Application Form

You must complete all sections of the Application Form in black ink or electronically. We will use this form to help us decide on your suitability for the post so please make sure it is accurate and complete. Curriculum Vitae will not be accepted.

|  |  |  |  |
| --- | --- | --- | --- |
| **Position applied for:** |  | **Closing date:** |  |
| Where did you hear of this vacancy? | | | |
| If existing GBA Care employee please include their name: | | | |

Personal Details & Contact Details

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | Surname: | Forenames (in full): | |
| Please also provide details of any former names  (if applicable) | |  | |
| Home Address:  inc Post Code | | Daytime Telephone No: |  |
| Evening Telephone No: |  |
| Mobile No: |  |
| E-mail: |  | National Insurance No: |  |
| Do you have a full UK driving license with access to a vehicle and the ability to add business  insurance for the role? YES \*NO | | | |

Address History (please include last five years)

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | From / to: |  |
| Address: |  | From / to: |  |
| Address: |  | From / to: |  |
| Address: |  | From / to: |  |
| Address: |  | From / to: |  |

Entitlement to work in the UK

All applicants will be asked at interview to provide documentary evidence of their right to work in the UK

Do you have any restrictions that apply to you?

YES NO

\*If yes – please give details of any restrictions:

1. References **– Application Form**

Please provide details of two referees who can comment on your suitability for this post. The referee must be a line manager or supervisor. References from relatives or people who only know you as a friend are not acceptable. If you do not wish us to contact a referee prior to interview, then please tick the appropriate box and use a separate sheet to explain why. If you have not worked previously, then please give details of a school/college/university official.

GBA Care may also go further back to request references, if you have had employment with other Social Care Providers including Children’s or Adults. The references will be requested using the company’s standard reference request form.

|  |  |  |  |
| --- | --- | --- | --- |
| Referee 1 (current or most recent employer) | | **Referee 2** | |
| Name: | | Name: | |
| Relationship to applicant: | | Relationship to applicant: | |
| Position: | | Position: | |
| Employer/University/College Name: | | Employer/University/College Name: | |
| Address: | | Address: | |
| Post Code: |  | Post Code: |  |
| Telephone No: |  | Telephone No: |  |
| E-mail: |  | E-mail: |  |

|  |  |
| --- | --- |
| Referee 3 (Character reference) | |
| Name: | |
| Relationship to applicant: | |
| Position: | |
| Employer/University/College Name: | |
| Address: | |
| Post Code: |  |
| Telephone No: |  |
| E-mail: |  |

1. Current Employment (or last employment if not currently employed)

|  |  |  |  |
| --- | --- | --- | --- |
| Employer Name: |  | Post Title: |  |
| Employer Address: |  | | |
| Start date (dd/mm/yyyy): |  | End date (dd/mm/yyyy): (if applicable) |  |
| Please give a brief description of current duties, responsibilities and achievements: |  | | |
| Reason for leaving this post: |  | | |
| What is your contractual period of notice? |  | Current Salary: |  |

1. Previous Employment – Application Form

(Please list all your employment history and continue an additional sheet if necessary.) To meet The Children’s Homes (England) Regulations 2015, if you have previously worked in a position involving work with children or vulnerable adults, we will contact these companies to verify of the reason why the employment or position ended. Failure to provide a full history may delay the start of your employment or result in an offer of employment being withdrawn.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and address of Employer** | **Job Title** | **Start Date**  **(dd/mm/yyyy)** | **End Date**  **(dd/mm/yyyy)** | **Reason for leaving** |
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1. Gaps in Employment

Please indicate and explain any gaps in employment since first leaving secondary education. Include specific dates and be sure to account for all gaps, whatever their length.

|  |  |  |
| --- | --- | --- |
| **Start Date**  **(dd/mm/yyyy)** | **End Date**  **(dd/mm/yyyy)** | **Reason for gap** |
|  |  |  |
|  |  |  |
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1. Education – Application Form

If the post requires a particular qualification, you will be asked to produce original evidence at your interview if short-listed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Secondary and Further Education (please list in chronological order and start / finish dates mm/yyyy) | Level | Subjects | Grade/Result | Year Obtained  (yyyy) |
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|  |  |  |  |  |
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|  |  |  |  |  |

Other training and development (including professional, vocational or job-related training)

|  |  |
| --- | --- |
| **Title and brief description of course** | **Date** |
|  |  |
|  |  |
|  |  |
|  |  |

Membership of Professional Associations or Statutory Body

|  |  |  |
| --- | --- | --- |
| **Organisation Name** | **Level of Membership/Role/Registration No.**  **(if applicable)** | **Registration Date** |
|  |  |  |
|  |  |  |
| Are you subject to any conditions or prohibitions placed on you by any statutory body in the UK.  \*If yes – please provide details in a sealed envelope and attach with this form \*YES NO | | |

1. Reasons for applying for this post Application Form

This section is the most vital part of the form. We need you to give us specific information to support your application so that we can short-list in a fair and unbiased way. We recommend that you provide as much evidence as possible to show how your skills, abilities, knowledge, and experience meet the selection criteria in the post description and person specification (where provided). These documents describe the essential experience and knowledge required for the post and may include competencies required. Please provide examples which relate directly to the post you are applying for:

1. Additional Information – Application Form

|  |
| --- |
| **Please confirm whether this will be your only employment?**  **YES \*NO** |
| \* If no, provide details including days and hours worked and whether full- or part-time: |
| **Have you been the subject of a formal disciplinary sanction or are you in the**  **process of ongoing disciplinary proceedings in your current employment? \*YES NO** |
| **Have you been dismissed from any previous employment?**  \*YES NO |
| \* If yes, please indicate which employment and specify the reasons for your disciplinary / dismissal (use a separate sheet if necessary):  If you are short-listed for interview the panel will discuss this with you and your current or previous employers. |
| Please note the following: If you are related to anyone in this organisation, please provide details (refer to notes below): |

* 1. **Enhanced DBS Check:**

All posts defined as “regulated activity” are subject to an Enhanced DBS check so that any criminal background (including “spent” convictions, bind-over orders, or cautions) is disclosed to the organisation. We cannot employ someone to this post without this check. If you are successful in applying for this post, we will ask the DBS for a Disclosure.

The position for which you are applying involves contact with vulnerable groups. It is exempt from the Rehabilitation of Offenders Act 1974 and all subsequent amendments (England and Wales). For this position you are not entitled to withhold information about police cautions, bind-overs, or any criminal convictions that would otherwise have been considered “spent” under the Act.

|  |
| --- |
| **Have you ever been convicted of any offence, been bound over, or given a caution? (see notes above) \*YES NO** |
| \*If yes, please give details in the space provided below. The information you provide will be treated in confidence. |
| **Are you currently the subject of any police investigations following allegations made against you? \*YES NO** |
| \*If yes, please give details in the space provided below. The information you provide will be treated in confidence. |

* 1. Safeguarding Declaration:

|  |  |  |  |
| --- | --- | --- | --- |
| I declare that the information I have given on this form is complete and accurate and that:   * I am not barred or disqualified from working with vulnerable groups, children, or young people * I am not subject to any sanctions or conditions on my employment imposed by the Independent Safeguarding   Authority, Secretary of State or other regulatory body | | | |
| Print Name: |  | Date: |  |
| By ticking this box, I agree that all information provided is true and correct. | | | |

* 1. **General Declaration – Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| I understand that to knowingly give false information or to leave out any relevant information could result in:   * the withdrawal of any offer of appointment, or * my dismissal at any time in the future, and possible criminal prosecution | | | |
| Print Name: |  | Date: |  |
| By ticking this box, I agree that all information provided is true and correct. | | | |

Availability:

|  |
| --- |
| Are there any dates when you are not available for interview? Please state below: |
|  |
| PLEASE RETURN THIS FORM TO: [recruitment@gbacare.com](mailto:recruitment@gbacare.com) |

Data Protection

In accordance with the General Data Protection Regulations 2018 (GDPR), this organisation will only use the information given on this application form to determine your suitability for this post and to monitor equal opportunities. We will keep application forms of unsuccessful candidates for six months before being destroyed.

**Personal Details Application Form**

EQUAL OPPORTUNITIES MONITORING FORM - IS SECTION TO BE COMPLETED BY ALL APPLICANTS

(This form will not be used as part of any selection process)

Please help GBA Care prevent unfair discrimination by answering ALL the following questions and ticking the appropriate box. This information will be treated in the strictest confidence and only used to enable us to monitor our performance as an equal opportunities’ employer. It will not be seen or used by anyone involved in selecting candidates for interview.

|  |  |  |  |
| --- | --- | --- | --- |
| Post Title: |  | Post No: |  |
| First name(s): |  | Surname: |  |
| Date of Birth: |  | Male: Female: | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ethnic Origin/Nationality: My Ethnic Origin is: | | | | |
| White | Mixed | Asian | Black | Other |
| 01 British | 21 Black and White Caribbean | 41 Indian or British Indian | 61 Caribbean | 81 Chinese |
| 02 Irish | 22 Black and White African | 42 Pakistani, British Pakistani | 62 African | 85 Any Other |
| 19 Other White | 27 Chinese and White | 43 Bangladeshi, British Bangladeshi | 63 Other Black or Black British | 99 Prefer not to say |
|  | 28 Any other mixed background | 44 Other Asian, British Asian |  |  |
| Sexual Orientation: | | | | |
| Bisexual | Gay | Heterosexual | Lesbian | Prefer not to say |
| Religion (please tick one box only; categories determined by Office of Population Census and Surveys) | | | | |
| Christian | Buddhist | Hindu | Jewish | Muslim |
| Sikh | All other religions, beliefs or faiths | No religion | Prefer not to say |  |

**Disability: Application Form**

The Disability Discrimination Act defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities.

|  |
| --- |
| Do you consider yourself to be disabled? \*YES NO |
| \*If yes, please give details in the space provided below. The information you provide will be treated in confidence. |
| If you are disabled, are there any arrangements we can make for you at interview (e.g. ground floor venue, hearing loop, sign language interpreter, audio tape or other adjustments). |
| Please detail requirements: |

We will interview all disabled applicants who meet the minimum (i.e., essential) criteria for a post vacancy and consider them on their skills and experience. Please sign here if you are happy for your details to be passed to the inter- viewing manager so that you can be considered under the two ticks’ scheme.

|  |  |  |  |
| --- | --- | --- | --- |
| Print Name: |  | Date: |  |
| By ticking this box, I agree that all information provided is true and correct. | | | |