



Application for employment & Medical Form

Please read the guidance notes provided in full before you complete this application form. This form is the only document we consider when shortlisting applications and CVs are not considered. Please aim to meet / exceed the criteria given in the job description as much as possible. Employment and voluntary experience must be included.

Job Applied for:		Service:	<input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Social, Emotional and Mental Health <input type="checkbox"/> Head Office
Have you been recommended for this position by one of our staff members?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Preferred Geographical Location:	<input type="checkbox"/> Reading <input type="checkbox"/> Slough <input type="checkbox"/> Wokingham <input type="checkbox"/> West Berks <input type="checkbox"/> Basingstoke <input type="checkbox"/> Bucks		
Have you worked for us previously as an Agency Worker?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Name of agency (if yes):	

Section A: About you

Title: (Mr/Mrs/Miss)		Full Name:	
Address:			
Postcode:		Email:	
Telephone Number:		Mobile Number:	
National Insurance Number:		Date of Birth:	
Do you hold a current full manual UK driving license?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have the right to work in the UK?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your right to work in the UK restricted?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, please specify restriction:	
Registered candidates to complete (where applicable):			
DfES registration number: (qualified Teachers only)			

Section B: Where you are currently employed

Employer Name:		Position held:	
Date Appointed:		Salary:	£
Notice Period:			

Give a brief summary of your main responsibilities and duties:

Section C: Where you have worked in the past (complete exact dates for every employer)

Employment history: Please provide full and accurate details since leaving school
(please complete the continuation sheet at the end of this application if you need to add further jobs)

Name, Address, Telephone & Email of Employer	Your Job Title	Employment Dates <small>(Please provide exact dates as DD/MM/YYYY)</small>		Reason for Leaving
		Start Date	End Date	

You must account for any gaps in your employment or education history that are longer than one month - please provide specific details including exact dates (DD/MM/YYYY) explanation below:

Have you completed section C to include exact dates where possible including any gaps as stated above?

YES NO

Section D: Your education history starting from secondary school

Please note you will be asked to provide original certificates of relevant qualifications should you be invited to attend an interview.

Name of School, College or University	What you studied	Dates		Qualifications Achieved
		Start Date	End Date	

Further relevant training / qualifications and any professional registration details:

Section E: Your referees

Please supply the names and contact details of two referees who can comment on your suitability for this position. One must be your current employer, followed by your next most recent employer. Note: if you are not currently working in education or social care but have done so previously, the details of this employer must be provided as the referee. References from friends and relatives will not be accepted. Students may need to provide an education reference and an employer's details in order to provide two references. Please note that any previous employer or organisation you have volunteered for and not given as a referee, may also be contacted. Any offer of employment is subject to satisfactory references. In line with safeguarding procedures, references for positions within schools are taken up prior to interview. References are requested immediately following verbal acceptance of any job offer for all other positions. If you are giving a character reference, please ensure that this is stated on the reference details.

Reference 1: This must be your current or last employer

Contact Name:		Contact Position:	
Company Name:			
Address:			
Postcode:		Email:	
Telephone Number:		Mobile Number:	
Position you held:		Dates of employment:	
Reason for leaving:			

Reference 2: Your next most recent employer

Contact Name:		Contact Position:	
Company Name:			
Address:			
Postcode:		Email:	
Telephone Number:		Mobile Number:	
Position you held:		Dates of employment:	
Reason for leaving:			

Safeguarding declaration

Calcot Services for Children is committed to providing a safe and secure environment for children, staff and visitors; and promoting a climate where children and adults will feel confident about sharing concerns which they may have about their own safety and wellbeing of others.

We aim to safeguard and promote the welfare of children by protecting them from maltreatment, preventing impairment of children's health or development, ensuring children grow up in circumstances consistent with the provision of safe and effective care, and taking action to enable all children to have the best outcome.

Have you ever been the subject of any disciplinary and or sanction by any organisation due to concerns about your behaviour to children?

YES NO

Section F: Your chance to excel

Please explain why you feel you have the necessary skills, experience, knowledge or aptitude to do this job:

Section G: Information for you

Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013):

Due to the nature of the work of the company providing services to children and vulnerable adults, we use the Disclosure and Barring Service to undertake enhanced level checks. The company reserves the right to withdraw any offer of employment having taken into account the full individual circumstances. It is important to note that having a caution, conviction or bind over does not necessarily preclude you from employment; decisions are made taking the full circumstances into consideration.

Data Protection:

The information provided by you in this application form will be handled and processed in accordance with the General Data Protection Regulations 2018 (GDPR) for HR, safer recruitment processes and your personnel file, should you be appointed. Your data will be help for legitimate purposes to ensure the safety and welfare of children. The application form will be available to all authorised personnel involved in the recruitment and selection process. If you are appointed, the information will form part of your personnel record.

Place an 'X' in the box to indicate you have read Section G

Section H: Your declaration

The company must not employ a person or use as a volunteer in a regulated activity a person who is placed on the DBS Children's and/or Vulnerable Adults barred list(s) or live with somebody who is included on the DBS barred list. A person who is on one or more of the barred lists and attempts to undertake work with the group from which they are barred is breaking the law. For further details visit www.ofsted.gov.uk or www.gov.uk.

- I confirm that I am or I am not (delete as appropriate) on the DBS Children's or Vulnerable Adults barred list.
- I confirm that a referral to the DBS has or has not (delete as appropriate) been made in relation to me.
- I confirm that I do or do not (delete as appropriate) live with somebody who is included on the DBS barred list.

I confirm that the information contained in this application is true and accurate. I understand that providing false, incomplete or misleading information will disqualify me from employment.

- I confirm the above declaration

Signature:

(Note: For electronic submissions, typing the name will be taken as a signature)

Date:

DBS Standard and Enhanced Disclosures
Disclosure Information - Consent Form

Declaration

I have provided complete and true information in support of the application and I understand that knowingly making a false statement for this purpose is a criminal offence.

Privacy Policy

I have read the Standard/Enhanced Check Privacy Policy for applicants <https://www.gov.uk/government/publications/dbs-privacy-policies> and I understand how DBS will process my personal data and the options available to me for submitting an application.

Consent

I consent to the DBS providing an electronic result directly to the registered body that has submitted my application. I understand that an electronic result contains a message that indicates either the certificate is blank or to await certificate which will indicate that my certificate contains information. In some cases, the registered body may provide this information directly to my employer prior to me receiving my certificate.

- By checking this box, I agree that my details will be kept on file and I agree to receive any news, offers or recruitment opportunities from Calcot Services for Children. I am submitting consent to CSfC to process my personal data for these purposes and as described in the Privacy Policy. I understand that I can withdraw my consent any time.

Name:

Position:

Signature:

Date:

Section I: Consent for references to be obtained

Disclaimer:

I am of the understanding that Calcot Services for Children require references from my two most recent employers as well as to complete employment history checks on any previous employment where I have worked with children or vulnerable adults regardless of time passed.

Signed:

Date:

I give my consent for all required references, including any employment history checks to be obtained by Calcot Services for Children.

Signed (this needs to be a 'wet' signature):

Print Name:

National Insurance Number:

Date:



Health Questionnaire

Private and Confidential

Name:

Date:

If the answer is yes to any of the questions on this form, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If we have any concerns about your fitness for work, employment will be subject to satisfactory medical reports.

	Yes	No	Additional Comments
Tuberculosis, asthma, bronchitis or chest problems?			
Chest pain, heart condition or raised blood pressure?			
Blackouts, fits or attacks of giddiness?			
Depression, mental illness or nervous breakdown?			
Rheumatism or arthritis?			
Back trouble?			
Typhoid, paratyphoid or other infectious disease?			
Digestive or bowel disease?			
Diabetes, thyroid or other gland trouble?			
Bladder or kidney trouble?			
Dermatitis or skin trouble?			
Varicose veins?			
Vision or Hearing problems?			
Any other accident, operation or illness?			
Have you any reason to believe you may be infected with any communicable disease?			
Any other current or recent medical condition or treatment which might affect your attendance or performance at work?			
Do you intend to work night duties on a regular basis?			
Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year?			
Any physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? If yes, please specify any special adjustments required in relation to work.			
Do you smoke?			
How many units of alcohol do you drink per week?			(1 unit = 1/2 pint beer = 1 glass wine = 1 single whisky)