

Job application form

Job details

Inspirations Care Ltd is committed to the safeguarding and promotion of the welfare of all children and young people.

Please complete this form in type or black ink and use only the same size paper (A4) as continuation sheets.

Position Applied For:				
Please indicate preferred working arrangements:	Full time – Permanent Post			
Closing date for application:				
Reference:	RCP Post			
Personal details				
Title i.e., Mr, Miss, Ms, Mrs				
Surname				
First name				
Middle name/s				
Preferred Name				
Nationality (I.e., UK)				
Place of Birth (Town/City)				
Mothers' Maiden Name I.e., her parents surname used before she was married. (Required for DBS application)				
Please state all <u>UK</u> addresses lived at in the past <u>FIVE YEARS</u> . Manipulate the table below to add more space or use a separate piece of paper if required. Use 'N/A' if not applicable.				
Current address				
Dates lived at Current address	From: To:			
Previous address:				

Dates lived at previous address	From:		To:
Email address			
Daytime telephone number			
Mobile			
Home			
National Insurance number			
Date of Birth			
Do you hold a UK Passport	YES		NO 🗆
Do you require a work permit to work in the UK?	YES		NO 🗆
What is your Vignette/visa number?			
			AS in the past 10 years. Manipulate the table piece of paper if required. Use 'N/A' if not
Overseas address (1)			
Dates lived at address (1)	From:		То:
Overseas address (2)			
Dates lived at address (2)	From:		То:
Present employment			
Job title			
Name and address of employer			
Date commenced with employer			
Salary / wage / benefits			
Notice required			
Briefly describe your present job,	, its mai	n pu	rpose, and your responsibilities:

Education and Qualific	cation	S			
From age 11 onwards, and p Please list in chronological o down the page to the most re space or use a separate piece	rder beg ecent qu	ginning w ualificatior	ith the <mark>'èa</mark> n. Manipu	arliest qualification'	
Name of School, College, University etc	Froi	m / To	F/P	Subjects studied (with grades and	
Previous employment					
Please list in chronological o page to the most recent Job. voluntary work, and any work e more space or use a separat	Include xperienc	permaner ce from lea	nt and tem ving scho	porary work, service ol. Manipulate the t	with HM Forces,
Name & Address (include nature of business	s)	From / T		Position and Salary	Reason for leaving

Time Breaks in Emplo	yment				
Please describe all time spent since leaving full-time education. Full details should be given for any period not accounted for by full-time employment, education, and training. This would include Unemployment, maternity/paternity leave or voluntary work etc. Please state this information in chronological order beginning with the 'earliest' break first. then go down the page to the most recent break. Manipulate the table below to add more space or use a separate piece of paper if required.					
From (exact dates)		ct dates)		on for break:	
Fraining					
This includes government tra					
secondments. Please also in Manipulate the table below to					
Course Title	C	Organisati	ion		From / To

L Membershin of Pro	fessional Institutes			
Please indicate whether	Please indicate whether membership is by examination. Manipulate the table below to add more space or use a separate piece of paper if required.			
Institute	Level of membership	Year of Award		
Personal Statemen	t: Why are you applying for	this job?		
of any specific skills or ex description and person s current or previous employed	s essential to our shortlisting process perience (past or present) that meets pecification. These skills may have be by ment, education, training, domestic may expand on your statement at interest and the second statement at interest and the second statement at interest and the second statement at interest and second seco	een gained in relation to your activities, voluntary work, or		

Driving Licence				
Do you hold a current Driving Lic (select as applicable)	ence?		Yes / No	
If YES, please state the type of li	cence you hold			
Do you have any current endorse (select as applicable)	ements?		Yes / No	
If YES, please specify:				
References				
Please provide THREE REFERE applicable) and another second e provide academic and character re	mployer. If you h			
A job offer will not be made with	out 3 satisfacto	ory references.		
Note: We reserve the right to see from any previous employers listed				
For posts within Children's Fautomatically sought even if you h contact us immediately if this is a	ave stated 'no' in	the 'may we conta		
Present/last employer				
Name				
Address				
Tel No:				
Occupation				
Email Address				
May we contact this referee prior	to interview?	YES 🗅	NO 🗆	
Second Employer				
Name				
Address				
Tel No:				
Occupation				
Email Address				
May we contact this referee prior	to interview?	YES 🗆	NO 🗆	

Personal/Professional Referee or Course Tutor (if applicable)

Name	
Address	
Tel No:	
Occupation	
Email Address	
May we contact this referee prior to interview? (select as applicable)	Yes / No

Warnings and Disciplinary Issues

Yes / No
Yes / No

If you have answered **YES** to any of the above questions, you must supply details on a separate sheet of paper, place in a sealed envelope marked confidential and attach it to your application form.

In accordance with Safer Recruitment Principles, the information contained in the envelope will not be read until after the short-listing process is finalised and the candidate is offered an interview, at which time the interviewer/s may contact the candidate for more information as required to discuss the content of the envelope or discuss the content at the interview.

I have attached details requested	Yes / No
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Attendance

Successful candidate/s who accept a formal job offer, and then progress to an Induction, will be asked about the number of days, and reason for any sickness/absence days taken during the last 12 months.

Rehabilitation of Offenders Act 1974

You are required to declare any criminal convictions (including bind over and cautions) in accordance with the Rehabilitation of Offenders Act 1974. The post you have applied for carries exempt status under the provisions of the Act for which you are required to declare any convictions regardless of whether or not the time limit has elapsed. All appointments are subject to an enhanced DBS check. N.B. Declaration of convictions will not necessarily bar you from employment.

Have you ever been convicted of a criminal offence?	Yes / No
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(select as applicable)	
Have you ever received a Caution, Reprimand or Warning?	Yes / No
Are there any alleged offences outstanding against you?	Yes / No
If YES to any of the above, please give details in a sealed envelope marked 'strictly	

If YES to any of the above, please give details in a sealed envelope marked 'strictly confidential'. Failure to disclose any information relating to criminal convictions may disqualify your application or result in dismissal without notice.

Declaration of Interests

Do you have any relationships with any person employed by or connected with Inspirations Care?	Yes / No
If YES, please give full details (stating department and job title):	

Inspirations Care Ltd.

Disclaimer Form

The Disqualification for Caring for Children Regulations 2002 applies to anyone employed in a registered or voluntary children's home.

The Regulations set out grounds for disqualification from caring for children.

These fall into three main areas:

- 1. Where a child of the individual has at any time been the subject of a care or similar order, or where an order has been made with the purpose of removing a child from the individual's care or preventing the child from living with him/her.
- 2. Where the person has been convicted of an offence specified in Schedule 1 of The Children and Young Persons Act or one involving injury or threat of injury to another person.
- 3. Where:
- The person has been concerned with a voluntary or registered children's home which has been removed from the register; or
- An application by the person for registration of a voluntary or registered children's home has been refused; or
- The person has been prohibited from being a private foster parent, or the person has been refused registration to be a child minder or provider of day care, or had his/her registration cancelled.

I have read and understood the above and declare that I am not disqualified from caring for children under The Disqualification for Caring for Children's Regulations 2002.

Name: (please print)	
Signed:	Date:

Declaration

I declare that the information given both on this application form, disclaimer form and the attached equal opportunities monitoring form is true and correct. I understand that any false or misleading information, or omissions of information concerning canvassing or criminal convictions, may disqualify my application or may render my Contract of Employment, if I am appointed, liable to termination.

Signed:

Date

Print name

If form has been completed electronically, please place an 'x' in this box to indicate your consent



Data Protection Act 1998

Inspirations Care will only process the information you have provided in this form for the purpose of recruitment and selection and, if you are successful in securing this position, for purposes relating to your employment.

Your details will be kept both electronically and in hard copy. We will not disclose this information about you to outside organisations or third parties unless there is a legal requirement to do so, or for the prevention and detection of fraud.

How to return your form

completed forms can be emailed to:

f.bowen@inspirationscare.co.uk

Mr. Fitzroy Bowen: Responsible Individual

Inspirations Care Ltd 1st Floor 3.2 Clarendon Park Clumber Avenue Nottingham NG5 1AH

Mob: 07841 000 911

Email: f.bowen@inspirationscare.co.uk

Business Registration Number: 12080702

Incorporated 02 July 2019

CONFIDENTIAL: Equal Opportunities in Employment – Monitoring Form

This section will be removed for monitoring purposes before the selection process begins and will not affect the consideration of your application.

Everyone is unique owing to differences in age, gender, ethnic origin, religion, sexual orientation, ability etc. Inspirations Care aims to treat these differences positively, recognising that diversity creates a strong, flexible, and creative workforce. The Company's Equality of Opportunity Policy states that all applicants are to be treated fairly, and selection for appointment is to be based solely on a person's ability to do the job. As part of this process, we monitor our recruitment processes to identify whether minority groups are being treated equitably.

This information will not affect the consideration of your application.

Job applied for			
Job No. or Ref (if applicable)			
Location			
How did you learn of this vacancy?			
Age		Date of Birth	
Gender			

Ethnic Origin

This is the origin of your family rather than your nationality. For example, you could be British, and your ethnic (family) origins could be any of the ones listed below, or a combination of them, or something more specific.

Please identify your ethnic origin either by putting an 'x' in ONE of the boxes below or by giving your own description in the space provided.

a. White	British		Irish	Romani/Romany 🗖	Other White background 🗆
b. Mixed	White & Black Caribbean	(]	White & Black African	White & Asian 🛚	Other Mixed background
c. Black or Black British	Caribbean		African	Any other Black background	
d. Asian or Asian British	Indian		Pakistani	Bangladeshi 🗖	Other Asian background 🗖
e. Other ethnic Groups	Chinese		Other (Please specify)		

Disability Guidance

Where an applicant has a disability, and they meet the essential criteria of the post they are automatically shortlisted for interview. This positive action helps ensure people with disabilities get their fair share of jobs.

The Disability Discrimination Act 2005 says that a person is disabled if they have a mental or physical impairment or long-term health condition which has a substantial adverse effect on their ability to conduct normal day-to-day activities.

If you consider yourself to be disabled, please let us know. We would appreciate advice on help we can give to enable you to attend or participate in the interview. At the interview you will be asked if you had any disability which would affect your ability to do the job, and, in compliance with the Disability Discrimination Act 1995, you will be asked what reasonable adjustments we might arrange to assist you.

Do you consider yourself to be disabled as set out in the Disability Discrimination Act? (select as applicable)	
If YES, please describe your disability.	
If you need any assistance to attend or participate in the interview, p	lease give details.

Religion

Please identify your religion by putting an 'x' in ONE of the boxes below.

Christian	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Other religion	
No religion	
Prefer not to say	

Sexual Orientation

Please identify your sexual orientation by putting an 'x' in ONE of the boxes below.

TO COLO TO TO THE POST OF THE	
Bisexual person	
Gay man	
Gay woman	
Heterosexual / straight	
Other	
Prefer not to say	