

Applicants must complete ALL sections of the form, failure to do may affect your application

POST APPLIED FOR: Team Leader / Support Worker / Bank Staff	Ref:
<p>How did you hear of this vacancy? (Include date and method)</p> <p>Were you recommended by a member of staff and if so who and their relationship?</p>	
<p>Mr / Mrs / Ms / Miss: (Please circle)</p> <p>First Name:</p> <p>Surname:</p> <p>Maiden Name:</p> <p>Marital Status:</p> <p>Please include any other name by which you have been known since the age of 18:</p>	
<p>Present Address:</p> <p>Post Code</p>	<p>Telephone Number (including STD Code)</p> <p>Home:</p> <p>Mobile:</p> <p>Email:</p>
<p>Date of Birth: /...../.....</p> <p>Age:</p> <p>N.I. Number (if known):</p>	<p>Tick box if you do not want to be contacted at work <input type="checkbox"/></p> <p>Do you hold a current driving licence? Yes / No</p>
<p>Previous addresses within the last 5 years (continue on separate sheet if necessary):</p> 	
<p>Current or Last Employer:</p> <p>Address of Last employer:</p> <p style="text-align: right;">Post code :</p> <p>Nature of Employment (to include your position held):</p> <p>Date of commencement:/...../..... To /...../.....</p>	
<p>Current or Last Salary: £..... :... Per annum</p> <p style="padding-left: 40px;">£.... :.....Per hour</p>	<p>Notice Required from Current Employer</p>

FULL EMPLOYMENT HISTORY:

Please list details of ALL employment, including the names and addresses of ALL employers, dates employed, positions held, full or part-time working and reasons for leaving, commencing with your current or last position.

All time since leaving full time education should be accounted for.

You must include and any time not spent in employment or education (listed previously) should be listed, including times spent in unemployment, voluntary work, raising a family or part-time work.

Due to the nature of our business, the Company reserves the right to contact any previous employer for a reference.

Employer:	From: Month & Year	To: Month & Year	Position Held and Reason for Leaving:

DETAILS OF OTHER RELEVANT EXPERIENCE / TRAINING RELATING TO THE POSITION:

From:	To:	Details for course / certificate attained :

EDUCATION, TRAINING AND QUALIFICATIONS:

Schools, Colleges and Universities attended should be listed, with dates, awards and qualifications obtained and levels and grades achieved, commencing with most recent.

School / College / University	From: (Month & Year)	To: (Month & Year)	Subject / Course Studied	Examination Results:

SUPPORTING STATEMENT:

(Please give reasons for your application, any career hopes that relate to the application and any qualities you have to offer to the post – please continue on a separate sheet if necessary)

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SICKNESS AND ATTENDANCE:

Have you been absent from work through ill health for more than 5 days in total during the last 12 months?

YES/NO If YES please give reasons for your absences and length of each one.

.....
.....

Please note all new employees to Harmony Children’s Services are required to complete a medical questionnaire and may be asked to undergo a medical examination.

Disclosure of Convictions – Rehabilitation of Offenders Act 1974 and the Rehabilitation of Offenders Act (Exceptions) Order 1975

Please note that failure to disclose any criminal convictions will disqualify you from the appointment and, if appointed, may render you liable to immediate dismissal without notice.

Because of the nature of the work for which you are applying, this post is except from the provisions of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exception (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.

Because of the nature of our business you are required to submit to a Criminal Records Bureau enhanced check at the time of employment being offered. Any disclosures made by the CRB will remain strictly confidential.

Do you authorise us to obtain any necessary information from the Disclosure and Barring Service (DBS) (formally the CRB) in connection with this application for employment? **YES/NO** (delete as required).

Have you ever been convicted in a Court of Law and/or received any cautioned reprimand or warning in respect of any offence, (including driving offences). **YES/NO** (delete as required).

IF YES, please give details:

1	Conviction:
	Date:
	Outcome:
<hr/>	
2	Conviction:
	Date:
	Outcome:

If there are further convictions please continue on a separate sheet if necessary)

<p>THE CHILDREN ACT 1989 (SECTION 65) THE DISQUALIFICATION FROM CARING FOR CHILDREN REGULATIONS (WALES) 2002</p>

Full Name: _____

Date of Birth: _____

Address: _____

Have you ever: –

- | | YES | NO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1. Had a child removed from your care by the Order of a Court or Local Authority. | () | () |
| 2. Been a Parent of a child who, at any time, has been subject of a Care Order. | () | () |
| 3. Been a Parent of a child who has, at any time, been subject of a Statutory Order imposed by a Youth or Crown Court (e.g. Action Plan, Supervision, Curfew or Detention Training Order). | () | () |
| 4. Been made subject of a Parenting Order or any other Order imposed by a Magistrates or Crown Court. | () | () |
| 5. Had your rights and duties with respect to any child vested in a Local Authority Order, which imposes a residence requirement? | () | () |
| 6. Been a person who carried on, or was otherwise concerned with the management of, or had any financial interest in, a Children's Home who had its Registration cancelled. | () | () |
| 7. Been a person who has been refused the Registration of a Children's Home in relation to an application made by him. | () | () |
| 8. Been a person who has been prohibited from Fostering. | () | () |
| 9. Been a person who has been refused Registration in respect of Nurseries, Day Care or Child Minding. | () | () |

I confirm that this is a true and honest declaration.

Signed: _____ **Print:** _____ **Date:** ____/____/____

Section 70 (1) (a) of the Children Act 1989, provides that a person who makes any Statement in this notice or information which he knows to be false or misleading, shall be guilty of an offence.

REFERENCES:

To include job title, address and postcode of current employer, previous employer .

The capacity in which referees are writing should be stated, e.g. former employer, colleague etc.

The referee listed under ‘current employer’ must be the principal person within your organisation.

Please Note: We are unable to accept references from members of your immediate family.

As required by legislation we verbally verify ALL references received as well as written confirmation.

CURRENT or PREVIOUS Employer

Company and contact name:

Post Code:.

Tel No:

E-mail:

Capacity:

Length of time known:

PREVIOUS employer

Company and contact name:

Post Code:

Tel No:

E-mail:

Capacity:

Length of time known:

MONITORING INFORMATION:

Harmony Children’s Services has adopted an equal opportunities policy and is keen to ensure that it is working properly. As part of this policy, all job applicants are asked to complete this section.

Please note that this section is primarily about colour and race and not naturalization or citizenship.

I would describe my ethnic origins as:

WHITE BLACK – CARIBBEAN BLACK – AFRICAN BLACK – OTHER INDIAN
PAKISTANI CHINESE OTHER (Please Specify) _____

1). Are you a permanent UK resident? **YES/NO**

If NO - do you have a valid work permit? **YES/NO** Date Visa/work permit expires/...../.....

2). Do you consider yourself to be disabled **YES/NO**

In signing this application, candidates need to acknowledge that they are aware that:

- (a) Direct or indirect canvassing regarding their appointment will render them liable to disqualification.
- (b) The above information is correct.
- (c) Any false information or deliberate omissions will disqualify them from employment or may render them liable for dismissal or criminal prosecution.
- (d) The information they provide is subject to the Data Protection Act 1998. The Company will process data principally for personnel, administrative and payroll purposes.

Signed: **Print :**

Date:/...../.....

Pre-employment medical questionnaire

POSITION APPLIED FOR: _____

The following information will be treated in the strictest confidence.

PERSONAL (Please complete this section in BLOCK CAPITALS)

Your Full Name: _____	Name of Doctor: _____
Address: _____ _____	Address of Surgery: _____ _____
Private Tel. No.: _____	Practice Tel. No.: (0_____)_____

Please answer the following questions. If the answer is YES then please provide full details.

Have you at any time suffered from the following conditions:

(Please highlight the applicable answer)

ALLERGIES	GENITO-URINARY	NEUROLOGICAL
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Allergies YES/NO	Kidney stones YES/NO	Dizzy spells YES/NO
Asthma YES/NO	Pain on urination YES/NO	Epilepsy YES/NO
Hay Fever YES/NO	Sugar / albumin urine. YES/NO	Fainting attacks YES/NO
		Paralysis YES/NO
		Severe headaches YES/NO

CARDIOVASCULAR	MISCELLANEOUS	RESPIRATORY
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Chest pain YES/NO	Anaemia YES/NO	Tuberculosis YES/NO
Heart disorder YES/NO	Anxiety YES/NO	Sinusitis YES/NO
High blood pressure YES/NO	Blood disorder YES/NO	Chronic cough YES/NO
Palpitations YES/NO	Skin disorder YES/NO	Pneumonia YES/NO
Rheumatic fever YES/NO	Cancer YES/NO	Pleurisy YES/NO
	Depression YES/NO	
	Diabetes YES/NO	
	General Debility YES/NO	
	Insomnia YES/NO	
	Alcohol related issues YES/NO	

DIGESTIVE SYSTEM

Hernia YES/NO
Jaundice YES/NO
Peptic Ulcer YES/NO
Rectal bleeding YES/NO

SENSES

Ear disorder YES/NO
Eye disorder YES/NO
Nose disorder YES/NO
Throat disorder YES/NO
Colour blindness YES/NO

MUSCULOSKELETAL

Arthritis YES/NO
Backache YES/NO
Back Injury YES/NO
Disc disorder YES/NO
Gout YES/NO
Joint/Tendon disorder YES/NO
Rheumatism YES/NO

If you have answered YES to any of the questions overleaf, please give full details below.

When was the last time you consulted your doctor?

Date:/...../.....

Reason:	
Are you currently taking any medication or do you anticipate doing so in the near future?	YES/NO
If YES, please give details:	
How much alcohol do you consume in an average week?	UNITS
Do you smoke?	YES/NO
If YES, how much do you smoke in an average day?	
Are you disabled?	YES/NO
Please give details of your disability:	
Do you, or have you in the last 10 years, suffered from any medical condition which has not already been mentioned:	YES/NO
If YES, please give details:	
How many days have you been sick in the last 12 months?	
How many days work have you lost due to sickness in the last 12 months?	
Do you expect to require time off work for any medical reason within the next 12 months?	YES/NO
If YES, please give details:	
Is there any thing else that you would need to discuss at interview in relation to your health not already disclosed on this questionnaire. YES / NO	

ACCESS TO MEDICAL REPORTS

It may be necessary to obtain a report from a doctor who has treated you. We are required to tell you about your statutory rights regarding access to medical reports, which are set out briefly below. You may:

- (a) Refuse to allow us to obtain a report,
- (b) Ask to see a report before it is sent to us, or, for a charge, obtain a copy from the doctor within six months of it being sent to us,
- (c) Ask for a report you have seen to be altered by the doctor before it is sent to us, or, if the doctor is unwilling to do this, you may add statement of your own.

Please note that the doctor does not have to let you see a report if he believes you or others might be harmed by it.

DECLARATION

I confirm that I have read about my rights under the Access to Medical Reports Act and I authorise/*do not authorise my doctor to provide a medical report. I wish/*do not wish to see any medical report before it is supplied. (*delete as appropriate)

I declare that all the information I have given in this form is true and that I have not withheld any material fact. I further confirm that I understand that withholding information may lead to immediate dismissal.

Signature: **Print:** **Date:**...../...../...