

## Application Form

Position Applied For	
Location	

### Personal details

Surname	
Forename (s)	
Address	
Email address	
Daytime telephone number	
Mobile	
Home	

### Driving Licence

Current Full Driving Licence	Yes/No
Details of any convictions	

### Education/Training

Qualifications	Dates	Awarding Body

\*Please continue separate sheet if required

### Employment History



Homes for Children

We require a full employment record with any gaps in employment explained in writing. Please commence with the most recent employer.

Current Employers Name	
Employers Address	
Job Title	
Salary	
Date Started	DD/MM/YY
Date Finished	DD/MM/YY
Reason for Leaving	

Employers Name	
Employers Address	
Job Title	
Salary	
Date Started	DD/MM/YY
Date Finished	DD/MM/YY
Reason for Leaving	

Current Employers Name	
Employers Address	
Job Title	
Salary	
Date Started	DD/MM/YY
Date Finished	DD/MM/YY
Reason for Leaving	

Please continue on a separate sheet if required

**Notice**

Notice Period (current employer)	
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**References**



Homes for Children

Please provide details of three persons to whom reference may be made. The first of whom **MUST** be your current employer and you **MUST** have been employed with them for a minimum of **12 months**. If you have been with this employer for less than 12 months your 2<sup>nd</sup> referee should be a previous employer. The two professional references should be from different organisations wherever possible.

The third referee should be a character reference, who is not a member of your family.

It is also necessary for us to contact all previous employers regarding your period of employment working with vulnerable children and/or adults. Please refer to section 2 of this form to confirm your authorisation for this safeguarding check.

Name of Referee 1	
Name	
Relationship/Job Title	
Tel No:	
Email Address	
Name of Referee 2	
Name	
Relationship/Job Title	
Tel No:	
Email Address	
Name of Character Referee	
Name	
Relationship	
Tel No:	
Email Address	

Health Details	
Please give details of any special arrangements you require at the interview:	

Leisure
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Please note any sports, hobbies, pastimes etc.

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**Criminal Records**

Your attention is drawn to the fact that the post you are applying for is excluded from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 (Exceptions Order 1975). Therefore, you must disclose information about any convictions which for other purposes are 'spent' under the provisions of the Act. All applicants are subject to an Enhanced level of DBS check.

Have you been convicted or cautioned for a criminal offence at any time?

Yes / No

If YES, please complete section at the end of this application form. This will be detached from your application form and will not be given to the interview selection panel.

**Warnings and Disciplinary Issues**

Have you ever been dismissed from a previous role.	Yes / No
Have you ever been the subject of any allegations in relation to the safety and welfare of children, young people and/or vulnerable adults, either substantiated or unsubstantiated?	Yes / No
If you have answered yes to any of the above questions, please supply details on a separate sheet of paper, place it in a sealed envelope marked confidential and attach it to your application form.	
I have attached details requested	Yes / No

**Competencies in key areas/personal statement**

- You may wish to set out below the principal reason for your application.
- Please also give a give a brief description of the skills and attributes you will bring to this position.
- Where possible please relate these to the person specification.
- Minimum 350 Words

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## Declaration

Please read this carefully before signing

### DATA PROTECTION 1998

Information provided by you on this application form may be copied for use during the recruitment process. Once the recruitment process is completed, the data will be stored for at least 6 months and then destroyed. If you are the successful candidate, your application form and other relevant information obtained will form part of your personnel record.

I understand that if I am offered a post, the information submitted on my application form will form the basis of my contract of employment with Forge Care. If it subsequently discovered that I have wilfully or negligently given false information or withheld information, my employer will have the right to terminate any employment any employment contract offered.

Signed:	
Date	
Print name	

It would assist us in monitoring the effectiveness of our advertising if you could indicate where you saw the post advertised.

Place advert spotted	
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Please return completed form to:

Insert Your preferred return address and email

Or e-mail your completed form to:

Email address

Please also complete our Equal Opportunities questionnaire on the next page.

**Equal Opportunities and Employment**

Forge Care is an Equal Opportunities Employer and is opposed to discrimination. In order to help us to ensure that this policy is being carried out, please supply the following information.

This form will be **separated from the application form on receipt** and used for **monitoring purposes only**. It will not form part of the interviewing and selection process.

Position applied for

Information about any illness or disability that you have will help us to monitor not only our Equal Opportunities Policy, but also enable us to take practical steps to ensure that appropriate facilities are available to you, both during the selection process and if you commence employment with us.

Do you need assistance in your application for this position?

Yes  No

If YES, please indicate what assistance you may need and at what stage of the process (i.e. written/interview) in the box below

Do you consider yourself to be disabled as set out in the Disability Discrimination Act? (select as applicable)

Yes / No

I do not want to disclose this information

**Ethnic Origin**



Please identify your religion by putting an 'x' in ONE of the boxes below.

UK / Irish	
Asian	
Caribbean	
African	
Other European	
Other	
I do not want to disclose this information	

### Age

16 – 19	
20 - 29	
30 – 39	
40 - 49	
50 - 59	
60 - 70	
Date of Birth	DD/MM/YY
I do not want to disclose this information	

### Previous Employment Authorisation Form

I authorise Forge Care to contact all previous employers regarding my period of employment working with vulnerable children and/or adults.

Organisation	Contact Telephone Numbers	Contact Telephone Number/Address/Email Address
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Signed:	
Date	
Print name	

**Criminal Records**

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This information will be detached from your application form and will only be referred to if you are asked to attend an interview.



### Personal details

<b>Surname</b>	
<b>Forename (s)</b>	

### Criminal Records

<b>Conviction</b>	<b>Date</b>
	DD/MM/YY
	DD/MM/YY
	DD/MM/YY
	DD/MM/YY
	DD/MM/YY
	DD/MM/YY

<b>Signed:</b>	
<b>Date</b>	
<b>Print name</b>	