

APPLICATION FORM

Rocksteady Care is committed to safeguarding and promoting the welfare of children and young people and therefore follows safe recruitment, selection and vetting procedures.

Please complete **all** sections of the application form. A curriculum vitae and other relevant information will only be considered alongside a completed form. Please either type or write clearly in black ink.

Post Applied for:		Location:	
Date Application Received: (office use only)		How did you hear about this vacancy?	

1. PERSONAL INFORMATION

Surname:		Forename(s) or other names:	
Address for correspondence:			
Home Telephone:		Work Telephone:	
Email Address:			
Current Salary			
Date of Birth:		National Insurance No (if known)	
Do you need a work permit to take up this appointment?		Are you a UK or EU/EEA National?	
Driving Licence Held Yes / No		Car Owner Yes / No	



2. QUALIFICATIONS AND TRAINING

Qualifications

Please give details of all qualifications that you have gained starting with your secondary education and working up to the present day. Continue on a separate sheet if required.

School/College/University	From	To	Qualifications Gained	Grades

Training

Please give details of any training and development activities you have completed, including vocational updating which you feel is relevant to your application and not covered by any other section. Please continue on a separate sheet if required:

Training/Development Undertaken	Date	Duration

If there are any gaps in your education, please explain in the box below.



3. MEMBERSHIP OF PROFESSIONAL BODIES

Please provide details of membership you have previously or currently hold. Continue on a separate sheet

Membership of Professional Body	Date	Grade of Membership

4. DATA PROTECTION ACT 1998

Rocksteady Care will use the information provided on this form to process your application and provide data that the organisation is required to hold and supply to Government Departments and other bodies, in accordance with the Data Protection Act 1998.

Such personal data is treated in confidence and will not be disclosed to any third party except where Rocksteady Care is permitted to do so by law or where the individual has given his/her consent in advance.



5. EMPLOYMENT

Please complete, starting with your present/most recent employer. List all paid and voluntary positions and provide full details of your responsibilities. Continue on a separate sheet if necessary. Rocksteady Care is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults, applicants must be willing to undergo child protection screening, including checks with past employers and Criminal Records Bureau.

Date of employment:	Employer:	Job Title:	Reason for Leaving:
Responsibilities:			

Date of employment:	Employer:	Job Title:	Reason for Leaving:
Responsibilities:			

Date of employment:	Employer:	Job Title:	Reason for Leaving:
Responsibilities:			

Date of employment:	Employer:	Job Title:	Reason for Leaving:
----------------------------	------------------	-------------------	----------------------------



Responsibilities:

Date of employment:	Employer:	Job Title:	Reason for Leaving:
Responsibilities:			

Date of employment:	Employer:	Job Title:	Reason for Leaving:
Responsibilities:			

Date of employment:	Employer:	Job Title:	Reason for Leaving:
Responsibilities:			



If there are any gaps in your employment, please explain in the box below.

6. SUPPORTING STATEMENT

Please use this space to explain how your experience and skills acquired in your previous work will enable you to meet the requirements of the post you have applied for. You are invited to include any interests or activities outside work which you consider relevant. You may continue on an extra sheet if necessary, please limit this to no more than one extra side of A4.

7. REFERENCES

Please give details of three referees, one of whom should be your present or most recent employer. Please note that your character referee should be a person who is known to you in a professional capacity i.e. tutor, former colleague. Your referees will be asked to comment on your suitability for this position, with particular emphasis on your suitability to work with children and young people.

Employment Reference	Character Reference
-----------------------------	----------------------------



Name: <input type="checkbox"/> Organisation: Telephone Number: Email: Address: Postcode: Relationship:	Name: <input type="checkbox"/> Organisation: Telephone Number: Email: Address: Postcode: Relationship:
---	---

Employment Reference	
Name: <input type="checkbox"/> Organisation: Telephone Number: Email: Address: Postcode: Relationship:	

References will normally be taken up as part of the interview process and your referees may be contacted at this stage. If you do not want us to contact your referees at this stage please tick the relevant box(es) above.

8. CRIMINAL CONVICTIONS

Rocksteady Care employees have substantial opportunity for access to children and young people, as such Rocksteady Care employees are exempt from the Rehabilitation of Offenders Act 1974. You are therefore required to declare any convictions, cautions or bind-overs even if they would otherwise be regarded as “spent” under this Act.

Please answer the following two questions:

1) Do you have any convictions, cautions or bind overs? YES / NO (Please delete as applicable)

Details of any disclosures should be attached to this application in a sealed envelope and addressed to the Director of Rocksteady Care, marked **STRICTLY CONFIDENTIAL**.

2) Are you included on “List 99”, disqualified from work with children or subject to sanctions imposed by a registered body? YES / NO) Please delete as applicable)

Please note that if you are selected for appointment you will be required to apply to the Criminal Records Bureau for a disclosure to verify this information. Criminal records will be taken into account for recruitment purposes only when the conviction is relevant. Having an “unspent” conviction will not automatically bar you from employment but this will depend upon the circumstances and background to the offence(s).



9. DECLARATION

To the best of my knowledge the information given on this form is correct and can be treated as part of any subsequent Contract of Employment.

I understand due to the nature of this post that I shall be subjected to a disclosure check through the Criminal Records Bureau. I declare that I am not banned or disqualified from working with children, nor subject to any sanctions or conditions on my employment imposed by a regulatory body or the Secretary of State.

I understand that to knowingly give false information, or to omit information, could result in the withdrawal of any offer of employment or my dismissal at any time in the future and possible criminal prosecution.

Signed:

Date:

Equal Opportunities Monitoring Form

Rocksteady Care is committed to ensuring Equality & Diversity is recognised and practiced in our recruitment, selection, promotion, training and development opportunities for all staff and volunteers. To assist in monitoring the effectiveness of our equality and diversity policies please answer the following questions. (Tick box where appropriate). We will ensure that the content of this questionnaire remains confidential and will be used solely for monitoring purposes.

Personal Details			
Name:		Job Title:	
DOB:		Age:	
Centre:		Division:	

Ethnic Background			
Choose one section from (A) to (F) then tick the appropriate box to indicate your ethnic background			
A) White	B) Mixed	C) Asian or Asian British	
British	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/>
Irish	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/>
Any other White background	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/>
	<input type="checkbox"/> Any other Mixed background	<input type="checkbox"/> Any other Asian background	<input type="checkbox"/>
D) Black or Black British	E) Chinese or Other Ethnic Group		
Caribbean	<input type="checkbox"/> Chinese	<input type="checkbox"/> F) Prefer not to say	<input type="checkbox"/>
African	<input type="checkbox"/> Any other Ethnic Group		
Any other Black background	<input type="checkbox"/> (Please specify)		

Employment Status

Are you employed *full-time or *part-time (*Please delete as appropriate)

Gender

* Disability



Male

Female

Prefer not to say

Yes

No

Prefer not to say

** Disability: The Disability Discrimination Act 1995 defines a person as having a disability if s/he "has a long term physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day-day activities"*

Religion or belief

Christian Muslim

Buddhist Sikh

Hindu None

Jewish Prefer not to say

Other (please specify)

Sexual Orientation

Lesbian or Gay

Bisexual

Heterosexual

Other

Prefer not to say

