

Office Use Only

Post:

Application No:

2019
PRIVATE AND CONFIDENTIAL

Job Application Form – New Hope Rehabilitation

Vacancy Details

Job Title

Closing Date

The information requested in this form is important to assessing your application. Please complete accurately and in full. Please read the information provided with this form including job description and specification before completing your application form.

Personal Details

Surname:

Forenames:

Address:

Postcode:

Telephone Home:

Mobile:

E-Mail

Telephone Work:

National Insurance
Number



Job Application Form - New Hope Rehabilitation

Are you currently in any form of regular paid employment / work?
(please tick)

YES ☐ NO ☐

Present Employment Details

Name and address of present employer:

Job Title:

Date commenced:

Brief description of duties and responsibilities:

Grade:

Salary / Wage

Other financial benefit:

Job title of immediate supervisor:

Period of notice:

Please provide details of any Previous Employment (earliest first and including any government training initiative, unpaid and voluntary work experience) **the reason for leaving must be stated in every case.**

From Month/Year	To Month/Year	Employer	Job title and grade	Wage/salary	Reason for leaving

Education – Proof of qualifications may be required at the point of interview.

Date From	To	Schools, Colleges attended – Including part time	Qualifications gained or pending – Please state subject and level	Grade

Gaps in Employment / Education History

In line with Safer Recruitment guidelines, we require you to account for any gaps or anomalies in your application. Please tell us about any gaps in your employment and education history within the last three years.

- If you were claiming benefits during this time, please state what type of benefit you were claiming.
- If you were claiming benefits, you will be required to provide consent for the Job Centre/Benefits Agency to supply us with written confirmation of the dates to and from during which you were claiming benefits.

Date From	Date To	Reason for Gap

Membership of professional bodies

Body	Grade of membership	Whether by exam	Date

Please list below training courses relevant to your employment:

Organising body	Course title	Duration	Date

Information in support of your application

Please complete the following section explaining how you meet each of the criteria marked in the 'A' column of the person specification for this post.

You should draw on your knowledge, skills and experience, etc. gained from your paid work, training, domestic responsibilities, education, leisure interests and voluntary activities.

Please note that C.V.'s will only be considered alongside a fully completed application form.

Information in support of application

References

Please highlight below two referees who may be contacted in respect of your application. The first must be from your current/last employer. The second should be from a previous employer (or a person who you have worked for in a voluntary/unpaid capacity or a teacher if you have no employment history.)

Name and address:	Name and address:
Post Code:	Post Code:
Position:	Position:
Telephone No:	Telephone No:
Email Address:	Email Address:
May we contact the above referee prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact the above referee prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/>

Legal Right to Work in the UK

The Asylum and Immigration Act 2006 requires all employers in the UK to carry out checks on people they intend to employ to ensure entitlement to work in the UK. To enable us to carry out the appropriate checks please read the following statements and tick the one that applies to you.

	Yes	No
I have the legal right to work in the UK on a permanent basis and without any restrictions, I confirm that I will provide documentation to prove entitlement		
I am required to register with the Home Office under the Worker's Registration Scheme within one month of employment		
I am required to get permission to work from the Home Office prior to starting employment which I have done and I hold an Accession Worker's Card		
I have the right to work in the UK via my spouse's visa arrangements		

<p>I hold a visa which entitles me to work in the UK</p> <p>If you hold a Visa, please provide details:</p> <p>Visa Type: _____</p> <p>Start date: _____ Expiry date: _____</p>		
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Disclosure Barring Service Checks

To protect the welfare of young people and vulnerable adults, all applicants who pass interview will be required to undergo an enhanced Disclosure Barring Service (DBS) check.

We are exempt from the **Rehabilitation of Offenders Act 1974** and therefore all cautions and convictions (whether spent or unspent) should be declared, and detailed information provided with the exception of protected cautions or convictions. Further information can be found via the following website <http://hub.unlock.org.uk/knowledgebase/filtering-simple-guide/>.

Successful candidates who have lived outside of the UK for 6 months or more within the last five years will be required to provide a **Certificate of Good Conduct** from the country in which they lived.

Are you subscribed to the DBS update service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you agree to us conducting a DBS check on you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you agree to undergoing a DBS risk assessment as part of the recruitment and selection process?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of birth (this will only be used for conducting DBS checks):	
Town of birth (this will only be used for conducting DBS checks):	
County of birth (this will only be used for conducting DBS checks):	
Title (e.g. Mr / Mrs / Miss / Ms / Reverend etc. This will only be used for conducting DBS checks):	
Do you have any cautions, convictions, reprimands or final warnings which are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you ever had any cautions, convictions, reprimands or final warnings outside of the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please give full details. Use a separate sheet if necessary.		

Previous Disciplinarys and Dismissals

<p>Have you ever been dismissed from a role, or been subject to any disciplinary action, warnings or investigations in your current or previous employment?</p> <ul style="list-style-type: none"> • It is our policy to conduct employment and education reference checks for employment within the last three years, including your current employment; • It is better to be honest and declare the required information at this stage; • Failure to declare any information can result in withdrawal of any offer of employment or the termination of your employment at a later stage; • Continue on a separate sheet if necessary.

Driving Licence

Do you have a valid full UK driving licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any endorsements on your driving licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES please give further details including offence codes, dates and penalties:		
Do you have your own transport?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Does your insurance cover you for business use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Health Statement

If offered work, you may be required as part of your application to complete a Pre-Employment Medical Questionnaire.

Please note that we may require applicants to undergo a full medical examination as a condition of their employment. Also in making this application you are consenting to us approaching your doctor for medical information about you, either as part of the recruitment process or at any time in your employment with us.

Are you prepared to undergo a medical examination prior to taking up / during employment if required to do so?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any disability covered by the Equality Act 2010 for which you require reasonable adjustments to be made for your interview / employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES please give details as to what the disability is and what adjustments need to be made to accommodate you. Please use a separate sheet if necessary.		
What is your general state of physical health?		
What is your general state of mental health?		
If VARIABLE or POOR, please provide further details:		
Please provide details of any recurring or on-going illness, including any period of hospitalisation, during the past three years:		

Are you currently on any medication?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please give details			
Do you have any allergies that may affect your health in post? (e.g. certain types of protective gloves/cleaning materials)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
if YES, please give details:			
Name of GP:	Address:		
Phone number:	Postcode:		

General details

Where did you learn of this vacancy?
Please give details of any dates during the next four weeks where you would not be available for interview.
Please tell us about any requirements that you would like us to consider to ensure your full participation in this recruitment and selection process. E.g. wheelchair access, sign language interpreter, additional reading time etc.
Are you related to any members of the New Hope Rehabilitation Board of Directors? If yes, state name and relationship.
Yes <input type="checkbox"/> No <input type="checkbox"/> Name; Relationship:

Are you related to any members of New Hope Rehabilitation staff (this includes both employees and voluntary workers)? If so, state name and relationship.

Yes ☐ No ☐ Name;
Relationship

Equal Opportunities Monitoring Information

Ethnic Origin – Please tick relevant box			
Indian		British	
Pakistani		Irish	
Bangladeshi		Other European	
Other Asian Background		Other non European	
			Other: Please note below
White and Black Caribbean		Chinese	
White and Black African		Japanese	
White and Asian			
Other Dual Heritage Background			
			Any other Ethnic Group: Please list below:
			Other - gender identification please list below:
Male		Female	

Declaration

Please read carefully the statements below and sign to confirm your agreement to the below:

- The information set out in this form is, to the best of my knowledge, true and complete.
- I hereby authorise New Hope Rehabilitation to verify the information recorded in this form.
- I understand that my appointment and employment is conditional on the verification of the information I have supplied.
- I understand that it may be a criminal offence to attempt to obtain employment by deception and that any intentional misrepresentation, omission of material fact or deception will cause the immediate withdrawal of an offer or dismissal if already employed.
- I understand that this information will be held by New Hope Rehabilitation for the sole purpose of assessing my suitability for the position I have applied for.
- I understand that, where required by law, my details will not be disclosed to any third party. Details of successful applicants will be held as part of personnel files.
- I understand that under the Data Protection Act, I will have the right to request these details at any time in writing.
- I understand that if I am unsuccessful then the details will be kept for up to a maximum of 6 months after which time they will be shredded.
- I will comply with any relevant requirements placed upon New Hope Rehabilitation.
- I hereby declare that I have not been dismissed from any previous employment for any reason connected with an actual or alleged Child Protection issue under Disqualification from Caring for Children Regulations (1991) or Vulnerable Adults (The Care Act 2014) or any other regulatory or statutory law.
- I hereby authorise New Hope Rehabilitation to conduct employment, character, education and enhanced DBS referencing and consent to enquiries regarding my status being made for this purpose.
- I confirm my consent to account for any gaps or anomalies in my application, employment and education, where I may be asked to provide further information to enable New Hope Rehabilitation to carry out relevant checks to satisfy referencing requirements as per the Safer Recruitment guidelines.
- I confirm / authorise that an enhanced DBS search may be undertaken prior to / during my employment and that the cost of such checks will be deducted from my pay with New Hope Rehabilitation.
- If I have lived / worked outside of the UK for more than 6 months within the last five years, I understand that I will be required to provide a Certificate of Good Conduct for the country (or countries) that I have lived / worked in and I will be liable for the cost of this.
- I understand that if, during my employment with New Hope Rehabilitation, I commit any act that brings actual or potential harm to a young person or vulnerable adult, New Hope Rehabilitation have a duty to report this to DBS and relevant registered bodies or authorities and that this may prevent me from working with vulnerable adults or young people in the future.

Signed

Date

OFFICE USE ONLY

Application Number		Interview date:	
Date Received		Post Offered:	
Short Listed		Date reference Request completed:	

This form should be returned either via email to balbir.kaur@newhoperehab.co.uk

To help us reduce our costs, we do not automatically acknowledge receipt of application forms or write to unsuccessful applicants.

IF YOU HAVE HEARD NOTHING WITHIN 2 WEEKS OF THE CLOSING DATE, PLEASE ASSUME THAT YOUR APPLICATION HAS BEEN UNSUCCESSFUL
