**RECRUITMENT APPLICATION FORM**

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| **Personal Details (BLOCK CAPITALS PLEASE) – Section A** | | | | | | | | | | | | | | | | | | |
| **Preferred Title** | | | | |  | | | | | **Forenames (in full)** | | | | |  | | | |
| **Surname** | | | | |  | | | | | **Known as** | | | | |  | | | |
| **DOB** | | | | |  | | | | | **Email** | | | | |  | | | |
| **Permanent Address**  **Including postcode** | | | | |  | | | | | | | | | | | | | |
| **Daytime contact number** | | | | |  | | | | | **Mobile contact number** | | | | |  | | | |
| **Please confirm the role for which you are applying?** | | | | |  | | | | | **Please circle what hours you are seeking:** | | | | | Full time/Part time/Bank staff | | | |
| **Further Particulars – Section B** | | | | | | | | | | | | | | | | | | |
| NI Number: | | | | |  | | | | | | | | | | | | | |
| Do you require a work permit to work in the UK: | | | | |  | | | | | All applicants will be asked at interview to provide documentary evidence of their right to work in the UK. Do you have any restrictions that apply to you? | | | | | | |  | |
| Do you hold a current full **UK** **driving licence?** | | | | |  | | | | | Do you have use of a vehicle for work purposes? | | | | | | |  | |
| QTS Number (if applicable): | | | | |  | | | | | DofE Registration Number (if applicable): | | | | | | |  | |
| Do you currently hold an Enhanced DBS? | | | | |  | | | | | Are you registered with the Update Service for your current DBS?  If YES please confirm the date of expiry | | | | | | |  | |
| Are you being recommended by a Forte Care employee?    Name of employee (if applicable): | | | | |  | | | | | Do you live with a person who is included on a DBS barred list? | | | | | | |  | |
| Are you related to any Forte Care employee? | | | | |  | | | | If yes, please provide further details: | |  | | | | | | | |
| Have you been dismissed from any previous employment? | | | | |  | | | | If yes, please provide further details: | |  | | | | | | | |
| Have you been subject to any sanctions or conditions on your employment imposed by the DBS, Secretary of State or other regulatory body | | | | |  | | | | If yes, please provide further details: | |  | | | | | | | |
| Have you been barred or disqualified from working with vulnerable groups, children or young people? | | | | |  | | | | If yes, please provide further details: | |  | | | | | | | |
| Have you been the subject of a formal disciplinary sanction or are you in the process of ongoing investigations, disciplinary or capability proceedings in your current or previous employment? | | | | |  | | | | If yes, please provide further details: | |  | | | | | | | |
| Have you been subject to any police or safeguarding investigations currently or in the past? | | | | |  | | | | If yes, please provide further details: | |  | | | | | | | |
| Have you had a referral made to social care in relation to you? | | | | |  | | | | If yes, please provide further details: | |  | | | | | | | |
| Have you worked for us previously or currently as an Agency Worker? | | | | |  | | | | If yes, please give details: | |  | | | | | | | |
| Do you consent to receiving the Forte Care Newsletter and other work-related publications by email? | | | | |  | | | |  | |  | | | | | | | |
| Do you consent to DBS checks being undertaken? | | | | |  | | | | If no, please provide explanation: | |  | | | | | | | |
| Do you consent to permission to contact past employers where you have worked with children/young people &/or vulnerable adults? | | | | |  | | | | If no, please provide explanation: | |  | | | | | | | |
| **Criminal Convictions – Section C** | | | | | | | | | | | | | | | | | | |
| **Disclosure and Barring Checks**  Forte Care operate in areas of employment which are exempt for the Rehabilitation of Offenders Act. For jobs which are defined as a “regulated activity” any criminal background including “spent” convictions, bind-over orders or cautions must be disclosed. As part of our safer recruitment processes, we use the Disclosure and Barring Service to undertake an enhanced level check, including barred lists on candidates who have been offered a position in a “regulated job”. Other positions may require a lower level of DBS check and for some positions (non-regulated activities) a DBSW check is not a requirement. Having a conviction will not necessary preclude form employment, the DBS is only one of the pre-employment checks undertaken and information it contains is taken into consideration along with all other recruitment information. | | | | | | | | | | | | | | | | | | |
| **DBS Barred List Declaration:**  The company is legally required not to employ a person or use as a volunteer in a regulated activity a person who is on the DBS barred list or lives with somebody who is on the DBS barred list. A person who is on the barred list and attempts to undertake work in a regulated activity is breaking the law. As part of this application process you have already confirmed the following: | | | | | | | | | | | | | | | | | | |
| I am barred or disqualified from working with vulnerable groups, children or young people | | | | | | | | | | | |  | | | | | | |
| I am subject to any sanctions or conditions on my employment imposed by the DBS, Secretary of State or other regulatory body. | | | | | | | | | | | |  | | | | | | |
| A referral has been made in relation to me | | | | | | | | | | | |  | | | | | | |
| I live with a person who is included on a DBS barred list | | | | | | | | | | | |  | | | | | | |
| **Spent/Unspent convictions Declaration:**  The position for which you are applying involves contact with vulnerable groups. It is exempt from the rehabilitation of Offenders Act 1074 and all subsequent amendments (England and Wales). For this position you are not entitled to withhold information about police cautions, bind-overs, reprimands, final warnings or any criminal convictions that would otherwise have been considered “Spent “under the Act | | | | | | | | | | | | | | | | | | |
| Have you ever been convicted of any offence, been bound over, reprimanded or warned or given a caution? | | | | | | | | | | | |  | | | | | | |
| If you do have a spent or unspent conviction, bound-over, reprimand, warning or caution you will be asked to confidentially disclose the details. Details of the information required will be provided to you if you are short-listed for interview | | | | | | | | | | | |  | | | | | | |
| I confirm the above declarations are true and correct – **please sign** | | | | | | | | | | | |  | | | | | | |
| **Education, and Qualifications – Section D**  Due to Ofsted regulations, please list all your Secondary Education (this is mandatory), going on to Further Education and University if attended. Please ensure the dates are correct along with grades and subjects studied**.** | | | | | | | | | | | | | | | | | | |
| **Dates** | | | | | | | **Secondary Schools/Colleges** | | | | | | **Qualifications Gained**  **(Subject/Level/Grade/Year)** | | | | | |
| **From** | | **To** | | | | |  | | | | | |  | | | | | |
| **Month/Year** | | **Month/Year** | | | | |  | | | | | |  | | | | | |
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| **Professional Bodies Membership Status – Section E** | | | | | | | | | | | | | | | | | | |
| **Date** | | | | **Name of Institute** | | | | | | | | | **Type of Membership** | | | | | |
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| **Current and Previous Employment – Section F** | | | | | | | | | | | | | | | | | | |
| **Please read these instructions carefully before filling in:**  Due to Ofsted regulations, we need to check and verify your **FULL** employment history including any gaps in employment since leaving school.  Please start with your current employment, followed by your previous employment history all the way through to leaving education.  Ensure that **ALL** gaps in education/ employment (even for 1 month) must be **INCLUDED** with an explanation provided.  **Please continue on a separate sheet if required** | | | | | | | | | | | | | | | | | | |
| **Dates of Employment**  **starting with most recent** | | | **Job Title** | | | | | **Roles and Responsibilities** | | | | | | **Employer Name and Full address** | | | | **Reason for Leaving** |
| **From Day/Month/Year** | **To.**  **Day/Month/Year** | |  | | | | |  | | | | | |  | | | |  |
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| **Notice period for current post** | | | | | | | |  | | | | | | | | | | |
| **References - Section G** | | | | | | | | | | | | | | | | | | |
| Please give name and addresses of at least three people who can provide us with references covering the past 3 years in employment, one of whom must be your present employer or, if you are not employed, your last employer. If you have gaps in employment over the past 3 years one referee must be a character reference – This person cannot be a family friend or family member | | | | | | | | | | | | | | | | | | |
| **Referee 1**  Name:  Position:  Company:  Address:  Tel Number:  Email:  Do you consent to us contacting prior to interview: | | | | | | | | | | | **Referee 2**  Name:  Position:  Company:  Address:  Tel Number:  Email:  Do you consent to us contacting prior to interview: | | | | | | | |
| **Referee 3**  Name:  Position:  Company:  Address:  Tel Number:  Email:  Do you consent to us contacting prior to interview: | | | | | | | | | | | **Referee 4**  Name:  Position:  Company:  Address:  Tel Number:  Email:  Do you consent to us contacting prior to interview: | | | | | | | |
| **Information in Support of your Application – Section H** | | | | | | | | | | | | | | | | | | |
| **Using the job profile and advert as a guide, please explain your reasons for applying for the role and how your skills, knowledge, aptitude and experience makes you a good match for this job.** | | | | | | | | | | | | | | | | | | |
| **Safeguarding Declaration – Section I** | | | | | | | | | | | | | | | | | | |
| **I consent to Forte Care retaining my details for recruitment and retention purposes** | | | | | | | | | | | **YES/NO** | | | | | | | |
| **I confirm the information declared in this application form is true and accurate** | | | | | | | | | | | **YES/NO** | | | | | | | |
| **I understand that providing false, incomplete or misleading information will disqualify my application for employment** | | | | | | | | | | | **YES/NO** | | | | | | | |
| **Signed:** | | | | | |  | | | | | | | | **Date:** | |  | | |

**This form will be reviewed, if we require any further information, we will be in touch**