



EMPLOYMENT APPLICATION FORM

Post applied for	
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1. PERSONAL DETAILS

Title		Home Address	
Surname			
First Name(s)			
Any Previous Name(s)			
National Insurance Number		Home Telephone	
Any Professional Reference Number(s)		Mobile Telephone	
E-mail Address		Work Telephone	

2. EDUCATION: FROM AGE 11

Name and address of school/college attended	F/T or P/T	Dates		Qualifications obtained <i>Include level, subject and grade</i>
		From	To	

Please list any qualifications currently being undertaken

Name and address of institution attended	F/T or P/T	Expected completion date	Qualifications being studied <i>Please include level and subject</i>

3. TRAINING (e.g. first aid, vocational or skills training, courses attended)

Name and address of institution attended	Date completed	Name and type of training undertaken <i>Please include subject, level and grade (if applicable)</i>

4. EMPLOYMENT HISTORY

Please supply details of all full and part-time employment undertaken since the age of 18, including an explanation of any gaps, any periods of unemployment and any unremunerated activity e.g. voluntary work. Please provide the information in chronological order, **starting with your current/most recent post**, and continue on a separate sheet if required. CVs are not accepted.

Employer Name and Address	Post Held	Full-or Part-time	Salary (current, or on leaving post)	Dates		Reason for Leaving
				From	To	
				Month & Year	Month & Year	

5. CONTINUOUS EMPLOYMENT HISTORY

Please use the box below to explain **any gaps in employment** not otherwise covered in Section 5.

6. APPLICATION STATEMENT (up to 500 words)

Please use the box below to tell us how your qualifications, knowledge, experience and skills meet the person specification for this post and would enable you to deliver the duties listed in the job description.

7. REFERENCES

Please provide details of two persons who have a direct professional knowledge of you and to whom reference may be made. The first should be your present (or most recent) line manager. An approach may also be made to previous employers to verify information given in the application. **Personal references from friends or relatives will not be accepted.**

Name		Name	
Job Title		Job Title	
Address		Address	
Postcode		Postcode	
Telephone		Telephone	
E-mail		E-mail	
Relationship		Relationship	
May we contact before interview?	YES	NO	May we contact before interview?
			YES
			NO

8. DISABILITY

Under the Equality Act 2010, a disability is defined as, “a physical, sensory or mental impairment which has, or is expected to have, a substantial or long-term adverse effect on a person’s ability to carry out normal day-to-day activities (of whatever kind)”.

Do you consider yourself to have a disability according to the above definition?	YES	NO	PREFER NOT TO SAY
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Clinks Care Farm adopts the ‘Positive About Disabled People’ logo. This means that if you consider yourself to have a disability according to the above definition, you are guaranteed an interview if you meet the essential criteria as detailed on the Person Specification for the job applied for.

9. RIGHT TO WORK IN THE UK

Under the requirements of the Immigration, Asylum & Nationality Act (2006) all candidates shortlisted for posts at *Clinks Care Farm* will be asked to provide documentary evidence of their right to reside and work in the UK. By signing this application form, candidates give their permission for *Clinks Care Farm* to take copies of any documents produced as evidence and for these to remain on the personnel file of the successful candidate.

Do you have the right to reside and work in the UK and have documentary evidence to support this?	YES	NO
Any further information you wish to provide relating to your right to reside or work in the UK (optional)		

10. NOTICE TO APPLICANTS

Clinks Care Farm aims to promote equality of opportunity and welcomes applications from diverse candidates with the right mix of talent, skills and potential. Criminal records will be taken into account for recruitment purposes, only where the conviction is relevant. 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 *Rehabilitation of Offenders 1974 (exceptions) Order 1975* and the *Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 1986*, the *Police Act 1997* as amended by *Part V of the Protection of Children Act 1999*.

As a Regulated Activity Provider if you are offered employment into a regulated post, you will be subject to a Disclosure and Barring Service record check by the Disclosure and Barring Service before your appointment is confirmed. The DBS enhanced disclosure will include details of cautions, reprimands or final warnings, as well as convictions. The fact that conviction/caution(s) may have been reported against you will not necessarily debar you for consideration for appointment. This will depend on the circumstances, background and nature of the offence(s). However, *Clinks Care Farm* will not employ anyone in a regulated position who is currently barred, or who is later found to be barred, from working with either children or vulnerable adults.

It is therefore essential that, in making your application, you disclose whether you have ever been convicted of a criminal offence or cautioned and, if so, for what offence(s). This includes offence(s) that may otherwise be considered as 'spent'. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies. Applicants are informed that providing false information is a disciplinary matter and may result in summary dismissal.

Have you ever been convicted of a criminal offence or cautioned?	YES / NO
<i>If your answer is 'YES', you must provide further details on a separate sheet. Please attach it to this application form in a separate, sealed envelope marked 'Confidential'.</i>	

11. OTHER INFORMATION

Where did you see this post advertised?	
If appointed, when would you be able to take up the post?	

Are you, to your knowledge, related to any member of the <i>Clinks Care Farm</i> staff/board?	YES / NO
<i>If YES, please give details</i>	

Do you hold a current driving licence?	YES / NO
Do you have access to a car/vehicle for business purposes?	YES / NO
<i>This information will be used for shortlisting only where a driving licence and/or access to a car/vehicle for business purposes are essential or desirable criteria in the person specification.</i>	

12. DECLARATION

I certify that, to the best of my knowledge and belief, all particulars included in my application are correct. I understand that providing false information is a disciplinary matter and may result in summary dismissal.

Candidate Signature		Date	
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Strictly Confidential

EQUAL OPPORTUNITIES MONITORING INFORMATION

This form will be separated from your application, remaining under confidential file with Human Resources, and will not be shown to the selection panel.

Clinks Care Farm is committed to eliminating discrimination and to the development of positive practices to promote dignity, equal opportunities, diversity and anti-discriminatory practice in all aspects of employment. Our aim is that our workforce will be representative of all sections of society and that each employee feels respected and able to give of their best.

It is a fundamental principle of all *Clinks Care Farm* policies that all people are equally valued regardless of their race, colour, nationality, ethnic origin, national origin, religion, belief, gender, marital/civil partner status, sexual orientation, gender reassignment, age, disability, trade union membership and part/fixed-term employment status.

It would therefore assist us greatly in monitoring our policy – that individuals are selected and treated on the basis of merit and abilities and that no unfair or unlawful discrimination takes place – if you would complete the form below.

Post applied for	
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How did you hear about this vacancy?	
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Gender	
<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Prefer not to say

Age	
<input type="checkbox"/>	16-24
<input type="checkbox"/>	25-34
<input type="checkbox"/>	35-44
<input type="checkbox"/>	45-54
<input type="checkbox"/>	55-64
<input type="checkbox"/>	65-74
<input type="checkbox"/>	75+

Marital Status	
<input type="checkbox"/>	Single
<input type="checkbox"/>	Married
<input type="checkbox"/>	Civil Partnership
<input type="checkbox"/>	Separated
<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Other – <i>please specify:</i>
<input type="checkbox"/>	Prefer not to say

Disability	
<i>The Equality Act 2010 defines a disability as 'a physical or mental impairment that has a substantial adverse effect on a person's ability to undertake normal day-to-day activities (of whatever kind)'.</i>	
According to this definition, do you consider yourself to have a disability?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Prefer not to say

Sexual Orientation

<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	Heterosexual/Straight
<input type="checkbox"/>	Homosexual/Gay Man
<input type="checkbox"/>	Homosexual/Gay Woman/Lesbian
<input type="checkbox"/>	Other – <i>please specify:</i> _____
<input type="checkbox"/>	Prefer not to say

Religion and Belief**Please indicate the religion/belief that describes you best:***This list is not meant to be exhaustive, so please specify if your religion/belief is not listed*

<input type="checkbox"/>	Buddhist
<input type="checkbox"/>	Christian
<input type="checkbox"/>	Hindu
<input type="checkbox"/>	Jew
<input type="checkbox"/>	Muslim
<input type="checkbox"/>	Sikh
<input type="checkbox"/>	Other religion/belief – <i>please specify:</i> _____
<input type="checkbox"/>	No religion/belief
<input type="checkbox"/>	Prefer not to say

Country of birth

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Nationality

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Ethnic Origin

Ethnic origin questions are not about nationality, place of birth or citizenship. They are concerned with colour and broad ethnic group. UK citizens can belong to any of the groups indicated.

Please indicate the ethnic origin that describes you best:*This list is not exhaustive, so please specify if your ethnic origin is not listed***White**

<input type="checkbox"/>	British
<input type="checkbox"/>	English
<input type="checkbox"/>	Scottish
<input type="checkbox"/>	Welsh
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Italian
<input type="checkbox"/>	Portuguese
<input type="checkbox"/>	Other White Origin
<i>please specify:</i>	

Asian or Asian British

<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Other Asian Origin
<i>please specify:</i>	

Mixed Heritage

<input type="checkbox"/>	White & Black Caribbean
<input type="checkbox"/>	White & Black African
<input type="checkbox"/>	White & Asian
<input type="checkbox"/>	Other Mixed Origin
<i>please specify:</i>	

Black or Black British

<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	Other Black Origin
<i>please specify:</i>	

Other Ethnic Groups

<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Japanese
<input type="checkbox"/>	Other Ethnic Group
<i>please specify:</i>	
