 **APPLICATION FORM**

|  |  |
| --- | --- |
| ROLE APPLIED FOR: |  |
| DATE: |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | | | | |
| Title | Mr | Ms | | | Mrs | | | | Miss | Dr |
| Other – please state | | | | | | | | | |
| Surname |  | | | | | | | | | |
| Forename(S) |  | | | | | | | | | |
| National Insurance Number |  | | | | | | | | | |
| D.O.B |  | | | | | | | | | |
| Address |  | | | | | | | | | |
| Postcode | |  | | | | | | | |
| Telephone Numbers |  | | | | | | | | | |
| Home |  | | | | | | | | | |
| Mobile |  | | | | | | | | | |
| E-mail Address |  | | | | | | | | | |
| Do you have full current driving licence? | Yes | | | | | No | | | | |
| If Yes, Date passed |  | | | | |  | | | | |
| Driving licence number |  | | | | |  | | | | |
| Do you have Vehicle Business insurance? | Yes | | | | | No | | | | |
| If you answered no, are you willing to change your current insurance policy to business insurance? | Yes | | | | | No | | | | |
| Do You have any outstanding driving endorsements? Points etc (Including Pending) |  | | | | | | | | | |
| If yes, please give Details |  | | | | | | | | | |
| Next of Kin / Emergency contact | Name:  Relationship: | | | | | | Tel: | | | |
| **General** | | | | | | | | | | |
| Have you ever been disqualified from working with children? | | | | **Yes** | | | | **No** | | |
| Has your conduct in relation to children ever been a cause for concern or investigation, irrespective of whether it resulted in a charge or conviction? (This also includes any workplace investigations) | | | | **Yes** | | | | **No** | | |
| Have you ever been subject to any disciplinary proceedings? | | | | **Yes** | | | | **No** | | |
| Are you currently suspended from your existing employer? | | | | **Yes** | | | | **No** | | |
| Please confirm if you have had any involvement with Social Services | | | | Yes- Please explain | | | | No | | |
| If yes to either question please provide details, including dates. | | | | | | | | | | |
| Please note that if any of the circumstances listed above change from the time this application form is completed to when you may commence employment, you **must** inform the Director or a line manager | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employment History** | | | |
| **PLEASE PROVIDE A FULL EMPLOYMENT HISTORY SINCE LEAVING EDUCATION INCLUDING FULL AND CURRENT CONTACT DETAILS. ANY GAPS IN EMPLOYMENT REQUIRE A FULL SATISFACTORY EXPLANATION. i.e. SEEKING EMPLOYMENT/HOMEMAKER.**  **ANY APPLICATIONS RECIEVED WITHOUT A FULL EMPLOYMENT HISTORY WILL BE DISREGARDED.**  Please note that Three 6ixty hold the right to contact any previous employer | | | |
| Name of present or most recent employer | |  | |
| Address | | | |
| Nature of Business | |  | |
| Job Title | |  | |
| Current Salary | |  | |
| Start Date |  | Left Date (If left) |  |
| Notice Required | |  | |
| Role and Duties: | | | |
| Reason for Leaving | |  | |
| Name of referee: | |  | |
| Email address of referee: | |  | |
| Telephone of referee: | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employment History Continued Please Include Date That You Left Education** | | | | | |
| Name and Address of Employer | Job Title | Dates | | Reason for Leaving | **PLEASE PROVIDE CONTACT DETAILS FOR REFERENCE PURPOSES**. |
| From MM/YY | To  MM/YY |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| Please explain any gaps in your employment history since leaving secondary education. E.g., education, unemployment, ill health, family commitments – please provide dates. |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Education** | | | | | |
| Secondary Education | Qualifications Gained  (State Level) | Grades/Level | | Dates From/To | |
|  |  |  | |  | |
| Further/Higher Education | Qualifications Gained  (State Level) | Grades/Level | | Dates From/To | |
|  |  |  | |  | |
| **Relevant qualifications and training courses e.g., Child protection, Health and Safety, First Aid, Behaviour Management** | | | | | |
| Organising Body | Course Title | | Dates | | |
| From | | To |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |

|  |
| --- |
| **Supporting Statement** |
| Please give details of any previous experience, paid or unpaid which you consider provides evidence of your abilities for the post for which you have applied.  ***Please include things like:***   * *Experience (previous positions and the transferable skills)* * *Knowledge and Skills (eg IT, record keeping, de-escalation approaches, legislation, safeguarding, interpersonal skills, organisational skills, managing finances, reporting concerns etc)* * *Contacts and relationships (your approach, links in the community, multi agency working etc)* * *Training and Volunteering* * *Decision and Recommendations (team work, safeguarding reporting, contributing to multi agency meetings/ interventions).* |

**Disclosure Barring Service Declaration**

*I have applied for employment to a post which is exempted from the Rehabilitation of Offenders Act (1974).*

*I understand that this is a post which is subject to an enhanced Disclosure Barring Service Application.*

*This means I must disclose details of all spent convictions and cautions. I hereby provide the following information in accordance with this.*

***Please note: If you are not subscribed to the DBS Update Service then we will be required to undertake a new DBS Check.***

***It will then however become a condition of your employment for you to subscribe to the service, within the appropriate timescale, and forward proof of subscription to the HR Department.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DBS Certificate Number** | |  | | |
| **DBS Update service number** | |  | | |
| Please declare ALL convictions, cautions, reprimands, or final warnings no matter what the offence or how long ago it occurred (all posts at New Horizons (Stockport) Ltd are exempted from the Rehabilitation of Offenders Act 1974). Please include traffic offences, CCJ’s etc.  N.B. A conviction is not necessarily a bar to obtaining a position. | | | | |
|  | | |  | |
| I hereby declare that the information I have given is true and I give my consent to a check being made with the Criminal Records Bureau and provide my explicit permission for New Horizons North Wales Ltd to subscribe to and monitor my registration status with the Independent Safeguarding Authority. I understand that should any serious concerns arise with regards to my suitability to working with young people that the police and other regulatory bodies may be informed. | | | | |
| Name: |  | | Date: |  |
| Signed: |  | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Declaration | | | |
| *I declare that the particulars given in this application and DBS declaration forms are true to the best of my knowledge. I understand that giving false information may lead to an offer of employment being withdrawn or disciplinary action, being taken, including dismissal if I should be successful in obtaining this appointment.*  *I acknowledge that this information may form the basis of a computerised and paper-based personnel system to which I will have access as determined by the Data Protection Act 1998 & GDPR Regulations 2018.* | | | |
| Signature: |  | Date: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **References** | **Name of Referee** | **Role of Referee** | **Contact email** | **Contact Number** |
| **Employment Reference 1**  **(Must be most recent employer)** |  |  |  |  |
| **Employment Reference 2** |  |  |  |  |

***Please note that an employment offer from Three 6ixty is subject to satisfactory employment references***

**EQUAL OPPORTUNITIES MONITORING**

Three 6ixty Ltdwants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this but filling in this form is voluntary.

**Gender** Man 🗆 Woman 🗆 Intersex 🗆 Non-binary 🗆 Prefer not to say 🗆 If you prefer to use your own term, please specify here …………………….

**Are you married or in a civil partnership?** Yes 🗆 No 🗆 Prefer not to say 🗆

**Age** 16-24🗆 25-29 🗆 30-34 🗆 35-39🗆 40-44 🗆 45-49 🗆 50-54 🗆55-59 🗆 60-64 🗆 65+ 🗆 Prefer not to say 🗆

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆

British 🗆 Gypsy or Irish Traveller 🗆 Prefer not to say 🗆

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆 Prefer not to say 🗆 Any other mixed background, please write in:

***Asian/Asian British***

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African 🗆 Caribbean 🗆 Prefer not to say 🗆

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab 🗆 Prefer not to say 🗆 Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes🗆 No 🗆 Prefer not to say 🗆

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual 🗆 Gay 🗆 Lesbian 🗆 Bisexual 🗆

Prefer not to say 🗆 If you prefer to use your own term, please specify here ……………………………………………….….

**What is your religion or belief?**

No religion or belief 🗆 Buddhist 🗆 Christian 🗆 Hindu 🗆 Jewish 🗆

Muslim 🗆 Sikh 🗆 Prefer not to say 🗆 If other religion or belief, please write in:

**What is your current working pattern?**

Full-time 🗆 Part-time 🗆 Prefer not to say 🗆

**What is your flexible working arrangement?**

None 🗆 Flexitime 🗆 Staggered hours 🗆 Term-time hours 🗆

Annualised hours 🗆 Job-share 🗆 Flexible shifts 🗆 Compressed hours 🗆

Homeworking 🗆 Prefer not to say 🗆 If other, please write in:

**Do you have caring responsibilities? If yes, please tick all that apply**

None 🗆 Primary carer of a child/children (under 18) 🗆

Primary carer of disabled child/children 🗆

Primary carer of disabled adult (18 and over) 🗆 Primary carer of older person 🗆

Secondary carer (another person carries out the main caring role) 🗆

Prefer not to say 🗆

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email to : info @three6ixty.co.uk