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| **Icon  Description automatically generated** |
|  **APPLICATION FOR EMPLOYMENT** |
| **Post applied for:** |  |
| **Location of post:** |  |

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| **PERSONAL DETAILS** |
| **Forename name(s):** | **Surname:** |
| **Address:** | **Home telephone:** |
| **Mobile telephone:** |
| **Email address:** |

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| **EDUCATION AND TRAINING** (Please expand this section /continue on separate sheets if required) |
| **Secondary School, College, University** | **Date Completed** | **Qualifications** **(Certificates required)** |
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| **Professional qualifications & memberships (certificates will be required)** |
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| **Other relevant training and education (certificates will be required)** |
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| **PRESENT AND PREVIOUS EMPLOYMENT (INCLUDING ANY BREAKS IN EMPLOYMENT)** |
| **Job Title** | **Name and location of employer** |  **Dates from & to (dd/mm/yyyy)** | **Reason for Leaving or break** |
| **Eg**RSCW | Tree Tops Care Surrey | From: 31/10/2000  | New employment elsewhere with promotion. |
| To: 14/04/2004 |
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| **SUPPORTING INFORMATION** This section is to tell us anything else you think is relevant to your application, specifically any relevant experience you may have in a social care related role not covered during your telephone interview. |
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| **OTHER INFORMATION** |
| Do you have a full clean driving licence? | Yes | No |
| If yes, in what year did you get your licence? |
| Do you have any endorsements on your licence? | Yes | No |
| If yes, please give details in the “Further Information” section  |
| Have you had a DBS Disclosure previously | Yes | No |
| If yes, what is the date and reference number? |
| Are you registered with the DBS Update Service? | Yes | No |
| Do you have any convictions, cautions or reprimands that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) order 1975 as amended in 2013)? | Yes | No |
| If yes, please gives dates and details in the “Further Information” section  |
| A disability is defined as “*a physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities*”. Do you consider yourself disabled based on this statement? | Yes | No |
| If yes, what adjustments are required to enable you to participate fully in the recruitment process? (please detail in the “Further Information” section ) |
| Do you require a permit / visa to work in the UK? | Yes | No |
| If yes, please detail in the “Further Information” section |
| What is your notice period from your current employer? |  |
| Do you have any pending leave booked?  | Yes | No |
| If yes, please give dates in the “Further Information” section |
| **FURTHER INFORMATION** (Please use this section to tell us any further information regarding your answers to the previous section) |
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| **REFERENCES** For posts in Children’s Residential Care we require a reference from all employers where you have held social care roles. If this exceeds four references, then please continue on a separate document. |
| 1 Current or most recent employer / teacher | 2 Additional Referee |
| Name: | Name: |
| Post: | Post: |
| Organisation: | Organisation: |
| Address: | Address: |
|  |  |
|  |  |
| Email: | Email: |
| HR Email: | HR Email: |
| Telephone number: | Telephone number: |
| Can we contact prior to interview? | Yes | No | Can we contact prior to interview? | Yes | No |
|  |
| 3 Additional Referee | 4 Additional Referee |
| Name: | Name: |
| Post: | Post: |
| Organisation: | Organisation: |
| Address: | Address: |
|  |  |
|  |  |
| Email: | Email: |
| HR Email: | HR Email: |
| Telephone number: | Telephone number: |
| Can we contact prior to interview? | Yes | No | Can we contact prior to interview? | Yes | No |

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| **IF YOU ARE RELATED TO ANY BOARD MEMBER OR STAFF MEMBER OF NOTTINGHAMSHIRE YMCA PLEASE STATE THEIR NAME, THEIR POSITION AND YOUR RELATIONSHIP** |
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| **PLEASE STATE WHERE YOU SAW THE POST ADVERTISED** |
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| **DECLARATION** |
| I declare that I am eligible to work in the UK and that the information I have given on this form is correct and complete. I understand that false or misleading statements may lead to any job offer being withdrawn or disciplinary action being instigated.If you are completing this form electronically by typing your name in the signature section your application will be treated as signed.Signature: Date: |
| The completed form should be returned to:Human Resources, YMCA Robin Hood Group, The Malt Cross, St James’s Street, Nottingham, NG1 6FGor hr@nottsymca.orgIf you have any questions or would like a large print form please contact hr@nottsymca.org |

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| **DATA PROTECTION** |
| The information on this form may be processed on computer to manage your application and for monitoring purposes. If appointed the information may be used for payroll, vetting, employment and pension purposes and will be retained for up to 5 years post employment. Application forms received from unsuccessful candidates will be retained securely for up to 6 months. |
| For more information on YMCA Robin Hood Group please visit [www.nottsymca.com](http://www.nottsymca.com/) |