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| Vacancy title: |  | Application Form  Families First Bedfordshire is committed to protecting and safeguarding children.  We apply stringent safer recruitment practices. |
| Closing date: |  |
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| Please ensure that all sections are completed (using black ink or type), otherwise your application will not be considered. All information that you provide will be treated as confidential. The Declaration of Criminal Offences form must be completed. If you require any reasonable adjustments as part of the application or selection process please contact us. |

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| 1. About you | | | | | |
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| Title: |  | | | | |
| First names: |  | | | | |
| Previous names: |  | | | | |
| Surname: |  | | | | |
| Previous surnames: |  | | | | |
| National Insurance No: |  | | | | |
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| Address Details |  | | | | |
| Address: |  | | | | |
| Town: |  | | | | |
| Postcode: |  | | | | |
| Email: |  | | Daytime telephone number | |  |
| Mobile: |  | | Evening telephone number | |  |
| Do you currently work for the Charity? | |  | Yes  No | |  |
| Where did you see this vacancy advertised?  (Name of publication or website) | | | |  | |

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| Are you applying with a job share partner? | Yes  No | |
| If yes, Please specify hour/day arrangement |  | |
| Do you have a full current driving licence valid in the UK? | | Yes  No |
| Do you have access to a vehicle for work purposes? | | Yes  No |

2. Employment history

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| Please list your current and all previous employers. Any gaps in employment must be explained and a continuation sheet used, if required. If you have been dismissed from any previous employment, please specify below. |

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| Employers’ names, addresses and type of business | Job title, Key responsibilities | Dates of employment | | Salary/  Grade | Reason for leaving |
| From | To |
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| 3. Education, qualifications and training – any gaps must be explained and a continuation sheet used if required. |

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| Name of school, college, university etc. | Name of course | Dates | | Qualification/grade achieved |
| From | To |
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| 4: Professional Association Membership |

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| Name of professional association | Year of membership | Grade/level |
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5. Personal statement

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| Relevant abilities, skills, knowledge and experience  Tell us how your experience, skills/abilities, knowledge and experience meet the Person Specification, drawing on all aspects of your education and experience, including paid employment and unpaid work. |

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| Experience |
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| Skills/Abilities |
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| Equality |
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| Specialist Knowledge |
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| Education & Training |
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| Other Requirements |
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6. Right to work in the UK

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| Are you required to have a UK work visa/permit? | Yes  No | |
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| If yes, do you have a valid visa/permit? | | Yes  No |
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| If yes, when does it expire? | |  |
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| If yes, Please specify the type of Visa (Example: Tier 2) | |  |

7. References

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| Please give details of two referees from whom confidential enquiries may be made. Your referees should be from your current or most recent employer or your current educational establishment. Please note references will be taken up prior to interview for all shortlisted candidates. Educational referees should only be given where this will be your first employment following qualification. If you are applying for a post which involves working with children or vulnerable adults you will be required to supply references which go back 5 years. Please attach these on a separate sheet. |

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| Name of referee: |  |  | Name of referee: |  |
|  |  |  |  |  |
| Job title: |  | Job title: |  |
| Organisation: |  | Organisation: |  |
| Address: |  | Address: |  |
| Telephone: |  | Telephone: |  |
| Email: |  | Email: |  |
| Capacity in which known to you: |  | Capacity in which known to you: |  |

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| Are you happy for us to take up references prior to interview? | Yes  No |

8. Declaration

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| All applicants are required to declare personal relationships with existing employees/ those affiliated with Families First Bedfordshire.  Are you related to, or a close friend of, any member affiliated with Families First Bedfordshire? Yes  No  If yes, please provide the following details:  Name:  Relationship:  Address: |

Any financial interests that applicants may have in contracts with the Charity or pending tenders must be declared.

Are you or any of your relative’s party to an existing contract or involved in any competitive tendering process?  
Yes  No

If yes, specify the contract details:

I certify that, to the best of my knowledge, the information I have provided on this application form, and on my completed declaration of criminal offences form, is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may render me liable to dismissal without notice. I give explicit consent that the information provided by me on this form may be processed in accordance with the Trusts registration under the 1998 Data Protection Act and authorise the disclosure of personal data when references are taken up.

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| Signed – Applicant: | Date: |
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*Please return your completed application form to:*

The Human Resources Department, Families First Bedfordshire, c/o Goldington Family Centre, 28-30 Meadway, Bedford, MK41 9HU,

*Or by email to:* hr@familiesfirstbedfordshire.org.uk

If you have not heard from us within four weeks of the closing date you may conclude that you have not been shortlisted.

9. Declaration of Criminal Offences

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| The job for which you are applying involves substantial opportunity for access to children. It is therefore exempt from the Rehabilitation of Offenders Act 1974. You are required to declare any convictions or cautions you may have, even if they would otherwise be regarded as "spent" under this Act. The information you give will be treated in confidence and will only be taken into account in relation to an application where the exemption applies. As the occupant of the post will have substantial access to children, a disclosure request will be made to the Disclosure and Barring Service (DBS) to ascertain whether their records reveal any criminal convictions (including spent ones) relating to the successful applicant. All information given will be treated in the strictest confidence and will be used for this job application only. The disclosure of a criminal record will not debar you from appointment unless the selection panel considers that the conviction renders you unsuitable for appointment. In making this decision the panel will consider the nature of the offence, how long ago and what age you were when it was committed and any other factors which may be relevant. | | | | |
| Your application will not be considered without completion of this section. | | | | |
| Nature of offence(s) | Details of offence(s) | Place and date of judgement(s) | | Sentence(s) |
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| All information given will be treated in the strictest confidence and will be used for this job application only.  I certify that, to the best of my knowledge, the information on this form is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may render me liable to instant dismissal without notice. | | | | |
| Signed - Applicant: | | | Date | |
| Name (please print) | | |  | |

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| Diversity Monitoring Form | | | | | | | | | | | | | | | | | |
| Families First Bedfordshire aims to have a workforce that reflects the diversity of talent, experiences and skills of our learners.  We monitor the composition of our workforce to ensure that it is representative and that all staff are treated fairly. In addition, we are committed to promoting race equality, under the Race Relations (Amendment) Act 2000, which applies to everything the trust does. The information you give on this form will remain strictly confidential, in accordance with the Data Protection Act 1998, and will not affect any decision to employ you. | | | | | | | | | | | | | | | | | |
| Date of Birth: | | | |
| Age | Under 20 | | 20-29 | | 30-39 | | | | 40-49 | | | 50-59 | | | 60 and over | | |
| **Disability**  The Disability Discrimination Act 1995 defines a disability as, ‘A physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’. In this definition, long term is taken to mean more than 12 months. | | | | | | | | | | | | | | | | | |
| Do you consider that you have a disability under the Disability Discrimination Act definition? Yes  No  If you have answered ‘Yes’, please select the definition/s from the list below that best describes your disability/disabilities: | | | | | | | | | | | | | | | | | |
| Hearing (such as: deaf, partially deaf or hard of hearing) | | | | | | |  | Reduced physical capacity (such as inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath, energy or stamina, asthma, angina or diabetes) | | | | | | | |  | |
| Vision (such as blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glasses/contact lenses) | | | | | | |  | Severe disfigurement | | | | | | | |  | |
| Speech (such as impairments that can cause communication problems) | | | | | | |  | Learning difficulties (such as dyslexia) | | | | | | | |  | |
| Mobility (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis) | | | | | | |  | Mental illness (substantial and lasting more than a year, such as severe depression or psychoses) | | | | | | | |  | |
| Physical co-ordination (such as manual dexterity, muscular control, cerebral palsy) | | | | | | |  |  | | | | | | | |  | |
| Other disability (please specify) | | | | | | |  |  | | | | | | | |  | |
| **Ethnicity** | | | | | | | | | | | | | | | | | |
| **Asian or Asian British** | | | **Black or Black British** | | | | **Mixed** | | | | | **Other** | | | **White** | | |
| Bangladeshi | | | African | | | | White and Asian | | | | | Chinese | | | British | | |
| Indian | | | Caribbean | | | | White and Black African | | | | | Other | | | Irish | | |
| Pakistani | | | Black British | | | | White and Black Caribbean | | | | |  | | | Other | | |
| Other | | | Other | | | | Other | | | | |  | | |  | | |
| If you selected any of the ‘Other’ categories, please tell us how you would further describe yourself: | | | | | | | | | | | | | | | | | |
| **Faith (Optional Information)** | | | | | | | | | | | | | | | | | |
| Agnostic | | | Atheist | | | | Buddhist | | | | Christian | | | | Muslim | | |
| Hindu | | | Humanist | | | | Jain | | | | Jewish | | | | Sikh | | |
| No religion | | | Prefer not to say | | | | Other faith (please specify) | | | | | | | | | | |
| **Gender** | | | | | | | | | | | | | | | | | |
| Female | | | Male | | | | | | | | | | | | | | |
| **Sexuality (Optional Information)** | | | | | | | | | | | | | | | | | |
| Bisexual | | | Gay | | | | Heterosexual | | | | Lesbian | | | | | | |
| In addition, if you prefer to define your sexuality in terms other than those used above, please let us know. | | | | | | | | | | | | | | | | | |
| **Declaration:**  I have completed the details required in this document and declare to the best of my knowledge the information given is correct. I consent to it being held on file under the terms of the Data Protection Act 1998. | | | | | | | | | | | | | | | | | |
| Signed - Applicant: | | | | | | | | | | | | | | Date | | | |

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| For office use only | | |
| Application withdrawn | Post withdrawn | Shortlisted Yes  No |
|  |  | Appointed Yes  No |