|  |  |
| --- | --- |
|  |  |

*Thank you for applying for a vacancy with Care in Mind. As part of our selection process, we would be grateful if you would complete this form fully and send it either via E-mail* jobs@careinmind.com*) or posting this to our address, Hope House Unit B2, Hercules Office Park, Bird Hall Lane, Stockport SK3 0UX.*

care in mind:

Safer Recruitment Application Form

*If you would like to receive a form that is suitable for those who are vision impaired or dyslexic, please contact* [jobs@careinmind.com](mailto:jobs@careinmind.com)

*Care in Mind aspires to become an exemplary equality and diversity employer. To ensure we meet our commitment to equality we will detach your personal details and the equal opportunities monitoring section on receipt of this form so this will not be considered for the shortlisting process.*

*Please refer the separate attached document - Guidance notes and FAQ, before completing this form.*

## Position information

**Where did you hear about us?** **Recommended by?**

**Location applied for?** **Post applied for?**

**Full Time or Part time hours preferred?**

## Applicant Information

**Title:** **Known as:**

**Full Name:**

|  |  |  |
| --- | --- | --- |
| **Address:** |  |  |
|  | Street Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City |  | Post Code |
| *\*If you have lived at your current address for less than 5 years.*  Previous Address\*: |  | |  |
|  | Street Address | |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City |  | Post Code |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mobile:** |  | **Email**: | |  |
| **Other:** |  |
| **What is your expected salary? £**  **Are you a car owner?** Yes  No | | |
| **Do you hold a full valid driving license?** Yes  No | | |
| **Do you have any points on your license?** Yes  No | | |
| **If yes, please confirm how many points \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

## Applicant Information

**Do you have or are you entitled to obtain a National Insurance Number?** Yes No

|  |  |
| --- | --- |
| **National Insurance Number**: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Are you eligible to work in the UK/EEA?** | YES | NO |  | | |  | |  |
| **Do you require a work permit to work in the UK?** | YES | NO | If yes, do you have this? | YES | NO | |

## Previous Employment

|  |  |  |
| --- | --- | --- |
| *Most recent employer*  **Notice Period/ Leaving date:** |  |  |
| **Company:** |  | **Phone**: |  |
| **Address:** |  | **Supervisor**: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Job Title**: |  | **Starting Salary**: | £ | **Ending Salary**: | £ |

|  |  |
| --- | --- |
| **Responsibilities** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **From:** |  | **To** |  | **Reason for Leaving**: |  |

|  |  |
| --- | --- |
|  | |
|  | | |  |  |  |
| **Email Address**: |  | | |  |  |

**Please use the form on the other page for any further employment history**

Please give details of **all** jobs you have held. List in Chronological order, stating with the most recent. Include details of any periods not accounted for by education or employment (e.g. unemployed and travel other than holidays of two weeks or less) and give details of any time spent abroad with dates and length of stay. Please include any periods of unemployment giving the address and telephone number of the benefit office.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employer** | **Date from - to** | **Position** | **Duties and Responsibilities** | **Pay** | **Reason for leaving** |
|  |  |  |  |  |  |

## References

Please give names and addresses of **two** references, not related to you, who are willing and able to provide up-to-date information on your qualifications, experience, and skills. One of these must be your **current** or most recent employer. If you have not previously been employed a referee related to relevant voluntary or community work or, if appropriate, your head teacher of lecturer/tutor from your last School, college, or university. If you currently or have previously worked with young people or vulnerable adults, the other reference must be from this source.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name**: | |  | **Relationship**: |  |
| **Company**: | |  | **Phone**: |  |
| **Address:** | |  | | |
| **Email:** | |  | | |
|  | | *Are you happy that we contact this reference pending a successful interview*? Yes  No | | |
|  | |  |  |  |
| **Full Name**: | |  | **Relationship**: |  |
| **Company**: | |  | **Phone**: |  |
| **Address**: | |  | | |
| **Email:** | |  | | |
|  | *Are you happy that we contact this reference pending a successful interview*? Yes  No | | | |

## Education

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of School/College/University** | **Address** | **Attendance Date from/to** | **Grade** | **Qualification Gained** |
|  |  |  |  |  |

## Qualifications/Registrations

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Professional Body** | **Qualification** | **Grade** | **Date Obtained** |
|  |  |  |  |

## Supporting Statement

Please answer the questions below. This will help our shortlisting panel to determine if you have the right skills and experience to work in this role. Please read the job description first to understand more about the role.

|  |
| --- |
| 1. What has motivated you to want to do this type of work? |
|  |

|  |
| --- |
| 2. What difficulties do you think our young people face? |
|  |

|  |
| --- |
| 3. How do you feel you could make a difference in this role? |
|  |

|  |
| --- |
| 5. Do you have the ability to work shift patterns? (Our shift times are Early-7am-3.30pm, Late-2.00pm-10.30pm, Sleep Ins-11.00pm-7am) |
|  |

|  |
| --- |
| 5. What do you think your development needs would be if you were to be successful in this position? |
|  |

|  |
| --- |
| Please us the space below to add further information you feel would support your application (please refer to the person specification) |
|  |

## Declaration of Offences

**Rehabilitation of Offenders Act 1974**:

This post is exempt from the above act, as the nature of the job falls within the type of work excluded from the Act by the 1975 and 2001 Exemptions Amendment. This means you must declare on this form all offences, cautions, convictions, bind-overs or any court cases you may have pending. Convictions will not necessarily be a bar to employment with Care in Mind.

As this post involves working with or has access to children or vulnerable adults/and or their records, we will require an enhanced Disclosure from the Disclosure and Barring Service for the successful candidate.

**Do you have a current DBS (issued in the last 3 months)?** Yes  No

**Are you on the DBS update Service?** Yes  No

*If yes, and with your consent, we will ask you to provide a copy of your disclosure certificate if a Job offer is made.*

**Have you been cautioned or convicted of a criminal offence?** Yes  No

*This includes allegations of abuse, malpractice, professional misconduct, and harassment*

**Do you have any unspent criminal convictions or cautions?** Yes  No

If you have answered yes for any of the above questions, please provide details below:

*Possession of convictions or cautions will not necessarily mean that you won’t be appointed, each case is considered on its merits. All information given will be treated in the strictest confidence and will be used for this job application only.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Detail of offence(s)** | **Place and date of Judgement(s)** | **Sentence(s)** | **Outcome (s)** |
|  |  |  |  |

**Do you have any ‘current’ disciplinary warnings?** Yes  No

**Are you currently undergoing any investigatory processes through your employer or Professional Body?**

Yes  No

**If yes please provide details:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever been disqualified from working with children or vulnerable adults?** Yes No

## Declaration

I declare that that this application form has been completed by me and all the information I have given is accurate and complete to the best of my knowledge. I accept that if I have given any information which I know is false or if I withhold any relevant information it may lead to my application being rejected or if I have been appointed to my dismissal.

I declare that I am not on the Disclosure and Barring service (DBS) list of people barred from working with children or vulnerable adults, or subject to sanctions imposed by a regulatory body, for example, the General Social Care Council (GSCC), General Teaching Council etc. and have no conations, cautions or bind-over which are not detailed within the relevant sections of this application form. As the post, I am applying for required me to work with children and/or vulnerable adults, I hereby agree to a disclosure being made by the Disclosure and Barring Service (DBS). If registered with the DBS update service I agree to supply a copy of disclose certificate prior to commencement of employment and allow Care in Mind to check the update service.

If you are unsuccessful at the initial stage and not invited to interview, your details will be destroyed upon appointment of the position.

If shortlisted for interview but not offered the position, your details will be retained for 6 months’ post commencement of the position and then destroyed.

I consent that under the General Data Protection Regulations 2018 the information contained in this application form may be processed and retained by Care in Mind, who will ensure the information will be used lawfully and stored either on a computer or in a locked filing cabinet and will not be disclosed to any person/s for any other purposes.

Name (Please Print): Signed:

Date:

## Checklist

Before you submit your application, please check you have:

Read through the Job Description so that you know exactly what the job entails and the skills, knowledge, abilities and perhaps qualifications required to do the job

Read through your application form and make sure that you have filled out all parts that we have asked you to

Given clear, step-by-step examples of your skill, abilities, knowledge and experience

Attached additional information if you have run out of space

Kept a copy of your completed application form and Job description

Made sure that your application will be received by the closing date

**What happens next?**

Your completed application form will be used to decide whether you are invited for an interview, or the next stage of the recruitment process. You will hear from us shortly after the closing date, if your application is shortlisted.

Please send your completed application form to jobs@careinmind.com

**Equal Opportunities Monitoring Form**

Care in Mind is committed to equal opportunities and the elimination of unlawful or unfair discrimination and we ask that you complete the following pages to assist us in monitoring our equal opportunity policy.

The information you provide will be will be treated in confidence. It will not be seen by the recruiting officer or the interview panel and will not be taken into consideration when assessing your suitability for the position.

**Gender:** ☐ Female ☐ Male ☐ Non-Binary ☐ Prefer not to say

**Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever identified as transgender:** ☐Yes ☐ No ☐ Prefer not to say

**Sexual Orientation:** ☐ Heterosexual/Straight☐ Gay Man ☐ Lesbian/Gay Woman

☐ Bisexual ☐ Prefer not to say ☐ Other

If other, please state here: Click or tap here to enter text.

*Please ☒ in the relevant box that describes your cultural ethnic origin.*

**Asian or Asian British Dual Heritage**

☐ Indian ☐ White and Black Caribbean

☐ Pakistani ☐ White and Black African

☐ Bangladeshi ☐ White and Asian

☐ Any other Asian background; ☐ Any other mixed background

Click or tap here to enter text. Click or tap here to enter text.

**Black or Black British White**

☐ Caribbean ☐ British

☐ African ☐ Irish

☐ Any other Black background ☐Gypsy or Irish Traveller

Click or tap here to enter text. ☐ Any other White background Click or tap here to enter text.

**Chinese or another Ethnic Group**

☐ Chinese

☐ Any other Ethnic group ☐ Prefer not to say

Click or tap here to enter text.

*The Disability Discrimination Act 1995 defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long-term effect on his or her ability to carry our normal day-to-day activities.*

**Do you consider yourself to be a disabled person under the terms of the Disability Discrimination Act?**

☐ Yes ☐ No ☐ Prefer not to say

**If Yes, do you require any reasonable adjustments within work?**

☐ Yes ☐ No ☐ Prefer not to say

**What is your Religion or Belief?**

☐ No Religion ☐ Buddhist ☐ Jewish ☐ Muslim

☐ Sikh ☐ Hindu ☐ Catholic ☐ Christian

If other religion or belief, please write in:Click or tap here to enter text.☐ Prefer not to say

**Civil Status**

☐ Single

☐ Married/In a same sex civil partnership

☐ Separated, but still legally married/in a registered same-sex civil partnership

☐ Divorced/formerly in a same-sex civil partnership which is now legally dissolved

☐ Widowed/Surviving partner from a same-sex civil partnership

☐ Prefer not to say

**Your experience with Mental Health difficulties**

Would you describe yourself as someone who is experiencing or has experienced mental health difficulties?

☐ Yes

☐ No

☐ Prefer not to say

**If yes, please state how Care in Mind can support you in your employment:** Click or tap here to enter text.

**Do you have caring responsibilities? If yes, please tick all that apply**

☐ None

☐ Primary carer of a child/children (under 18)

☐ Primary carer of disabled child/children

☐ Primary carer of disabled adult (18 and over)

☐ Primary carer of older person

☐ Secondary carer (another person carries out the main caring role)

☐ Prefer not to say

**Declaration:**

I consent that under the General Data Protection Regulations 2018 the information contained in this equal opportunities monitoring form may be processed by Care in Mind, who will ensure the information will be used lawfully and stored either on a computer or in a locked filing cabinet and will not be disclosed to any person/s for any other purposes. If you are unsuccessful at the initial stage and not invited to interview, your details will be destroyed upon appointment of the position. If shortlisted for interview but not offered the position, your details will be retained for 6 months’ post commencement of the position and then destroyed.

I give my permission for Care in Mind to process and retain information about me contained in this form in accordance with the General Data Protection Regulations 2018.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

I choose not to complete the Equal Opportunities form ☐