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| **APPLICATION FOR EMPLOYMENT** |

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| **PRIVATE & CONFIDENTIAL**  **Return this form to: Lesley Jenkins - HR Administrator**  **lesley.jenkins@fccharity.org.uk**  **POSITION APPLIED FOR: Senior Supervising Social Worker**  *Please note, CV’s will not be accepted when applying for a position.* |

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| **PERSONAL DETAILS** | |
| Title: | Full Name: |
| Address: |  |
| Email Address: | N.I. Number: |
| Telephone No (Please include code):  (Home)  (Work)  (Mobile) | Current Driving Licence? **Yes/No**  Groups:  Expiry Date:  Details of Endorsement (please provide details of endorsements, for last 3 years for speeding, or up to the last 11 years for any other more serious endorsements) :  *Please note, individuals must have no more than 9 points on their licence at the time of application.* |
| Are there any restrictions on you taking up work in the UK? **Yes/No**  (if yes please provide details) | Social Work England/Social Number (Social Workers Only):  Other Professional Membership Details  (where applicable): |

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| ***IT IS ESSENTIALTHAT THERE ARE NO GAPS ON THE APPLICATION FORM***  ***PLEASE ENSURE THAT ALL DATES, NAMES AND QUALIFICATIONS OBTAINED FROM SCHOOLS, COLLEGES AND UNIVERSITIES ARE INCLUDED.*** | | | | | | |
| **EDUCATION HISTORY** | | |  | | |
| Name of School(s)  ***Please supply dates below*** | | | Qualifications Obtained  ***Please supply dates (evidence must be provided at interview)*** | | |
| Name of College/University (s)  ***Please supply dates below*** | | | Qualifications Obtained  ***Please supply dates (evidence must be provided at interview)*** | | |
| **EMPLOYMENT HISTORY**  (please complete in full using a separate sheet if necessary, starting with your most recent employment and give reasons for any gaps in employment). Dates should be stated as: day/month/year.  ***PLEASE ENSURE THAT ALL INFORMATION IS INCLUDED. IT IS ESSENTIAL THAT ALL GAPS IN EMPLOYMENT ARE EXPLAINED.*** | | | | | |
| **Dates**  **From – To** | **Name & Address of Employer** | **Job Title & Duties** | | **Salary on leaving** | **Reason for leaving** |
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| **COMPETENCY BASED PERSONAL ASSESSMENT** | | | | | |
| Please describe why you are the right person for this position. Include your main achievements to date, how you meet the expectations of the job description/person specification and the strengths you would bring to this post. | | | | | |
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| For each competency below, please provide one specific example which demonstrates how you meet the competency, tell us what your role was and how you achieved the outcome. Write no more than 200 words per competency. | | | | | |
| **1. Delivering a Service User Focused Service** | | | | | |
| **2. Forming professional relationships with a range of individuals, groups and communities** | | | | | |
| **3. Plan and implement interventions with and/or on behalf of a range of individuals, groups and communities** | | | | | |
| **4. Ability to bring closure to work in a timely and effective manner** | | | | | |
| **5. Demonstrate effective oral and written skills when producing written documentation** | | | | | |
| 1. **Demonstrate professional conduct and attitudes** | | | | | |

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| **MEDICAL INFORMATION** |
| Successful candidates will be asked to complete a medical form. If required, FCC may seek further guidance from the Occupational Health Advisor.  Are you happy for these checks to be made, if required? **Yes/No** |

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| **CRIMINAL RECORDS** (including cautions, reprimands or rehabilitation) |
| Because of the nature of the work for which you are applying, this post is exempt from the provisions of section 4 (2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986. This 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.  In addition the organisation is required to carry out a DBS Check. This check will be enhanced and will remain strictly confidential.  Have you ever been convicted in a court of law and/or cautioned in respect of any offence? **Yes/No**  If yes, please give details: |
| **NOTICE PERIOD** | |
| *If applicable, please provide details of the notice period required in respect of your current employment.* | |
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| **AVAILABILITY** |
| *Please advise of any dates you would not be available for interview (please note, we cannot guarantee we will be able to suit all date requirements)* |
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| **CONDITIONS OF EMPLOYMENT** |
| Due to this position involving the care of children, employment will be dependent on the following:   1. Your written consent to obtaining a DBS check. 2. Such disclosure being acceptable to the organisation (FCC reserves the right to withdraw any offers of employment if they deem the DBS check not to be acceptable). 3. Proof of identity – birth of marriage certificate, and passport (one document must include photo ID) 4. Two satisfactory professional written references 5. That you will supply a photograph of yourself for HR records. 6. Evidence of physical or mental suitability for your work (through completion of a medical form) 7. A completed application form (CV’s will not be accepted) |

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| **REFERENCES** | | | |
| Please provide details of two professional referees who can provide information relating to your competency, one of whom must be your present or most recent employer. If you are a student, please give an academic referee. The organisation reserves the right to approach any past employer for a referee, due to the unsupervised access employees have to children. Please note, FCC are required to contact your most recent employer which involved working with children (in some cases this will mean contacting an employer from some years ago). | | | |
| 1. | Name: | 2. | Name: |
|  | Position: |  | Position |
|  | Organisation: |  | Organisation: |
|  | Address: |  | Address |
|  | Telephone No: |  | Telephone No: |
|  | Email Address: |  | Email Address: |
|  | May we approach the above prior to interview? Yes/No |  | May we approach the above prior to interview? Yes/No |

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| **DECLARATION** (please check your application thoroughly before signing, ensuring there are no gaps in employment and all sections are complete) |
| 1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. 2. Should we require further information and wish to contact our Occupational Health Advisor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act. 3. I agree that should I be successful in this application, I will allow FCC to apply for an enhanced DBS on my behalf and will provide documentation as required, to complete this. 4. I confirm I am not disqualified from work with children through the ISA’s Barring Lists (List 99) or subject to sanctions imposed by a regulatory or professional body and have no convictions, cautions, or bind-overs. Where a conviction, caution or bind-over exists, I will attach details of in a sealed envelope marked confidential to this application form. 5. I agree that the company will apply to my previous employers for references. I agree I have provided details of my most recent employer. 6. I agree that for child protection reasons, the company will contact my last employer which involved working with children (even if this was a number of years ago) 7. I understand that should the DBS check, or references be unsatisfactory, FCC reserves the right to withdraw or terminate my employment.   **Signed**:  ***(can be submitted electronically initially, but a hand signed copy will be required at a later date)***  **Date:** |