



Job Application Form

If you have a disability which makes it difficult to complete this document or participate in any part of our recruitment process, please contact us and we will be happy to discuss reasonable adjustments which can be made to assist you.

Job Applied For:

PERSONAL DETAILS

About You

Surname:	<input type="text"/>	First Name(s):	<input type="text"/>
Address:	<input type="text"/>	Home phone:	<input type="text"/>
		Date of birth	<input type="text"/>
		Mobile:	<input type="text"/>
Postcode:	<input type="text"/>	Previous Names (please give dates used from and too:	<input type="text"/>
Length of time at the address	<input type="text"/>		
If above is under 5 years please provide previous addresses	<input type="text"/>		

Email address :

Where did you see this post advertised/hear about the vacancy?

Do you have the Right to Work in the UK? (Yes/No)

Do you hold a full current driving license? (Yes/No)



Are you aged over 21? (Reg req't for some posts)

[At interview you will be asked to produce documentary evidence]

Safeguarding Children	YES OR NO
Have you ever been disqualified from working with children?	
Has your conduct in relation to children ever been a cause for or investigation, (irrespective of whether it resulted in a charge or This also includes any workplace investigations.	
Have you ever been subject to any disciplinary proceedings?	
Have you ever been prohibited from being a private foster carer?	
Has your child, or a child of which you are or have been the registered guardian of, been the subject of a care order or supervision requirement removing him/her from your care?	
Are you the parent of, or associated with any child who is on the at risk register?	
If you answer yes to any of these questions please details, including dates	

CURRENT EMPLOYMENT

Who do you currently work for?

Name of Employer: Your Job Title:

Address: Start Date
 Finish Date
 Notice required:

Email Address

Present Salary: Benefits:



Briefly describe the main aspects of your current role

Day to day running of a supported living service including development of service and all financial aspects of the company.

Please also state your reason for seeking other employment

Return to working within a registered childrens home

EMPLOYMENT HISTORY

Please list below all your other jobs since leaving school/college/university, including those overseas, in chronological order, with the most recent first. **You must include details of any gaps or breaks in service, including those outside of employment. There cannot be any unexplained gaps in your employment history.** Please note we are obliged to contact any employer you have worked for in the care industry, even if they are not your nominated referees.

Name and address of Employer

Job Title

Dates from/to
(month and year required)

Reason for leaving

Name and address of Employer	Job Title	Dates from/to (month and year required)	Reason for leaving



EDUCATION

(From Age 11)

Name of School/College or University
INCLUDE FULL ADDRESS

Full months & years reqd

Subject or qualification gained

	Full months & years reqd	Subject or qualification gained

PLEASE INCLUDE FULL NAME AND ADDRESSES OF ABOVE



RELEVANT TRAINING & QUALIFICATIONS

Name of School/College or University
From the age of 11

Full dates from/to
Full months & yrs reqd Subject or qualification gained

PLEASE INCLUDE FULL NAME AND ADDRESSES OF ABOVE

Please explain any unaccounted periods in your employment or education history, including dates and reasons.

Tenure From - To	Explanation



SUITABILITY FOR ROLE

Please state why you are suited to the role you are applying for. You should review the Job Description and Person Specification and ensure you are referring to what is required in the essential and desirable skills and qualifications.

Please note: you can use additional space if you require it.



REFEREES

Please ensure that you provide the details for a minimum of two referees which cover at least the last 5 years of your employment. The first of your referees must be your present employer and your relevant line manager. If you are unemployed, this should be your last employer, or if this is your first job, your head teacher or college tutor. Please note that should you be successful at interview, Supreme Child Care may take up references in any previous employment paid or unpaid, without notifying you first. You may also provide the name of a personal referee as well as your employment references if you wish. None of the above should be related to you.

Current Employer:				Previous Employer:			
Name:				Name:			
Job Title:				Job Title:			
Organisation Address in full:				Organisation Address in full:			
Tel No.				Tel No.			
Fax No.				Fax No.			
Email Address:				Email Address:			
Capacity in which you know them:				Capacity in which you know them:			
Can we apply for this reference now		Yes / No		Can we apply for this reference now		Yes / No	
Previous Employer:				Previous Employer:			
Name:				Name:			
Job Title:				Job Title:			
Organisation Address in full:				Organisation Address in full:			
Tel No.				Tel No.			
Fax No.				Fax No.			
Email Address:				Email Address:			
Capacity in which you know them:				Capacity in which you know them:			
Can we apply for this reference now		Yes / NO		Can we apply for this reference now		Yes / No	



DECLARATION

Signature of this document indicates that you have read the job description and any other information issued relating to the vacancy and can comply with its requirements. In addition it indicates that all the information given by you is accurate. Incomplete or misleading information may, on discovery, result in summary dismissal.

Signature:

Date:

Unless returned by email

Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

Due to the nature of Supreme Child Care work with children and vulnerable young people, we use the Disclosure and Barring Service to make checks at an enhanced level on all persons offered employment by Supreme Child Care Ltd

Have you ever been convicted, charged or prosecuted for an

Yes	No
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 offence.

If yes please give details.

Please complete the following information to support your DBS certificate application:

Nationality at Birth:

Place of Birth:

DATA PROTECTION ACT:

Information provided by you on this application form may be copied for use during the recruitment procedure. Once the recruitment procedure is completed, the data will be stored for 12 months and then destroyed. If you are a successful candidate, relevant information may be taken from this form and used as part of your personnel record. Disclosures will only be made for payroll and personnel administration procedures.

HEALTH QUESTIONNAIRE

Looking after young people who occasionally presents challenging behavior demands a certain level of health and physical fitness for carers. This health questionnaire is to establish if you have any relevant health issues that may affect your ability to carry out your proposed work activities, safely and without harm to yourself or others.

Please complete the following questions: (Please circle Yes or No)

1. Do you have a health condition that affects your ability to do daily activities at home or at work?	Yes	No
2. Do you require any adjustments to your work place to allow you to carry out the proposed work activities or role?	Yes	No
3. Have you ever had a health condition or disability that has originated from work or been made worse by work activities, for example stress or mental health illnesses, back or joint pain, chest or skin condition, hearing ect?	Yes	No
4. Do you have a health condition that may affect you balance/co-ordination or render you unconscious, that we should be made aware of, (for your own safety or others)? for example epilepsy, sudden fainting or blackouts, diabetes, vertigo, dizziness etc?	Yes	No
5. Have you been restricted or advised for medical reasons not to carry out any particular type of work activity?	Yes	No
6. Are you currently receiving treatment or undergoing any investigations that may require you to attend medical appointments?	Yes	No
7. Are you currently taking any prescribed medication? If yes, does it affect your performance or safety whilst at work? For example medication causing drowsiness or other side effects, and medication where it is critical to take at a certain time or requires a clean environment to administer? Please list medication.	Yes	No
8. Do you have persistent or recurrent low back/neck/shoulder, wrist or hand pain, numbness, swelling or tingling?	Yes	No
9. Do you have any difficulty with your mobility, gaining access to buildings, climbing stairs, moving around an office, standing or sitting for long periods of time?	Yes	No
10. Do you have any difficulty with your vision that is NOT corrected by glasses?	Yes	No
11. Have you ever been advised for medical reasons not to do night work/shift work?	Yes	No
12. Do you have any learning impairment which may require adjustments to your work?	Yes	No
13. Do you have any other medical conditions not mentioned above that may affect your ability to carry out your expected duties, or may require adjustments to the role? If yes please give details below.	Yes	No

If you have answered YES to any of the above questions you **MUST** provide further information below:

How many days have you been absent from work though illness or injury in the last two years?

On how many occasions?

Please give details:



EQUAL OPPORTUNITIES MONITORING

Supreme Child Care is an Equal Opportunities employer

It is our policy to select employees solely on job related criteria irrespective of race, sex, disability, marital status, age etc. To make sure all the recruitment decisions reflect the aims of Equal Opportunities policy we monitor all stages of our recruitment and selection process.

In order to do this we require all job applicants to provide the information requested below.

The information you provide will be removed and will not be seen by anyone involved in any stage of the selection process.

Name: Job Applied for:

Job Vacancy No. (where applicable)

Where did you hear about this job vacancy?

Personal Details

Date of Birth: Sex: Male Female

Marital Status: Single Married Civil Divorced Widowed

Religion or Belief

What is your religion or belief?

Buddhist Christian Hindu Jewish Muslim Sikh

Atheist Agnostic Other

Please specify

Ethnic Origin

How would you describe your ethnic origin?

Asian Bangladesh Black Black Black Caribbean

Chinese Indian White Other

Please specify

Disability



The Equality Act describes a ‘disabled person’ as a person with a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities.