**Application Form**

CONFIDENTIAL

Please complete the following application form and send to [manager@active8online.org](mailto:manager@active8online.org) by **12pm (Noon) Friday 5th April 2024.** Alternatively, you can post your application to B108 Beacon Place, Station Approach, Victoria, Cornwall, PL26 8LG

The information supplied on this application form will be used to evaluate your suitability for employment at Active8. When applying by e-mail please remember to specify job application in the subject line of your email.

**Position(s) applied for:**

**Applicant number:**

(for office use only)

# **Personal Information**

|  |  |
| --- | --- |
| Last Name: | Title: (Please specify) e.g. Ms/Mr: |
| First Name(s): | National Insurance Number: |
| Previous Surname(s) (if applicable): | Do you require a work permit to enable you to work in the UK? |
| Current Address: | Daytime telephone number: |
| Evening telephone number: |
| Mobile number: |
| Email: |

## **Please answer the following questions.**

Do you hold a current driving licence?

If so which categories do you hold?

Do you have any endorsements?

**Qualifications and Training (In chronological order please.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates  (From - To)  Month/year | Secondary school/ College/ University/Training | Qualifications | Subject | Grade Obtained |
|  |  |  |  |  |
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|  |  |
| --- | --- |
| **Membership of Professional Bodies (e.g. General Social Care Council)** | |
| Name:  Renewal Date: | Membership/Status:  Number: |
|  | |

**Employment experience**

Please give details of your present or most recent employment/voluntary work first and then work backwards. Include all periods of unemployment, travel etc. in the space provided so there are no gaps in the record. (If you have additional previous employment, please give details on a separate sheet using the same format)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date from/to**  **(month/year)** | **Employer’s name and address and nature of business** | **Job titles and brief description of duties** | **Current salary or final salary (for last post only) and reason for leaving** |
|  |  |  |  |
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|  |  |  |  |

**Gaps in your employment – Please provide information of any gaps in employment** (verification of employment gaps will be required if an offer of employment is made)

|  |  |  |
| --- | --- | --- |
| From (month/year) | To (month/year) | Reason |
|  |  |  |
|  |  |  |

**Relevant Experience**

Please tell us how your experience, skills and qualifications meet the requirements of the person and job profiles. Please focus your response on the abilitiesand/or competencies required for the role giving evidence of your experience to date (maximum of ONE A4 sheet). The information you provide will be the basis for short listing.

**References**

Please ensure that you give a minimum of two references which cover **at least the last 5 years of** **your employment**. The **first** of your references **must** be your **present/most recent employer and your relevant line manager**. If you are unemployed, this should be your last employer. You may also provide the name of a personal referee as well as your employment references if you wish.

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Employer** | **Personal Referee** | | |
| Name: | Name: | | |
| Job Title: | Job Title: | | |
| Organisation/Address (in full): | Organisation/Address (in full): | | |
| Tel No: | Tel No: | | |
| Email: | Email: | | |
| In what capacity do you know them? | In what capacity do you know them? | | |
| **Additional referee**  Name:  Job title:  Organisation/Address (inf full):  Tel No:  Email:  In what capacity do you know them? | **Additional referee**  Name:  Job Title:  Organisation/Address (in full):  Tel No:  Email:  In what capacity do you know them? | | |
| Can we contact your current employer prior to any conditional offer of employment? | | Yes | No |

|  |
| --- |
| **Notice Period** If appointed how soon could you join us: |
|  |
| **Disability** If you have a disability, please inform us of any reasonable adjustments that you may require to attend the interview stage if you are shortlisted. |
|  |

**Criminal Records, Disqualification & declaration**

Are you subject to any current outstanding disciplinary action or legal proceedings?  Yes  No

If yes, please give details…

**Criminal Record**

Do you have any unspent conditional cautions or convictions under the Rehabilitation of Offenders Act 1974?  Yes  No

Do you have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020?  Yes  No

If yes, please give details of all offences, penalties and dates on the page marked Criminal Record / Disqualification / Other in this application form.

**Regulatory body sanctions**

Are you subject to any sanctions imposed by a regulatory body.

eg GSCC, NISCC, SCCC, CCW, GTC?  Yes  No

If yes please give details on the page marked

Criminal Record/Disqualification/Other in this application form.

**Disqualification from working with children or vulnerable adults**

Are you disqualified from working with children or vulnerable adults?  Yes  No

**Enhanced Disclosure only**

Are you aware of any police enquiries undertaken following allegations made against you that may have a bearing on your suitability for the post?  Yes No

If yes, please give details on the page marked Criminal Record/Disqualification/Other in this application form.

**Declaration - To be completed by all applicants**

I confirm that the information I have given is correct and complete and that any false statements or omissions may render me liable to dismissal without notice or in some instances, referral to the police.

I understand and agree that data contained in the application form will be used and processed for recruitment purposes. I understand and agree that should I become an employee, the information will also be used for employment related purposes. I agree to Active8’s holding and processing this information.

Signed Dated

**Criminal records / disqualifications / other**

**Details of** **Declaration of Criminal Convictions**

Please give details below:

**DECLARATION BY JOB APPLICANT**

Disqualification From Caring For Children (England) Regulations 2002 (Statutory Instrument 2002 No. 635)

Disqualification From Caring For Children (Wales) Regulations 2004 (Welsh Statutory Instrument 2002 No. 2695 (W.235)

**Day Care And Childminding Disqualification (England) Regulations 2005**

I, the undersigned, do hereby declare that:

1. I have never been concerned with a voluntary or registered home which has had its registration cancelled; and
2. I have never made an application for registration of a voluntary or registered home which has been refused; and
3. I have never been prohibited from being a private foster parent or been refused registration to be a child minder or provider of day care or had such registration cancelled; and
4. I have never had a child who has been the subject of a Care Order, or where an order has been made (under any UK legislation) with the purpose of removing that child from my care, or of preventing that child from living with me; and
5. I have never had a conviction for any sexual offence involving a child (including convictions for indecent photographs of children), or any offence of violence or rape against a child or adult.

I give my consent for any necessary enquiries to be made to verify the above Declaration.

The information on this form is correct and complete to the best of my knowledge and belief.

Signed:…………………………Date:…………………………….

Name in block capitals: ……...……………………………………..

How did you find out about this vacancy?.................................................

**For Manager’s Use**

Declaration checked at interview and found to be satisfactory/unsatisfactory.

Signed:…………………………………………….. Date: ………………………………

Comments:

**For Office Use**

Information verified against Disclosure check and manager notified.

Signed:…………………………………………….. Date:…………………………….…..

DBS number and date checked

Comments: