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| **This form will be photocopied for the interview panel. Please complete it in BLACK INK** |



**Staff Application Form**

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| **Position Applied for:** |  |

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| **PERSONAL INFORMATION** |
| **First Name:** |  | **Surname** |  |
| **Middle Names (even if not used)** |  | **Preferred Title** | Mr/Mrs/Miss/Ms/Other…… |
| **Date of Birth** |  | **NI Number** |  |
| **Address:** |  |
| **Post code:** |  | **Date moved to this address** |  |
| **If you have moved in the last 5 years, please put your previous address here (otherwise leave blank)** |
| **Previous address** |  |
| **Post code:** |  | **Date moved to this address** |  |
| **Telephone (Day)** |  | **Telephone (Eve.)** |  |
| **Mobile** |  | **Email:** |  |

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| **Do you have a current** **full Driving Licence?** | **Yes/No** | **Do you have any** **endorsements****(If yes please provide details below)** | **Yes/No** |
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| **Do you have your own Transport?** |  |

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| **How did you find out about the vacancy?** |  |

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| **To the best of your knowledge, do you have any connection with any past or present resident, member of staff or director of Crossways Community?** | **Yes/No** |
| **If yes, please provide details?** |

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| **RIGHT TO WORK IN THE UK** |
| Do you have a current UK/EU/EEA Passport? | **Yes / No** | Do you have a **full** UK Birth Certificate(i.e. including parents’ names)? | **Yes / No** |
| **If NO** to the first 2 questions, do you have a Work Permit to work in the UK? We will contact you privately about this. This information will not be made known to the interview selection panel.  | **Yes / No** | If Yes, please provide the following:**Work Permit Number:****Renewal Date:** |
| Are you free to remain and take up employment in the UK? | **Yes/No** |  |

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| **EMPLOYMENT DETAILS: Current or Last Employment** |
| **Employer’s Name & Address** |  |
| **Start Date** |  | **Are you still employed by them?** | **Yes / No** | **If NO: Date you left them:** |  |
| **Job title & Brief Job Description** |  |
| **Reason(s) for leaving** |  |
| **Salary**  | **per hour / month / year** | **How much notice do you need to give?** | **Days / Weeks** | **Tick if no notice is Required**  |  |

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| **PREVIOUS EMPLOYMENT:**Please list in order **all previous employments**– You may use a **signed** CV to list previous employment: |
| **Dates Employed** | **Name & Address of Employer** | **Job Title & Brief Details of Responsibilities** | **Reason(s) for Leaving** |
| **From**  | **To**  |
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| **QUALIFICATIONS:****Please provide details of any Education (GCSE, A-Levels, College, University etc.), Professional and Work-based qualifications achieved** |
| **Qualifications** | **Level/ Grade** |
| *continue on a separate sheet if necessary* |  |

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| **If offered this position, will you continue to work in any other capacity?**  | **Yes/No** |
| **If yes, please provide the name and address of your employer and details of the days and hours you work:** |  |

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| **REFERENCES** |

**Please list below THREE people who we could approach for a reference on your behalf, one of these must be your current employer (or last employer, if you are not currently employed); one other should be someone who knows you well (e.g. a church or fellowship you attend, work colleague etc.). None of the referees may be someone related to you.**

**Please note: we are required by Care Quality Commission (CQC)/Supporting People (SP) our registration authority, to thoroughly investigate all applicants we are likely to employ and make random checks on past employers. We may contact your referees whilst we are considering inviting you to come to an interview; please ensure that they are aware of this. If contacting your current employer may cause difficulties, please mark this clearly below\*.**

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| ***Employment Reference*: Please give the names and addresses of your two most recent employers (if applicable). If you not able to do this\*\*, please give details who your referees are. A third person should be listed who should be someone who knows you well but must not be a relative.**  |
|  | **Reference 1: Most Recent Employer** |  | **Reference 2: Previous Employer\*\*** |
| **Name**  |  |  |  |
| **Organisation Name**  |  |  |  |
| **Organisation Address** **(Do Not Give Home Address of Manager/Other Employee)** |  |  |  |
| **Post Code** |  |  |  |
| **Phone Number** |  |  |  |
| **Work Relationship** |  |  |  |
| **E-mail Address** |  |  |  |

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| **Can we contact this person immediately? \*** | **Yes** |  | **No** |  |  | **Yes** |  | **No** |  |

**If No we will need to contact them if you are successful in passing the interview stage**

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| ***Third Reference* (E.g.Christian/ faith-based minister/leader or another person who is not a relative)**  |
| **Full Name**  |  |
| **Address**  |  |
| **Post Code** |  | **Phone Number** |  |
| **Relationship to them** |  |

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| **OTHER INFORMATION:** |

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| **Please provide a concise account of any further information, not previously covered, that you may feel is important to support your application. This may include relevant experience, skills, knowledge, achievements, interest, hobbies, personal attributes or ambitions and why you think you should be considered for this post:** |
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| **Criminal Convictions**So as to protect vulnerable people in care, it is a requirement that all staff must declare whether they have any convictions, cautions etc. (even if they are “spent” i.e. several years old). Only those convictions which would make a person unsuitable for the position applied for will be taken into account, minor or unrelated convictions will be ignored. **Even if you do not have any convictions, you will need to have a new Enhanced DBS Disclosure.** This position is exempt from the Rehabilitation of Offenders Act.1974 |
| **Have you ever been convicted of any offence (including driving offences)?** | **Yes** |  | **No** |  |

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| **Are you currently or think you maybe, charged with an offence?** | **Yes** |  | **No** |  |

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| **Have you received any cautions, reprimands or final warnings?** | **Yes** |  | **No** |  |

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| **Are you currently aware of any police investigations or any pending prosecutions?** | **Yes** |  | **No** |  |

**Data Protection Statement:**

Crossways Community are committed to applying and complying with the principles and regulations as stated in the Data Protection Act 2018 and the General Data Protection Regulations (GDPR) (25 May 2018).

For the purposes of this form we are collecting your personal data for HR and administrative purposes only.

The rights of the individuals, whose data we hold, have in no way been infringed. Their personal data has been used, stored and destroyed as per the principles and regulations set out in Legislation and in accordance with the Company’s Policies and standards.

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| **DECLARATION** |

I **(Full Name)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **confirm that**:

• Crossways Community may contact the above referees (and any previous employer) to verify that I am a suitable person to be employed.

• Crossways Community may use my personal data for personnel, management and monitoring purposes.

**I understand that:**

• it is a requirement that a DBS will be required which will include details of any criminal convictions, cautions, reprimands, final warnings or any other information that might have a bearing on the post.

• the information I have given on this form is correct and complete, and that if I have given incorrect or misleading statements or have knowingly withheld information, it may be sufficient grounds for immediate dismissal at any time.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Once completed please return this form to:**

**Julia Kirk, Crossways Community Administration Building, 8 Culverden Park Road, Tunbridge Wells, Kent. TN4 9QX**

**Email:** **Julia.kirk@crosswayscommunity.org.uk** **Telephone: 01892 543290**

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| **EQUAL OPPORTUNITIES FORM****Crossways Community aims to be an equal opportunity employer and to select staff solely on merit, irrespective of sex, age, race, disability, religious belief or sexual orientation.** **In order to monitor the effectiveness of our equal opportunities policy, we require all applicants to provide the following information.**  **All information provided will be treated as confidential and this form will be separated from the application form upon receipt by the Human Resources Department before consideration of the candidates takes place.** |

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **GENDER** |
| Male  |  | Female |  | Transgender |  | Other (Please Specify) |  |

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| **AGE** |
| 16-18  19-34  35-54  55-64  65+  Prefer not to say  |

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| **ETHNIC ORIGIN** |

**A) White**

**B) Asian or Asian British**

Indian  Chinese 

Pakistani  Any other Asian Background

Bangladeshi  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

British 

(English, Scottish, Welsh, N. Ireland)

Irish 

Any other white background \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D) Black or Black British**

Caribbean 

African 

Any other Black background \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C)** **Mixed**

White and Black Caribbean 

White and Black African 

White and Asian 

Any other Mixed background \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E) Other Ethnic Group**

Any other Ethnic group  (Please write here) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DISABILITY** |
| Do you consider that you have a disability or are disabled?  | Yes |  | No |  |
| If **YES** please specify: |  |
| Do you require any reasonable adjustments so as to assist you during the selection process? (i.e. help with physical access, communication support, personal support?) | Yes |  | No |  |
| If you were to be appointed to the position, would you require any reasonable adjustments to your job or working arrangements? | Yes |  | No |  |
| *If you answered* ***yes*** *to either of the above questions, we will contact you in confidence to discuss any adjustments you may require.*  |

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| ***Religious Belief***  |
| Buddhist |  | Christian |  | Hindu |  | Jewish |  | Muslim |  |
| Sikh |  | Agnostic |  | Atheist/None |  | Prefer not to say |  | Other (please specify) |  |