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| **Application for employment** | **Private & Confidential** |  |

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| Return this form to: | c/o Office Manager  Calm Futures Ltd , ACL Centre, Spinks Lane, Witham CM8 1EP  Tel: 07742 349081  Email: [careers@calmfutures.co.uk](mailto:careers@calmfutures.co.uk) |
| Position applied for: |  |

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| Personal details | | | | | | | | | | | | | |
| Title: |  | | | | | | | | |  | Schools and qualifications gained: | | |
| Surname: |  | | | | | | | | |  | | |
| Forename(s): |  | | | | | | | | |
| Date of birth: |  | / | |  | | / |  | |  |  |  | | |
| Address: |  | | | | | | | | |  | College / University and qualifications gained: | | |
|  | | |
| Postcode |  | | | | | | | | |
| Email address: |  | | | | | | | | | Other Training: | | |
|  | | |
| NI No: |  | | | | | | | | |
| Telephone No. (please include code) | | | | | | | | | |
| Home: |  | | | | | | | | |
| Work: |  | | | | | | | | |
| Mobile: |  | | | | | | | | |
|  | | | | | | | | | | | Are there any restrictions on you taking up work in the UK? If YES please provide details | | |
| Current driving license (please tick) | | | Yes: | |  | No: | |  | |  | Yes: |  |  |
| No: |  |

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| How will you meet our organizational values | |
| Our values are important to us and the people we support. Please tell us how you will work in a way that meets our values | |
| Dignity & respect |  |
| Working Together |  |
| Learning & Reflection |  |
| Commitment to quality Care & Support |  |

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| Employment history | | | | | | | | |
| Please complete in full using a separate sheet if necessary, starting with your most recent employment and give reasons for any gaps in employment | | | | | | | | |
| From - To |  | Name & Address of employer |  | Job title & Duties |  | Salary on leaving |  | Reason for leaving |
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| References | | | | | | | | | | | | |
| Please provide details of two referees who can provide information relating to your competency in a caring role, one of whom must be your present or most recent employer (referees for qualified nurses must be professional). If you are a student, please give an academic reference. If you are applying for a post which requires unsupervised access to children / vulnerable adults the company reserves the right to approach any past employer for a reference. | | | | | | | | | | | | |
| Reference 1 | | | | | |  | Reference 2 | | | | | |
| Name: |  | | | | | Name: |  | | | | |
| Position: |  | | | | | Position: |  | | | | |
| Organisation: |  | | | | | Organisation: |  | | | | |
| Address: |  | | | | | Address: |  | | | | |
| Postcode |  | | | | | Postcode: |  | | | | |
| Telephone number: |  | | | | | Telephone number |  | | | | |
| Email address: |  | | | | | Email address: |  | | | | |
| May the company approach the above prior to interview ? | | Yes: |  | No: |  | May the company approach the above prior to interview ? | | Yes: |  | No: |  |

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| Cautions, rehabilitation and criminal records | | | | |
| Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed and will be taken into account in deciding whether to make an appointment . Any information will be completely confidential and will be considered only in relation to this application.  In addition you are required to submit to a Disclosure & Barring Service check. Any standard or enhanced disclosure made by the DBS will remain strictly confidential. | | | | |
| Have you ever been convicted in a Court of Law and / or cautioned in respect of any offence? | Yes: |  | No: |  |
| If YES, please give details. | | | | |
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| Special requirements (care sector) |
| Because this position involves the care of children and/or vulnerable adults employment is dependent on the following:   1. Your written consent to obtaining a standard/enhanced disclosure certificate from the Criminal Records Bureau or an approved umbrella body. 2. Such disclosure being acceptable to the company. 3. Proof of identity – birth or marriage certificate (where appropriate) and passport (if available). 4. Two satisfactory written references. 5. That you will supply a photograph of yourself for retention in your records. 6. Evidence of physical or mental suitability for your work. |

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| Declaration care sector (Please read carefully before signing this application) | |
| 1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. 2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act. 3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a standard or enhanced (as appropriate) disclosure. I also agree that the company may apply to my previous employers for references. I understand that should I fail to do so, or should the disclosure or reference not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated. 4. I also give permission for Calm Futures Ltd to make any enquiries as they see fit in relation to information that I have submitted within this application form. Should information derived from this process prove to be unsatisfactory in relation to my suitability for the   role then Calm Futures Ltd reserve the right to retract any offer of employment without any further liability incumbent upon them.   1. I confirm that I give you permission to process your personal data for the use of Calm Futures Ltd. Your details will be kept on file following GDPR regulations should my application not be successful. | |
| Signed: |  |
| Date: |  |