

Staff Application Form

This is the start of our recruitment process; every applicant is asked to complete this application form. Please <u>read</u> this form before you begin to complete it. **Incomplete application forms will not be shortlisted.**

Note: All sections of the application form MUST be completed even if a CV is attached.

Please complete using BLACK ink

Post applied for:	
Post advertised in:	
Preferred number of hours:	
Personal Details	
SURNAME	FULL FORENAMES
Mr / Mrs / Miss / Ms / Other (please specify)	
HOME ADDRESS	CONTACT DETAILS
	Home:
	Work:
	Mobile:
Post Code:	Email:
Do you hold a current full driving licence?	YES / NO
Do you have daily use of a car?	YES / NO
National Insurance Number	

Notice period

Reference Information

Please give the name, occupation and address of two responsible persons to whom you are not related and who can confirm your suitability for the post which you have applied for; at least one of whom must be your present/most recent employer.

I confirm that the persons below have consented to 4EDEN receiving their details and consent to being contacted by 4EDEN for the purpose of this application. I further confirm that I consent to 4EDEN receiving information about me and if required discussing me with the persons below, for the purpose of this application.

Referee 1	Referee 2
Name:	Name:
Address:	Address:
Post code:	Post code:
Telephone:	Telephone:
Email:	Email:
Occupation:	Occupation:
Can we contact this person <u>BEFORE</u> interview? YES / NO	Can we contact this person <u>BEFORE</u> interview? YES / NO

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Employment These should be in date order, for 10 years or since leaving school, with your current status first. There should be **no** gaps unaccounted for - *continue on a separate sheet if necessary*.

Name and full address of employer	Pe	riod	Position held and duties undertaken	Salary Reason for leaving (Please answer both	
	From (MM/YY)	To (MM/YY)		(Please answer both above)	

Education – Qualifications Obtained

Please give details of secondary schools, universities or other educational establishments that you have attended.

Name of Establishment	From (MM/YY)	To (MM/YY)			
				Subject	Grade

Other Professional Qualifications

Please give details, including dates, of any professional or vocational qualifications and training with the standard obtained. You can attach another sheet of paper if required.

Subject	Level	Date achieved

Please give details of any other education/vocational/in-house training undertaken that you feel is relevant to the post you have applied for.

Course title/details	Date achieved
1	

Relevant skills and experience – Please answer the questions below. Please restrict your response to no more than two pages.

Please note :

CVs and personal statements will not be accepted in place of this application form.

What are your key strengths / skills and experience in working with children, young people and vulnerable adults?

Please give an indication of what your availability would be, should your application be successful?

Are you seeking Full or Part time work?

How many hours are you looking to work?

Are you available to work weekends? YES/NO

Are you available to work evenings? YES/NO

Are you available to work sleep shifts? YES/NO

Is there any further information you can give us to demonstrate how you feel you meet the person specification?

Rehabilitation of Offenders Act 1974 - Declaration

Because the post involves working with people for whom we have a duty of care, the post is exempt from the provisions of the Rehabilitation of Offenders Act (Exemptions) Order 1975. Applicants are therefore **not entitled to withhold information about convictions**, which for other purposes are 'spent' under the provisions of the Act. This will not necessarily exclude applicants, every person's situation will be considered individually and in line with service requirements, however you must be **honest and open** at this stage of your application.

Have you any criminal convictions? YES / NO

If YES, please give details:-

Additional Information

Please give details of any experience or skills that you feel are relevant to the post – try to relate your experience and/or skills to the job description and person specification. Attach a CV if available. Note: the application form must be completed even if a CV is attached

All information contained in this form will be treated as **STRICTLY CONFIDENTIAL**.

Declaration

I declare that to the best of my knowledge and belief, all particulars I have given are complete and true. I understand that any false declaration or misleading statement or any significant omission may disqualify me from employment and render me liable to dismissal.

I understand that any job offer is subject to satisfactory references, Disclosure and Barring Service (DBS) previously known as CRB and probationary period and (if 4Eden believes it appropriate) a satisfactory medical report.

I understand that, because this post involves direct contact with people who have a learning disability, the post is subject to an Enhanced Disclosure via the Criminal Records Bureau and that the appointment will only be confirmed once a satisfactory Disclosure is received.

In line with Government regulations, those working in the 'care sector' are required to be fully vaccinated (unless exempt) please detail your vaccination history: *subject to any changes/Government regulations

Furthermore, I consider myself physically and mentally fit for the work which I apply to carry out on behalf of 4Eden.

Signed: _____

Date: ____/ ___/

Print Name:

If you have any queries; please contact

4EDEN Ullswater House Duke Street Penrith Cumbria CA11 7LY

Telephone: 01768 892014 office@4eden.co.uk www.4EDEN.co.uk

If your application is successful, this application form will be retained in your personnel file, which is stored in our office, in locked filing cabinets.

If your application is unsuccessful, this application form will be retained for a period of 6 months and then destroyed.

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