions classified as 'regulated activity' require an Enhanced DBS check, which will disclose any criminal history(including 'spent' convictions, bind-over orders, or cautions) to the organisation. We cannot offer employment for this role without this check. If you are successful in your application, we will request a Disclosure from the DBS.

This position involves contact with vulnerable groups and is exempt from the Rehabilitation of Offenders Act 1974 and its subsequent amendments (England and Wales). As such, you are required to disclose any police cautions, bind-overs, or criminal convictions, even if they would otherwise be considered 'spent' under the Act."

|  |  |  |
| --- | --- | --- |
| Have you ever been convicted of any offence, been bound-over, or given a caution? (see notes above)YES \_ NO \_ |  |  |
| \*If yes, please give details in the space provided below. The information you provide will be treated in confidence. |  |  |
| Are you currently the subject of any police investigations following allegations made against you?YES \_ NO \_ |  |  |
| \*If yes, please give details in the space provided below. The information you provide will be treated in confidence. |  |  |
| Are you on the DBS Update ServiceYES \_ NO \_ |  |  |
| \*If yes, please provide your Update Service ID number. The DBS Update Service ID number is a unique subscription ID that begins with the letter C and is followed by 10 randomly selected numbers. If you forget your Update Service ID number, you can call the DBS on 03000 200 190 and provide your 12-digit DBS certificate number. You can find your DBS certificate number on the top right-hand side of your certificate. |  |  |

1. **Safeguarding Declaration:**

|  |
| --- |
| I declare that the information I have given on this form is complete and accurate and that: * I am not barred or disqualified from working with vulnerable groups, children or young people.
* I am not subject to any sanctions or conditions on my employment imposed by the Independent Safeguarding Authority, Secretary of State or other regulatory body.
 |
| Print Name: |  | Date: |  |
|  By ticking this box I agree that all information provided is true and correct. |

1. **General Declaration**

|  |
| --- |
| I understand that to knowingly give false information or to leave out any relevant information could result in:* the withdrawal of any offer of appointment, or
* my dismissal at any time in the future, and possible criminal prosecution
 |
| Print Name: |  | Date: |  |
|  By ticking this box I agree that all information provided is true and correct. |

**Availability:**

|  |
| --- |
| Are there any dates when you are not available for interview? Please state below: |
|  |
| **PLEASE EMAIL THIS FORM TO:** info@oaktreehaven.co.uk |

## Data Protection

In accordance with the General Data Protection Regulations 2018 (GDPR), this organisation will only use the information given on this application form to determine your suitability for this post and to monitor equal opportunities. We will keep application forms of unsuccessful candidates for six months before being destroyed.

Equal Opportunities Monitoring Form - To Be Completed by All Applicants
Oaktree Haven promotes equality of opportunity and endeavours to attract and retain a workforce that reflects the communities we serve.

Applicants are judged on their skills and suitability for the vacancy.

To monitor effectiveness of our policy, we ask all applicants on a voluntary basis to provide the information requested on this page. If you provide this information, it will be used only for administrative and monitoring purposes and will be confidential and not used to discriminate in favour or against any individual applicant and will not be used in the selection process.

|  |  |
| --- | --- |
| Post Title:  |  |
| First name(s): |  | Surname: |  |
| Date of Birth: |  | Male: \_ Female: \_ |
| **Ethnic Origin/Nationality:** My Ethnic Origin is: |  |
| White | Mixed | Asian | Black | Other |
|  |  |  |  |  |
|  | British |  | Black and White Caribbean |  | Indian or British Indian |  | Caribbean |  | Chinese |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Irish |  | Black and White African |  | Pakistani, British Pakistani |  | African |  | Any Other |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Other White |  | Chinese and White |  | Bangladeshi, British Bangladeshi |  | Other Black or Black British |  | Prefer not to say |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Any other mixed background |  | Other Asian, British Asian |
|  |  |
| **Sexual Orientation:** |  |
|  |  |  |  |  |
|  | Bisexual |  | Gay |  | Heterosexual |  | Lesbian |  | Prefer not to say |
|  |  |  |  |  |
| **Religion** (please tick one box only; categories determined by Office of Population Census and Surveys) |  |
|  |  |  |  |  |
|  | Christian |  | Buddhist |  | Hindu |  | Jewish |  | Muslim |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Sikh |  | All other religions, beliefs or faiths |  | No religion |  | Prefer not to say |
|  |  |  |  |

**Disability**
The Disability Discrimination Act defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities.

|  |
| --- |
| Do you consider yourself to be disabled? \*YES \_ NO \_ |
| \*If yes, please give details in the space provided below. The information you provide will be treated in confidence. |
| If you are disabled, are there any arrangements we can make for you at interview  |
| Please detail requirements: |

We will interview all disabled applicants who meet the minimum (i.e. essential) criteria for a post vacancy and consider them on their skills and experience.

|  |  |  |  |
| --- | --- | --- | --- |
| Print Name: |  | Date: |  |
|  By ticking this box I agree that all information provided is true and correct. |
| We would appreciate it if you could share any challenges you have encountered while interacting with us. Additionally, we welcome any suggestions you may have on how we can enhance our services. |
|  |

**--END OF APPLICATION--**

# ADMIN – FOR OFFICE USE ONLY

|  |  |  |
| --- | --- | --- |
| **Has applicant completed self-disclosure form?** | YES | NO |
| **Has applicant provided 2 references?** | YES | NO |
| **Is one reference from most recent employer?** | YES | NO |
| **Is employment history fully complete and without any gaps?** | YES | NO |
| **Is National Insurance number provided?** | YES | NO |

## If answered No to any of the above, refer back to applicant before progressing to interview

|  |
| --- |
| **Any queries to be addressed at interview stage** |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |