

Culina Roc Children's Homes 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

Surname	
First Name (s):	
Date of Birth:	
Age at the Time of Application:	
Address & Postcode:	
Email Address:	
Mobile:	
Home Phone:	
NI No:	
Where did you see this post advertised/hear about the vacancy?	

Please state Yes/No for the following

Do you have the right to work in the UK?	
Do you hold a full current driving license?	
Do you have any driving convictions?	
Are you aged over 21?	

DBS Update Service	
If you are currently registered with the DBS update service please provide the following information:	
DBS Certificate Number	
Issue Date	
Date Registered on Update Service	
Please confirm which workforce (Child / Adult / Child and Adult)	

Safeguarding Children

	Please indicate Yes or No to the following question	Yes	No
1	Have you ever been disqualified from working with children?		
2	Have you ever been subject to an investigation or disciplinary procedures ?		
3	Have you ever been involved in a safeguarding concern either on a personal or professional level?		
4	Have you ever been prohibited from being a private foster carer?		
5	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?		
6	Are you the parent of, or associated with any child who is on the at Child protection register?		

If you answer Yes to any of these questions please state details, including the months and dates

Current Employment

Who do you currently work for?

Name of Employer:	
Your Job Title:	
Address & Postcode:	
Email Address:	
Start Date:	
Finish Date:	
Notice Required:	
Present Salary:	
Benefits:	

Briefly describe the main aspects of your role

Please also state your reason for seeking other employment

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 & Address of Employer	Job Title	Dates from/to (Month and year required)	Reason for Leaving

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Name & Address of Employer	Job Title	Dates from/to (Month and year required)	Reason for Leaving

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Education

Name of School/College or University from the age of 11 INCLUDE FULL ADDRESS	Full months & years required	Subject or Qualification gained

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Relevant Training & Qualifications

Name of Training or Qualification provider from the age of 11	Full months & years required of dates attended	Subject or Qualification gained

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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 employed, this should be your last employer, or if this is your first job, your university tutor or college tutor. Please note that should you be successful at interview, Culina Roc Children's Homes 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:	
Name:	
Job Title:	
Organisation Address in full:	
Tel No:	
Fax No:	
Email Address:	
Capacity in which you know them:	

Previous Employer 1:	
Name:	
Job Title:	
Organisation Address in full:	
Tel No:	
Fax No:	
Email Address:	
Capacity in which you know them:	

Previous Employer 2:	
Name:	
Job Title:	
Organisation Address in full:	
Tel No:	
Fax No:	
Email Address:	
Capacity in which you know them:	

Previous Employer 3:	
Name:	
Job Title:	
Organisation Address in full:	
Tel No:	
Fax No:	
Email Address:	
Capacity in which you know them:	

Declaration

Your signature on 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:
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If returned by email, please print name

Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

Due to the nature of Culina Roc Children's Homes 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 Culina Roc Children's Homes.

Please state Yes/No below

Have you ever been convicted, charged, or prosecuted for an offence?	
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If yes please give details below:

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DATA PROTECTION ACT:

Information provided by you on this application form may be processed and shared in line with the Children's homes Regulations 2015 and Quality Standards Requirements and to meet the requirements of working Together to Safeguard children. If you are a successful candidate, relevant information may be taken from this form and used as part of your personnel record. Disclosures will be made for payroll and personnel administration procedures and other relevant purposes.

Health Questionnaire

Looking after young people who occasionally present challenging behaviour demands a certain level of health and physical needs 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 state Yes or No in the box below

1	Do you have a health condition that affects your ability to do daily activities at home or at work?	
2	Do you require adjustments to your workplace to allow you to carry out the proposed work activities or role?	
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 etc?	
4	Do you have a health condition that may affect your balance/ co-ordination or render you unconscious, that we should be made aware of, (for your own safety or other) for example epilepsy, sudden fainting or blackouts, diabetes, vertigo, or dizziness etc?	
5	Have you been restricted or advised for medical reasons not to carry out any work activity?	
6	Are you currently receiving treatment or undergoing any investigations that may require you to attend medical appointments?	
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	
8	Do you have persistent or recurrent low back/neck/shoulder, wrist or hand pain, numbness, swelling or tingling?	
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?	
10	Do you have any difficulty with your vision that is NOT corrected by glasses?	
11	Have you ever been advised for medical reasons not to do night work/shift work?	
12	Do you have any learning impairment which may require adjustments to your work?	
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.	

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 through illness or injury in the last two years?	
On how many occasions? Please give full details	

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