

Job Application Form



When you have completed the application form please return it to: **Circle of Care Service Learning Centre, Parkview Academy. Langham Road London N15 3RB**

Post applied for:	Reference No (To be completed by HR):
For monitoring purposes please indicate how you heard about this position:	
PERSONAL DETAILS (Please complete in block capitals):	
Surname:	Forename(s):
Preferred Title (e.g. Mr, Miss, Mrs, Ms):	
Address:	Telephone Numbers Home: Work: Mobile: e-mail address:
	May we contact you at work, with discretion? Yes <input type="checkbox"/> No <input type="checkbox"/>
Post Code:	
Do you have any special requirements which we can help you with in order to make the recruitment process easier for you?	

Employment Records



Ref. No:

Please give details of your current or most recent job

Date

From:

To:

Employer's Name: _____

Nature of Business: _____

Employer's Address: _____

Position Held: _____

Current salary and benefits:

Notice required:

Main Responsibilities:

Reason for leaving:

Employment Records



Ref. No:

Please give details of your previous job(s)

Dates From and To	Name & Address of Employer	Nature of Business	Position Held & Main Responsibilities	Reason for Leaving

Education and Training History



Ref. No:

Qualifications (from secondary education level, including degrees, vocational or equivalent qualifications)			
Subject	Grade / Level	Awarding Body	Date Awarded
Membership of Professional Bodies			
Name of Professional or Technical association	How did you achieve this membership?	Entry Date to Membership	
Other Training (any other relevant studies or short courses you have completed, or are currently undertaking)			
Course		Date	

General Information



Ref. No:

Do you possess a current driving licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any endorsements?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have regular access to a vehicle for work purposes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Circle of Care will require proof of identity and proof of entitlement to work in the UK in accordance with the Immigration and Asylum Act.

Under Section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:

- **That person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the in question;**
- **The person comes into a category specified by the Home Secretary where such employment is allowed**

Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened.

If an offer of employment is made and you are unable to produce the appropriate supporting documents, the offer of employment may be withdrawn.

Are you eligible to work in the UK?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please give details of any conviction, other than those which are “spent” under the provisions of the Rehabilitation of Offenders Act 1974. In the event that you are offered employment, failure to disclose such convictions could result in dismissal.

If the role profile for the post to which you are applying states that the post is subject to disclosure with the Criminal Records Bureau please give details of all convictions, cautions, or warnings, whether spent or not.

Please add any comment you wish to make about your health attendance record:

References & Relationships



Ref. No:

Please give details of two referees (one of whom should be your current or most recent employer)

Current Employer Name:

Name:

Contact Person:

Contact Person:

Their Job Title:

Their Job Title:

Full Address & Post Code:

Full Address & Post Code:

Tel No:

Tel No:

Email:

Email:

May we contact your current employer referee prior to an offer of employment?

Yes

No

Relationships

Are you related to someone who is, or has been, an employee, Director or Board Member of Circle of Care? Yes No
If yes please give details

To the best of your knowledge do you or any of your close relatives have any interests in companies which do business with Circle of Care? Yes No
If yes please give details

The Working Time Regulations 1998 provide that the average working week, including overtime, shall not exceed 48 hours, if successful, would you like to be supplied with an opt out form?

Yes

No

Statement of Application and Declaration



Ref. No:

Please give your reasons for applying for this position and any further information you wish to offer in support of your application.

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Declaration

Any appointment offered will be on the basis of your application and interview. Circle of Care reserves the right to terminate your employment without notice, in the event that the information you have provided was not accurate in some material way.

I confirm that, to the best of my knowledge, the information given on this form is true and correct and can be treated as part of my subsequent contract of employment.

I understand that the appointment may be subject to a satisfactory medical examination.

I understand that designated posts are exempt from the Rehabilitation of Offenders Act, 1974, and I agree that Circle of Care may undertake appropriate criminal records checks.

I authorise Circle of Care to process my personal information in accordance with the Data Protection Act, including sensitive personal information and in particular details of my health, racial origin and unspent criminal convictions, for the purposes of recruitment and employment.

Signed:	Date:
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Diversity Monitoring Information



Ref. No:

This page will be removed prior to the short-listing process.

Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth:	

To which ethnic group do you belong? Put a tick against one of the groups below.

<u>White</u>	<u>Asian or Asian British</u>	<u>Black or Black British</u>
British <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>
Irish <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>
Other <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other <input type="checkbox"/>
<u>Mixed</u>	Other <input type="checkbox"/>	
White & Black Caribbean <input type="checkbox"/>		
White & Black African <input type="checkbox"/>	<u>Chinese</u> <input type="checkbox"/>	
White & Asian <input type="checkbox"/>		
Other <input type="checkbox"/>	<u>Other</u> <input type="checkbox"/>	

According to the Disability Discrimination Act, “a person has a disability if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities”. Would you consider yourself as having a disability under the Disability Discrimination Act?

Yes No