



**SOLACE
CARE GROUP**

Inspiring Children to Succeed!

Application for Employment

Name: _____

Position: _____

PERSONAL DETAILS

Surname	
Forenames	
Title	Mr, Mrs, Ms, Miss or Other_____, please circle
Other / Maiden names	
Current Address	
	Postcode: _____ Since: dd/mm/year
Contact details	Landline
	Mobile
	Email
Place of birth	
Number & age of dependents (if applicable)	
National Insurance Number	
Full UK Driving Licence	Yes / No If Yes, please state Groups: Do you have use of car for this employment Yes / No
Are you a British Citizen?	Yes / No (if No please provide details)
Do you require a work permit to work within the UK?	Yes / No (if yes please include a copy) <i>(If applicable, at interview stage all applicants will be required to bring original evidence of eligibility to work in the UK.)</i>

PERSONAL DETAILS - Addresses

Please list all your addresses in the previous **five** years.
Continuation pages at the end of the Application Form if necessary

1. Previous Address Postcode From / / To / /	2. Previous Address Postcode From / / To / /
3. Previous Address Postcode From / / To / /	4. Previous Address Postcode From / / To / /

PERSONAL DETAILS – Education

Please show all schools attended since 11 years of age.
Continuation pages at the end of the Application Form if necessary

School	From	To	Certificates or levels reached
	/ /	/ /	
	/ /	/ /	

PERSONAL DETAILS – Further/Higher Education

Continuation pages at the end of the Application Form if necessary

College / Establishment	From	To	Certificates or Awards (State Subjects)
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

EMPLOYMENT HISTORY A full employment history is required, starting with your **current** employer. Please list **all** employment from leaving full time education – giving all dates as accurately as possible (day, month and year). Any gaps in employment (i.e. unemployment, raising a family, voluntary work, etc.) should be included. We will seek references upon confirmation of employment by successful candidates. **No contact will be made with your current employer until the position is offered and accepted.**

Length of notice to be given in current position:

NB: PLEASE LIST ANY GAPS IN YOUR EMPLOYMENT HISTORY (EG CLAIMING JOB SEEKERS ALLOWANCE)

EMPLOYER Please give name, address, telephone number and email address	Position held	Employed from:	Employed to:	Salary	Reason for leaving
<i>Current employer:</i>		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		

EMPLOYMENT HISTORY Continuation:

EMPLOYER Please give name, address, telephone number and email address	Position held	Employed from:	Employed to:	Salary	Reason for leaving
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
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		/ /	/ /		
		/ /	/ /		

PROFESSIONAL ORGANISATIONS

Include relevant professional and technical qualifications and memberships or registrations with relevant bodies (if not detailed in your Education Details).

Name and Address of Organisation	Position/Qualification Held	From	To
		/ /	/ /
		/ /	/ /

ADDITIONAL SKILLS AND TRAINING

Please give any other skills and training undertaken (i.e. Languages, First Aid, Swimming etc.) which may be relevant to this application. Use the continuation pages at the end of the application if necessary.

HEALTH

How many sick days have you taken in the last three years?

REFERENCES

Please provide two **character** references (**not work related**) who are not related to you and who are able to comment on your competence and ability to work with children.

Full Name	Full postal address, telephone number & email address	How known

SUPPORTING STATEMENT

Please give a general description of how you see yourself and why you consider yourself suitable for the position you are applying for including any relevant experience or interests (professional and/or personal) which would support your application.

ADDITIONAL INFORMATION

Are you related to any current employee of Solace Care Group Children's Services? Yes/No

If yes, please state whom and their relationship to you by completing the statement below (e.g. Mother, Father, Brother, Sister, Uncle, Aunt, Partner, etc.)

I am related to he/she is my
.....

I am related to he/she is my
.....

DISCIPLINARY ACTION AT WORK

Have you ever been subject to disciplinary action, formal warning, suspension and/or dismissal from a place of employment?

YES/NO

If Yes, please provide details:

DECLARATION OF CRIMINAL RECORD OR OTHER ENQUIRIES

Due to the sensitive nature of the duties the post holder may be expected to undertake, you are required to disclose details of any criminal record. Only relevant convictions and other information will be taken into account so disclosure need not necessarily be a bar to obtaining this position. Please refer to the enclosed guidance by NACRO and the DBS for further information.

On request a copy of the DBS Code of Practice and our company policy on Recruitment of Ex-Offenders, will be made available.

AN ENHANCED DBS CHECK WILL BE CARRIED OUT BEFORE ANYONE CAN WORK WITH CHILDREN OR VULNERABLE YOUNG PEOPLE

Have you ever been convicted or bound over by the courts or cautioned, reprimanded or given a final warning by the police? Note that the post you have applied for is exempt from the *Rehabilitation of Offenders Act 1974*, which means that all convictions, cautions, reprimands and final warnings on your criminal record must be disclosed. If you are in any doubt as to whether a matter should be disclosed, please contact the Personnel Department for advice.

YES / NO If yes, please record details of offences, penalties and dates in Section 12a

Are you aware of any police enquiries undertaken following allegations made against you or any enquiries by Social Services or other statutory bodies, which may have bearing on your suitability for this post?

YES / NO If yes, please record details of offences, penalties and dates in Section 12a

DECLARATION OF CRIMINAL RECORD OR OTHER ENQUIRIES

If you have answered 'YES' to either question in the previous section, please provide details.

NAME	DATE
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Date	Nature of Criminal Record or Enquiry	Outcome

DECLARATION:

I hereby declare that the information I have provided in this application is accurate to the best of my knowledge. I understand that to knowingly make a statement which is false or misleading in a material respect of this application or supporting documentation may result in a refusal of the application or dismissal if discovered after employment has commenced.

Signature of Applicant:

Print Name:

Date:

CONTINUATION PAGE:

CONTINUATION PAGE:

Solace Care Group CHILDREN'S SERVICES

RECRUITMENT AUTHORISATION

I, hereby authorise

Solace Care Group Children's Services of Unit 2A, 420 Eastern Avenue IG2 6NQ to undertake all necessary checks and verification of any information I have provided in relation to my employment application, which could include the following:

Medical Records/GP, Disclosure and Barring Service (including the Update Service), Police, Local Authority, Government Agencies, Past Employment and Personal References.

Signed

ACCESSING PERSONNEL INFORMATION CONSENT

In order to monitor and assess our service and also promote safer recruitment Ofsted, DfE, other statutory agencies and placing local authority commissioning teams will, from time to time, request access to personnel files. Some placing local authorities require that they have sight of any positive DBS disclosures at the time of recruitment or which arise during employment. Solace Care Group Children's Services will ensure all information is treated as private and confidential.

I consent to my personnel information (including interview notes, job application/CV, contract, identification documents (including immigration status documentation), references, DBS check (and Risk Assessment where applicable) and training information/qualifications being made available to the above agencies and authorities for the purpose stated

Signed:

Address:
.....
.....
.....

Date

EQUAL OPPORTUNITIES MONITORING

Solace Care Group Children's Services has a policy of Equal Opportunity aimed at treating all applicants for employment fairly, irrespective of sex, religion or belief, age, sexual orientation, pregnancy or maternity, race, disability, gender assignment, marriage & civil partnership. In order that we can monitor the implementation of our policy we are seeking your help. It would be of great assistance in pursuing our commitment to equal opportunities if you would indicate below your sex and ethnic origin by ticking the appropriate box.

Male

Female

Ethnic Group:

White English	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White Scottish	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White Welsh	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black- Caribbean	<input type="checkbox"/>		
Black-Other	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

(please specify)