

Knowsley Disability Concern

Application Form

PRIVATE & CONFIDENTIAL



Return this form to:

Johanne Ross
Administration Officer
Knowsley Disability Concern
263A Tarbock Road
Huyton
L36 0SD
recruitment@kdc.org.uk

Title:	Mr / Mrs/ Ms/ Miss/ Other (delete as appropriate)		
Surname:			
Forename(s):			
Date of Birth:			
Address:			
Post Code		Email	
NI Number		Home Telephone:	
Work Telephone		Mobile:	
Current driving license?	Yes/No		
Groups			
Expiry Date:			
Details of Endorsement:			
Are there any restrictions on you taking up work in the UK? Yes/No (If yes please provide details)			

Secondary Education			
Dates From – To	Name & Address of School	Qualifications	Grades
Dates From – To	Name & Address of College / Universities attended	Qualifications	Grades

Other relevant to the post training (continue on a separate sheet if necessary)

OTHER EMPLOYMENT Please note any other employment you would continue with, if you were to be successful in obtaining this position.

LEISURE Please note here your leisure interests, sports and hobbies, or other pastimes, etc.

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 (Brief description)	Salary on leaving	Reason for leaving

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. If you are a student, please give an academic referee. If you are applying for a post which requires unsupervised access to children/vulnerable adults, KDC reserves the right to approach any past employer for a reference.

1. Referee (Current Employer)		2. Referee	
Name		Name	:
Position		Position	
Organisation		Organisation	
Address		Address	
Postcode		Postcode	
Tel No.		Tel No	
Email		Email	
May we approach the above prior to interview? Yes/No		May we approach the above prior to interview? Yes/No	

GENERAL COMMENTS

Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post. (continue on a separate sheet if necessary)

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Supporting Information

Please detail here how you meet each of the specific essential requirements listed in the job specification. (continue on a separate sheet if necessary)

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.

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 and Barring Service check. Any standard or enhanced disclosure made by the DBS/SCRO will remain strictly confidential.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? YES/NO (delete as required)

If YES, please give details

DECLARATION (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.
3. I agree that should I be successful in this application, I will, if required, apply to the Disclosure and Barring Service/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. As part of the recruitment procedure, we may collect and store sensitive personal data about you. We are required by law to obtain your consent to such data being recorded. It is our policy to store data relating to recruitment procedures for a minimum of 12 months after the date, on which it is submitted, for internal auditing purposes. Any information of this nature will be treated confidentially. Sensitive personal data is defined as information relating to any of the following: racial or ethnic origin; political opinions; religious beliefs; trade union membership; health; sexuality or sex life; offences and/or convictions. For the purposes of the Act the Data Controller is Joyce Greaves.
5. **I acknowledge that by signing this form I give my consent to sensitive personal information being recorded and stored.**

Signed:		Date:	
Print Name:			

Equal opportunities monitoring form



Please indicate your ethnic origin by ticking the relevant box			
Please tick this box if you would prefer not to answer this question			<input type="checkbox"/>
White		Asian or Asian British (continued)	
British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Any other white background (please describe)	<input type="checkbox"/>	Any other Asian background (please describe)	<input type="checkbox"/>
Mixed		Black or Black British	
White & Black Caribbean	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	African	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	Any other Black background (please describe)	<input type="checkbox"/>
Any other mixed background (please describe)	<input type="checkbox"/>		
Asian or Asian British		Chinese or other ethnic group	
Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Any other background (please describe)			
Please describe your religious group			
Please tick this box if you would prefer not to answer this question			<input type="checkbox"/>
Please describe your marital status			
Please tick this box if you would prefer not to answer this question			<input type="checkbox"/>
How would you describe your sexual orientation?			
Please tick this box if you would prefer not to answer this question			<input type="checkbox"/>
Heterosexual	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>
Gay	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
Other (please describe)			<input type="checkbox"/>
Do you consider yourself to have a disability? yes/no (please detail)			
Please tick this box if you would prefer not to answer this question			<input type="checkbox"/>