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| **Personal Information** | |
| Surname/Family Name: | Title: (Please specify) Ms/Mr/Mrs/other |
| First Name(s) | National Insurance Number: |
| Previous Surname(s)/Family Name(s): | Do you require a UK work Permit: Yes No |
| Home Address: | Home Telephone Number: |
|  | Mobile Telephone Number: |
|  | Email: |

Please answer the following question if the job description/person specification for the job states this as either essential or desirable:

Do you hold a current full driving licence? Yes No N/A

Categories of licence held, if applicable (give details), minibus licence:

If yes, is it a clean driving licence? Yes No If no, please give details:

Do you have access to a vehicle for work purposes? Yes No

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| --- | --- | --- | --- |
| **Education, Qualification and Training** | | | |
| Dates (start and finish) | School, College and work related training | Subject or Training Course | Qualification |
|  |  |  |  |

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| --- | --- | --- | --- | --- |
| Employment History | | | | |
| Start and Finish | Name and full address of employer | Employment title(s)/Brief outline of role | Current salary or final salary | Reason for leaving for previous posts |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Gaps in Employment History or Experience | | |
| From (Month/year) | To (Month/Year) | Reason |
|  |  |  |

**Periods of absence:**

Please give details of any absences from work that have occurred during the last 12 months, excluding statutorily given leave such as maternity, paternity or parental leave:

Sickness: 0 day 1-5 days 6-15 days > 15 days

If you wish to comment on a period of sickness absence, please do so here:

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| **Health:** Please comment on the general state of your physical health. |
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| **Supporting Statement** |
| Please set out below any further information, which you feel, supports your application. In particular, you should provide examples to illustrate how you meet the requirements set out in the job description. The statement should be no longer than 2 sides of an A4 sheet. |
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**References**

As an organisation working with young people, we require references which cover the last 5 years of your employment. One reference must be your present or most recent employer, We reserve the right to approach any current or previous employer or organisation where you have worked in an unpaid capacity, without further notification to you. You may also give details of a personal referee as well.

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| --- | --- |
| 1. **Current Employer** | 1. **Previous Employer** |
| **Name:** | **Name:** |
| **Job title:** | **Job title:** |
| **Organisation’s Name/Address (in full):** | **Organisation’s Name/Address (in full):** |
|  |  |
| **Telephone Number:** | **Telephone Number:** |
| **Email/Fax:** | **Email/Fax:** |
| **Dates of Employment: From: To:** | **Dates of Employment: From: To:** |
| **In what capacity do you know them?** | **In what capacity do you know them?** |
| 1. **Previous Employer** | 1. **Previous Employer** |
| **Name:** | **Name:** |
| **Job title:** | **Job title:** |
| **Organisation’s Name/Address (in full):** | **Organisation’s Name/Address (in full):** |
|  |  |
| **Telephone Number:** | **Telephone Number:** |
| **Email/Fax:** | **Email/Fax:** |
| **Dates of Employment: From: To:** | **Dates of Employment: From: To:** |
| **In what capacity do you know them?** | **In what capacity do you know them?** |

Can we contact your current employer prior to any conditional offer of employment? **Yes No**

Employment referees will be requested to provide details on attendance, sickness levels, performance, and where applicable, reasons for leaving. Where relevant, referees will be asked of their knowledge of your work and suitability to work with children and young people.

**Disability** – Urban-Care is keen to ensure that those applicants with a disability can fairly access the recruitment and selection process and it could help us at this stage if you can complete the following question. The Disability Discrimination Act 1995 defines disability as a ‘physical or mental impairment, which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities’. Do you consider yourself to have or have had a disability?: **Yes No If yes, please state:**

If you are selected for interview are there any special arrangements we would need to make for you? (if Yes, and you are successful in obtaining an interview, we will contact you to discuss your needs stated)  **Yes No If yes, please state**

**Notice Period** – If appointed, how soon could you take up your new post?:

**Preferred working hours –** Please state your preferred working hours or any considerations to your working week

**Declarations**

**Data Protection:** “I give permission for Urban-Care to process and hold on computer the information or data I have supplied or referred to on it, including any information that I consider to be sensitive and personal. I understand and agree that this information will also be held on my personal file, if I am appointed.”

“I agree that Urban-Care may use the information provided in this application form for equality monitoring purposes, compiling statistics, maintaining other employment records and completing statutory returns as required.”

**References:** “I agree that Urban-Care may ask my referees for comments on my suitability for the post and in respect of employment referees request details on my attendance, sickness levels, performance, conduct, reasons for leaving and suitability to work with children and young people, where applicable.”

**Application Submission:** “In submitting this application form, I agree and confirm the above statements. I also confirm that the information I have given is correct and complete and I understand that giving misleading or untruthful statements may result in my dismissal if they become known after my appointment.”