**The Loddon Foundation is committed to safeguarding and promoting the welfare of our children and young people and expects all staff and volunteers to share this commitment. The Loddon Foundation is an Equal Opportunities employer.**

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| **POSITION APPLIED FOR:**  |  |
| **Please indicate how you heard about the vacancy?** |  |

 |
| **The following information will be treated in the strictest confidence.** |
| **1. PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Forename(s): |  |
| Title: |  | Date of Birth:\* |  |
| Name(s) previously known as: |  | Date of name(s) change: |  |
| Address: |  |
|  | Post Code: |  |
| Home Tel No: |  | Mobile No: |  |
| Email Address: |  | NI Number: |  |

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| --- | --- |
| Are you involved in any activity which might limit your availability to work or your working hours e.g., local government? | YES/NO |
| If YES, please give full details. |  |
| Are you subject to any restrictions or covenants which might restrict your working activities? | YES/NO |
| If YES, please give full details |  |
| All posts involving direct contact with vulnerable children are exempt from the Rehabilitation of Offenders Act 1974. The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are ‘protected’. These are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.Have you ever been convicted of a criminal offence which is not protected? | YES/NO |
| If you have answered YES to the above question, please supply details of all convictions in a sealed envelope marked “confidential” and attach to this form. If your application is successful, this information will be checked against information from the Disclosure & Barring Service before your appointment is confirmed. |
| Do you hold a foreign Police Check? This is required for all prospective overseas applicants including any applicant who has spent more than 6 months abroad within the last 10 years. | YES/NO |
| Do you need a work permit / valid visa to take up employment in the U.K.? | YES/NO  |
| Visa status and date of visa expiry: |
| Have you ever worked for this organisation before? | YES/NO |
| If YES, please give full details |  |
| \* **Date of birth**  |
| Ofsted/Social Care regulations state that ‘all care staff must be least 18 years old, and staff who are given sole responsibility for a child or in a management role should be suitably qualified and experienced |

**2. CURRENT OR MOST RECENT EMPLOYER**

Are you currently employed? YES/NO

|  |  |
| --- | --- |
| Name of present or most recent employer: |  |
| Address: |  |
|  |
| Telephone No: |  |
| Nature of Business: |  |
| Job Title: |  |
| Brief description of your key duties and responsibilities: |  |
|  |
|  |
| Specific Reason for Leaving:  |  | Salary: |  |
| Length of Service: | From (DD/MM/YYYY): | To (DD/MM/YYYY): |
| How much notice are you required to give to your current employer? |  |

**3. EMPLOYMENT HISTORY**

Please provide a full employment history (including part-time, temporary and voluntary work) starting with the most recent first since leaving secondary education, including any dates when there were gaps in employment and reasons for any gaps.

Please give details of your past employment, (excluding your present or last employer detailed above)

|  |  |  |  |
| --- | --- | --- | --- |
| Dates | Job Title (Position held) | Employer(name and address of employer) | Specific reason for Leaving |
| From (MM/YY) | To (MM/YY)  |
|  |  |  |  |  |
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*Please continue on a separate sheet if necessary.*

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| --- |
| Please explain any gaps in your employment history since leaving secondary education (e.g. Unemployment, ill health, family commitments etc.) |
|  |
| Have you ever been subject to any disciplinary proceedings/ allegations related to children or vulnerable adults during your employment history? If yes, please give details. | Yes / No |

**4. EDUCATION/QUALIFICATIONS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- | --- | --- |
| Schools attended since age 11 | From | To | Examinations and Results |
|  |  |  |  |
| College / University | From | To | Courses and Results |
|  |  |  |  |
| Further Formal Training | From | To | Diploma/Qualifications obtained |
|  |  |  |  |
| Job related Training Courses eg. 1st Aid, Life Saving, Food & Hygiene, Minibus Driver etc: |
| Name of Organisation | Date | Subject |
|  |  |  |

**5. MEMBERSHIP OF ANY TECHNICAL OR PROFESSIONAL ASSOCIATIONS:**

|  |  |
| --- | --- |
| Do you have QTS/QTLS status? | Yes / No |
| (For Teachers only) Do you have a Teacher Reference Number?  | Yes/ No (Please provide) |
| Do you have a Nursing PIN Number? | Yes / No (If so please provide) |
| Do you have a Health and Care Professions Council Registration Number? (If so please provide) |  |

|  |  |
| --- | --- |
| Full Driving Licence: | YES/NO |
| Endorsements: | YES/NO If YES, please give further details including dates. |

**6. INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES** (e.g. hobbies, sports, club memberships)What have you learned from participation in these hobbies that would assist you in this position? |
|  |
|  |
| **7. SUPPORTING STATEMENT** |
| Please explain how you meet the requirements of the Job Description and Person Specification. Include the reasons why you wish to apply for the position and give details of any real life experience, skills, abilities and specialist knowledge that you have that you think is relevant, together with any other information which you think will help us to consider your application. |
| **8. DECLARATION** |
| I confirm that the above information is complete and accurate and I understand that any offer of employment is subject to a) references which are satisfactory to the School b) satisfactory DBS certificate and check of the Barred list c) a satisfactory medical report, if appropriate. I understand that the provision of false or misleading information given in response to any questions on this form or failure to disclose information may result in the termination of any contract of employment entered into, or the withdrawal of any offer of employment. I confirm that I have not been disqualified from working with children, cautioned or sanctioned in this regard. |
|  |
| Signature: | Date: |

**9. ADJUSTMENTS PRIOR TO INTERVIEW**

We are committed to equal opportunities in employment. If there are any reasonable adjustments you require to enable you to attend interview or carry out your duties in the work environment, please provide information on a separate sheet. This information will be kept confidential and not used as part of the shortlisting process.

**10. REFERENCES**

Please give the names and addresses of a **minimum** of THREE professionals whom we may approach for a reference. One **must** be your present employer (if employed) or last employer if currently unemployed and your previous employers. The referee’s must be from different organisations. If you have previously worked in care or education you must provide these as referees. **Friends and relatives should not be used as referees.**

Can we approach your current employer before an offer of employment is made? YES / NO

|  |  |
| --- | --- |
| **1. Name of Referee:**  |  |
| Occupation of Referee (Job Title): |  |
| Nature of relationship to Referee: |  |
| Address of Referee: |  |
|  |
|  | Post Code: |  |
| Tel. No: |  | Email: |  |
| **2. Name of Referee:**  |  |
| Occupation of Referee (Job Title): |  |
| Nature of relationship to Referee: |  |
| Address of Referee: |  |
|  |
|  | Post Code: |  |
| Tel. No: |  | Email: |  |
| **3. Name of Referee:**  |  |
| Occupation of Referee (Job Title): |  |
| Nature of relationship to Referee: |  |
| Address of Referee: |  |
|  |
|  | Post Code: |  |
| Tel. No: |  | Email: |  |

If you are short listed we will need to contact your referees before interview. If you have indicated you do not wish for us to contact your current employer before an offer of employment is made we will contact you prior to proceeding with reference checks.

We would like to take this opportunity to thank you for applying.