ASSOCIATED
Wellbeing

PRIVATE & CONFIDENTIAL

Application Form

Please complete all sections as fully as possible and return to:
Associated Wellbeing,
by email to enquiries@associatedwellbeing.co.uk

Application Details			
Application for the post of:			
Have you previously applied for a position in our organisation? (Please tick)	Yes ☐	No ☐	
If you have, please tell us the role you applied for and date of application:			
Position previously applied for:		Date: / /	

Personal Details			
Title: (Please tick) Mr ☐	Mrs ☐	Miss ☐	Other (Please specify):
Surname:		Forename(s):	
Previous Names (if applicable):		Date of Birth:	00/00/0000
Known As:			
Home Address and Postcode:			
Daytime Contact Number:		Evening Contact Number:	
Email Address:			

Are you free to take up employment in the United Kingdom?	
Yes I am, my National Insurance number is:	
No I am not. If NO, are you subject to immigration control?	Yes ☐ No ☐

Driver Information		
Do you hold a current, full driving licence?	Yes ☐	No ☐
If NO, do you hold a provisional licence?	Yes ☐	No ☐
If you have a provisional license, are you learning to drive?	Yes ☐	No ☐
If applicable, please list any points and/or driving convictions including dates:	No Points	

ASSOCIATED
Wellbeing

Vocational		
Do you hold any of the following qualifications? (Please tick/complete as appropriate)		
Are you are qualified teacher?	Yes ☐	No ☐
If yes, what is your DfE no.:		
NVQ / QCF Level 3 Diploma for the Children's and Young People's Workforce	Yes ☐	No ☐
NVQ Level 4 HSC (CYP Pathway) plus Registered Managers Award	Yes ☐	No ☐
QCF Level 5 Diploma in Leadership for Health and Social Care, Children and Young People's Services	Yes ☐	No ☐
Details of any Membership of Professional Bodies:		

Other Employment		
Will you have any other employment if you came to work for Associated Wellbeing (including bank/agency)? If yes please give details:	Yes ☐	No ☐

Working Patterns (residential care homes only)		
Please tick/complete as appropriate		
Are you available to work 24 hour shifts including sleep-ins?	Yes ☐	No ☐
Are you available to work weekends and bank holidays?	Yes ☐	No ☐
Are you available to work flexibly and demonstrate a high level of commitment?	Yes ☐	No ☐
Are there any limitations on your ability to work flexibly? If Yes – what are they?	Yes ☐	No ☐
Are there any limitations if you were asked to extend your shift? If Yes – what are they?	Yes ☐	No ☐

Education, Qualifications and Training - Please begin with most recent, giving details of any gaps in education and the reasons for these. Full history is required - from leaving secondary education to the present. Please include months and years for all appointments

Course Title	Qualification (i.e. NVQ / G.C.S.E etc)	Place of Study	Date (Start Date and Completion Date)

Employment History			
Please begin with most recent, giving details of any gaps in employment and the reasons for these. Full history is required - from leaving secondary education to the present. Please include months and years for all appointments.			
Name, Address, Email address, and phone number of Employer	Job Title and Brief Outline of Duties	Salary and Reason for Leaving	Dates From – To (Month and year are required)

ASSOCIATED
Wellbeing

Reasons For Applying
Please include your achievements to date, any relevant knowledge, skills and experience and strengths you would bring to the role.

ASSOCIATED
Wellbeing

Leisure Interests
Please detail any leisure interests, sports and hobbies or other pastimes: Please continue on a separate sheet if necessary.

References		
Please include below the name, status, address and telephone number of two referees, one of whom must be your current or most recent employer. **Please Note:** If you are applying for a post which requires unsupervised access to children, the company reserves the right to approach <u>any</u> past employer for a reference. Information requested will include details of your past performance, absences, disciplinary records, reason for leaving and suitability to work with children and young people.		
Current / Most Recent Employer and Name of Line Manager		
Name and position:		
Address:	Telephone Number:	
	Mobile Number:	
	Email address:	
Can we contact this person prior to interview for a reference?		
2. Previous Employer and Name of Line Manager		
Name and position:		
Address:	Telephone Number:	
	Mobile Number:	
	Email address:	
Can we contact this person prior to interview for a reference?		

Additional Information
Before completing this section please read this: ***The post for which you are applying is exempt under the provision of the Rehabilitation of Offenders Act 1974 by virtue of the Exceptions Order 1975 (Amendment) (England and Wales) Order 2013.*** This means you must give full details of any criminal conviction, including any spent convictions, or pending circumstances that might lead to prosecution, conviction, bind-over or caution. **Please note: The disclosure of a criminal record, or other information, will not necessarily exclude you from appointment.** In making any decision Associated Wellbeing Ltd will consider the nature of the offence, how long ago

and what age you were when it was committed. Any other factors which may be relevant can be given consideration, including considerations in relation to the company's equality policies. ***Failure to declare a conviction, caution or bind-over may, however, disqualify you from appointment, or result in summary dismissal if the discrepancy comes to light.***
Do you have any criminal convictions, bind-over or cautions in respect of any offence? Yes☐ No ☐
If Yes Please Give Details. If you have none, please state **"I Have No Convictions, Cautions Or Pending Court Cases."**

Are you subject to any current or outstanding disciplinary procedures, or have you ever had action taken against you by an employer or an authority regarding children under 18 years old? **If so, please give details.**

ASSOCIATED
Wellbeing

DBS Check Information			
Applicants need to be aware that Associated Wellbeing carries out an Enhanced DBS check on all people we decide to appoint. Information received from the DBS will be kept in strict confidence. "I take notice that if I have any convictions and do not declare them, or withhold information which is relevant to my application, or if information provided in my application is untrue, I understand I will be instantly dismissed."			
Do you hold a current DBS Certificate, dated within a year?		Yes	No ☐
Are you subscribed to the DBS Update Service?		Yes	No ☐
If YES please complete the following: Issue date: 00/00/0000	Certificate No:		
Countersignature Details: Print Name:	Signature:	Date:	

Applicant Declaration
I confirm that I have read, understood and have truthfully answered the above questions and that everything else in this application (including any additional pages) is, to the best of my knowledge, accurate and correct.
Name:
Signature:
Date:

ASSOCIATED
Wellbeing

PRIVATE & CONFIDENTIAL

Equality and Diversity

Associated Wellbeing Ltd is an equal opportunity employer. The aim of the policy is to ensure no job applicant, employee or worker is discriminated against either directly or indirectly on the grounds of race, colour, ethnic or national origin, religious belief, political opinion or affiliation, sex, marital status, sexual orientation, gender re-assignment, age or disability. Our recruitment criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on the bases of their relevant merits and abilities.
All employees are given equal opportunity and are encouraged to progress within the organisation.
We are committed to an on-going programme of action to make this policy fully effective.
You ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information which will be detached from the rest of your application and retained by the H.R. Department before shortlisting.

GENDER

Are you: Male ☐ Female ☐ Other Description ☐ Question Declined ☐

ETHNICITY

Are you:

• White British ☐	White Irish ☐	White & Black Caribbean ☐
White & Black African ☐	White & Asian ☐	White Other ☐
Mixed Other ☐	Asian / Asian British: Indian ☐	Asian / Asian British: Pakistani ☐
Asian / Asian British : Bangladesh ☐	Asian / Asian British: Other ☐	Black / Black British: Caribbean ☐
Black / Black British: African ☐	Black / Black British: Other ☐	Chinese ☐
Other Ethnic Group ☐	Not Known ☐	Not Disclosed ☐

DISABILITY

Under the Equality Act 2010 (Disability) Regulations 2010 a person is considered to have a disability if he/she has a physical or mental impairment which has a sustained and long-term adverse effect on his/her ability to carry out normal day-to-day activities.
Do you consider yourself to be a disabled person?

No ☐ Yes ☐ Declined ☐

SEXUAL ORIENTATION

How would you describe your sexual orientation?

Heterosexual ☐ Homosexual ☐ Bisexual ☐ Trans ☐ Declined ☐

RELIGIOUS BELIEFS

What is your religious belief?

Buddhist ☐ Muslim ☐ Christian ☐ Sikh ☐ Hindu ☐ Jewish ☐
Other Beliefs (please specify): No Religion ☐ Declined ☐

MARITAL STATUS

How would you describe your status?

Married/Civil Partnership ☐ Single ☐ Widowed ☐ Divorced ☐

ASSOCIATED
Wellbeing

Data Protection Act 1998

This form will be detached and will not be seen by the selection panel. Information in this application will be kept confidentially by Associated Wellbeing and used for the exclusive purposes of recruitment and employment. Once the recruitment and selection process is complete, the data will be stored and used for your personnel records. Please indicate your consent for the information to be used this purpose.

Yes ☐ No ☐

Job Title / Job Applied For:

Name: Date of Birth: 00/00/000

Signed: Date: Age: