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**APPLICATION FORM**

**Please complete all sections of this application form. An incomplete application form or form containing gaps in the information may be returned for completion before it can be considered**

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| **APPLICATION FORM FOR THE POST OF:**  **Young People’s CSE Outreach Worker - HULL** |

Please send your completed application by email to [info-basis@basisyorkshire.org.uk](mailto:info-basis@basisyorkshire.org.uk)

Please do not send a CV.

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| **PERSONAL DETAILS (to be completed in capital letters)** | | | | |
| **Title** | **First Name** | | | **Last Name** |
| **Address:**  **Postcode:** | | **Work Tel no** (if convenient to receive a call):  **Home Tel:**  **Mobile No:**  **Email:** | | |
| **National Insurance Number** | | |  | |
| **Do you have a legal right to live and work in the UK?** | | |  | |
| **Is this subject to a work permit?**  (you will have to produce photographic id and proof of the above if you are interviewed) | | |  | |
| **Do you hold a full current driving licence?** | | |  | |

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| **CURRENT (or most recent) EMPLOYMENT** | | | | | | | | | | |
| **Name of Employer:**  **Address:**  **Postcode:**  **Tel:**  **Date started:**  **Date left (where applicable)** | | | | | | | **Job title/post held:**  **Grade:**  **Current salary:**  **Notice required:**  **Reason for leaving/wishing to leave:** | | | |
| **Brief description of main duties/responsibilities** | | | | | | | | | | |
| **REFERENCES** | | | | | | | | | | |
| Please supply the names and addresses of two referees (who are not friends or relatives): one should be your current or most recent employer and the other your previous employer (someone who knows you in a professional or training/education context) | | | | | | | | | | |
| **Referee No 1**  **Current/most recent employer** | | | | | | **Referee No 2:**  **Previous employer** | | | | |
| Job title:  Company/school name:  Address:  Post code:  Tel:  Email\*:  **\*Mandatory. Please ensure the email address is correct.**  Relationship:  Years known: | | | | | | Job title:  Company/school name:  Address:  Post code:  Tel:  Email\*:  Relationship:  Years known: | | | | |
| I hereby authorise you to take up references from my present employer, my previous employer(s) or the people that I have submitted as personal referees, once an invite for interview has been confirmed. I also hereby authorise you to take up other references as you may deem appropriate. | | | | | | | | | | |
| Signed: | | | | | | Dated: | | | | |
| **PREVIOUS EMPLOYMENT** | | | | | | | | | | |
| Please give details of your full employment history, detailing any periods of unemployment and unpaid/voluntary work (most recent first). Continue on a separate sheet if necessary. | | | | | | | | | | |
| **Dates**  **From To** | **Name and address of organisation** | | **Tel and contact** | | | | | **Job/Role and brief description of duties** | | **Reasons for leaving** |
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| **EDUCATION, QUALIFICATIONS AND TRAINING**  Proof of qualification will be required before a position is offered. | | | | | | | | | | |
| **Secondary/further** | | | | | | | | | | |
| **From** | | **To** | | **Qualification results with grades** | | | | | **School/College/University** | |
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| **PERSONAL STATEMENT** | | | | | | | | | | |
| **Based on the information you have received for this post, please explain the reasons for your interest and give examples to support your application (please continue on a separate sheet if necessary)**  Ensure this statement is well organised, relevant and brief. Please ensure you refer to and address the person specification criteria when structuring your answer.  Knowledge and experience  Skills and abilities  Attitude and personal attributes | | | | | | | | | | |
| **HEALTH DECLARATION** | | | | | | | | | | |
| Please give any periods of sickness absence over the last 2 years | | | | |  | | | | | |
| Are you at present under medical supervision or taking any medication?  If yes, for what reason? | | | | | Yes/No | | | | | |
| Do you suffer from any illness which would preclude you from working alone or at night?  If yes, please give details. | | | | | Yes/No | | | | | |
| Please give any further medical information which you feel it would be useful for us to be aware of in the space below: | | | | |  | | | | | |
| Please advise if you feel your health requires consideration under the Disability Discrimination Act and any reasonable adjustments: | | | | | | | | | | |
| **REHABILITATION OF OFFENDERS ACT 1974** | | | | | | | | | | |
| As the job for which you are applying involves substantial opportunity for access to children, it is important that you provide us with legally accurate answers.  Upfront disclosure of a criminal record may not debar you from appointment as we shall consider the nature of the offence, how long ago and at what age it was committed and any other relevant factors. Please submit information in confidence enclosing details in a separate sealed envelope which will be seen and then destroyed by the HR Manager.  If you would like to discuss this beforehand, please telephone in confidence to the HR Manager for advice.   Please disclose any unspent convictions, cautions, reprimands or warnings. Please note that the amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and 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 at the Disclosure and Barring Service website. [www.gov.uk/dbs](http://www.gov.uk/dbs) | | | | | | | | | | |
| If you answer yes to any of the questions below, please attach full details including dates, on a separate sheet of paper which you should also sign and date.   |  |  |  | | --- | --- | --- | | 1 | Are you currently bound over, or have you ever been convicted of any offence by a Court or Court-Martial in the United Kingdom or any other country? (You do not need to declare parking offences or fixed penalty point fines) | Yes/No | | 2 | Have you ever received from the police, a caution, reprimand or final warning? | Yes/No | | 3 | Have you been charged with any offence in the United Kingdom, or in any other country that has not yet been disposed of? | Yes/No | | 4 | Are you aware of any current police investigation in the United Kingdom or in any other country following allegations made against you? | Yes/No | | 5 | Have you ever been dismissed by reason of misconduct from any employment, office or other position previously held by you? Or are you subject to a current final warning from your current employer? | Yes/No | | 6 | Have you ever been disqualified from the practice of a profession, or required to practise subject to specified limitations following fitness to practise proceedings by a regulatory or licensing body in the United Kingdom or any other country? | Yes/No | | 7 | Are you currently the subject of any investigation or fitness to practise proceedings, by any licensing or regulatory body in the United Kingdom or any other country? | Yes/No | | 8 | Posts subject to Child Protection regulations only:  Are you subject to any other prohibition, limitation or restriction that means we are unable to consider you for the position for which you are applying? | Yes/No  Not applicable | | | | | | | | | | | |
| **DATA PROTECTION** | | | | | | | | | | |
| I understand that the information contained in the form is my personal data which, if it held on computer and if I am appointed may be computerised for personnel administration purposes is subject to the Data Protection Act. You can find our Privacy Notice on our website. | | | | | | | | | | |
| **DECLARATION** | | | | | | | | | | |
| I declare that the information supplied as part of my application is true and complete, and for any of this information to be checked and verified. I understand that any deliberate omission, falsification or misrepresentation as part of my application may be grounds for rejecting my application or should the discovery occur following appointment, termination of my employment. | | | | | | | | | | |
| **Signature:** | | | | | **Date:** | | | | | |