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| Job Application Form |
| **Confidential** |

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| Title of Post applying for:(this field must be completed otherwise your application cannot be considered) |  |
| If you have been made aware of this vacancy by a current SCAS employee, please state their name and service area; |  |
| If you require this form in an alternative format (braille, large print, audio tape etc.) please contact Sunderland Care and Support Ltd at Carrmere Road, Leechmere, Sunderland SR2 9TQTelephone (0191) 561 8950 or e-mail: recruitment.scas@sunderlandcareandsupport.co.uk As this application may be photocopied, please complete the form in black ink or type.C.V’s will not be accepted as part of the application process.**Equal opportunities and monitoring**The information requested in Part A of this form will be used for monitoring and administration purposes only, and is not seen by the recruitment panel. The information requested on Part C, is used for checking convictions, and is also not seen by the recruitment panel. Part B is separated when we receive your application form, and given to the recruitment panel for shortlisting. This is done to reduce the possibility of unfair and unlawful discrimination. |

**Part A: Personal Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname/last name |       | First names |       |
|  |
| Current address |       |
|       | Post Code |       |
| Telephone No.(Home or Mobile) |       | Telephone no. (Work) – if convenient |       |
|  |
| E-mail address(this will be used as the primary means of contacting you during the recruitment process)  |       |

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| **Equal Opportunities Monitoring** |
| Gender: | Male | [ ]  | Female | [ ]  | Transgender | [ ]  | Do not wish to say | [ ]  |  |
| Date of birth: |       |
| **Disability**For the purpose of the Equality Act 2010 a person has a disability if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities. |
| Do you have a disability, long standing illness or infirmity? | Yes | [ ]  | No | [ ]  |  |
| **Ethnic Origin/Religious Belief/Faith/Relationship Status/Sexual Orientation**Please tick one of the boxes below to best describe your ethnic origin, religious belief/faith, relationship status and sexual orientation. Please note that United Kingdom citizens can belong to any of the categories shown. |
| **White**

|  |  |  |
| --- | --- | --- |
| [ ]  |  | British |
|  |  |  |
| [ ]  |  | Irish |
|  |  |  |
| [ ]  |  | Any other white background |
|  |
| Please write in:       |

 |  | **Black or Black British**

|  |  |  |
| --- | --- | --- |
| [ ]  |  | Caribbean |
|  |  |  |
| [ ]  |  | African |
|  |  |  |
| [ ]  |  | Any other black background |
|  |
| Please write in:       |

 |  | **Chinese or other ethnic group**

|  |  |  |
| --- | --- | --- |
| [ ]  |  | Chinese |
|  |  |  |
| [ ]  |  | Gypsy/Roma/Traveller |
|  |  |  |
| [ ]  |  | Any other ethnic group  |
|  |
| Please write in:       |

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|  |  |  |
| **Asian or Asian British**

|  |  |  |
| --- | --- | --- |
| [ ]  |  | Indian |
|  |  |  |
| [ ]  |  | Pakistani |
|  |  |  |
| [ ]  |  | Bangladeshi |
|  |
| [ ]  |  | Any other Asian background |
|  |
| Please write in:       |

 | **Mixed**

|  |  |  |
| --- | --- | --- |
| [ ]  |  | White and Black Caribbean |
|  |
|  |  |  |
| [ ]  |  | White and Black African |
|  |
|  |  |  |
| [ ]  |  | White and Asian |
|  |
| [ ]  |  | Any other mixed background |
|  |
| Please write in:       |

 | **Religious Belief/Faith**

|  |  |  |
| --- | --- | --- |
| [ ]  |  | Christianity |
|  |  |  |
| [ ]  |  | Hinduism |
|  |  |  |
| [ ]  |  | Islam |
|  |
| [ ]  |  | Judaism |
|  |  |  |
| [ ]  |  | Sikhism |
|  |
| [ ]  |  | Buddhism |
|  |  |  |
| [ ]  |  | No Religion |
|  |  |  |
|  |  |  |
| [ ]  |  | Prefer not to say |
|  |

Please write in:       |
|  |  |
| **Relationship Status**

|  |  |  |
| --- | --- | --- |
| [ ]  |  | Divorced/dissolved civil partnership |
|  |
|  |  |  |
| [ ]  |  | Married/In a civil partnership |
|  |
|  |  |  |
| [ ]  |  | Single |
|  |
| [ ]  |  | Widow/Widower |
|  |  |  |
| [ ]  |  | Prefer not to say |
|  |

 | **Sexual Orientation**

|  |  |  |
| --- | --- | --- |
| [ ]  |  | Heterosexual |
|  |  |  |
| [ ]  |  | Gay |
|  |  |  |
| [ ]  |  | Lesbian |
|  |
| [ ]  |  | Bisexual |
|  |  |  |
| [ ]  |  | Prefer not to say |
|  |

 |
| **Are you responsible for caring for anyone?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  |  | I am not responsible for caring for anyone |  | Any other personplease write in: |       |
|  |  |
| [ ]  | I care for children/a child |
|  |  |
| [ ]  | I care for another relative |

 |
| Where did you see this job advertised? |       |

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| **Part B** | **Applicant’s****Reference No.**  |

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| Post Title (same as first page) |       |
|  |
| **Present Job** |
|  |
| Employer’s Name and Address: |       |
| Job Title: |       | Salary/wage: |       |
| Date Commenced: |       |
| To whom do you report: (Job Title) |       |
| What staff (if any) report to you? |       |
| Period of notice required: |       |
| Brief outline of duties: |  |
|       |
|  |
| **Previous Employers** (most recent first) – Please note your application will only be considered if you provide a full employment history and account for any gaps since leaving full time education as this is a Care Quality Commission (CQC) requirement |
| **Employer(s) and Job Title(s)**with full address(s) | **Date of Employment**From To | **Reason for leaving** |
|       |       -       |       |
|       |       -       |       |
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|  | **Applicant’s****Reference No.** |

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| **Employer(s) and Job Title(s)**with full address(s) | **Date of Employment**From To | **Reason for leaving** |
|       |       -       |       |
|       |       -       |       |
|       |       -       |       |
|       |       -       |       |
|       |       -       |       |
|       |       -       |       |
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|       |       -       |       |
|       |       -       |       |
| **Relevant educational, vocational, professional qualifications or training courses** (most recent first) |
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| **Educational establishment or Course Organiser** | **Qualifications**(where applicable) | **Grade** | **Date Achieved** |
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| **References** |
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| Please note one of your referees must be your existing or most recent employer if currently not in employment. References will only be requested for successful candidates. You should ensure that your Referees are aware that you have provided their details and are willing to provide a reference. (All fields below must be completed) |
| Reference 1:Name of Referee:Job Title of Referee:Organisation:Full Postal Address: |  |
| e-mail:      Tel No:       |  |
| Reference 2:Name of Referee:Job Title of Referee:Organisation:Full Postal Address:e-mail:      Tel No:      Can your referees be contacted without any further authorisation from yourself Yes [ ]  No [ ]  |

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|  | **Applicant’s****Reference No.** |

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| **How you meet the essential requirements** |
| Please state clearly how you meet all of the essential requirements listed on the Person Specification (see Information for Candidates guidance) |
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|  | **Applicant’s****Reference No.** |

**Disability – reasonable adjustments**

Do you require us to make any reasonable adjustments that will help you to demonstrate your full potential in the recruitment process? If yes, please give details.

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**Declaration of relationships**

If you have any relationship with any board member or senior employee of Sunderland Care and Support, please state the name(s) and nature of relationship(s).

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| **Note:** If you canvas any board member or Senior Officer of Sunderland Care and Support, directly or indirectly for this appointment, or if you fail to disclose a relationship, you will be disqualified from appointment and if already appointed, you will be subject to disciplinary proceedings and liable to dismissal without further notice. |
| **Declaration** |
|  |
| I confirm that all of the information given on this application form is correct and complete. |
| Signed: |       | Date: |       |

**Note: If you provide false information on any part of this form, you will be disqualified from appointment and if already appointed, you will be subject to disciplinary proceedings and liable to dismissal without further notice.**

**Note: If you return this form via email you are indicating your intention to comply with the above declaration. You will be required to sign the declaration if you are subsequently invited to interview or appointed to the post.**

**Note: Please ensure you return Part A, Part B and Part C of your application. Failure to do so will prevent us from considering your application for the position.**

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| **PART C** | **APPLICANTS REFERENCE NO:** |  |

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| Post Title |       |

The post you have applied for is exempt from the Rehabilitation of Offenders Act 1974, because it involves access to children, older or vulnerable people. Therefore you are required to provide details of all convictions in the box below, **even if they are classified as ‘spent’.** If you are successful in this recruitment process, the Council will then obtain a disclosure from the Disclosure and Barring Service about you, irrespective of whether you tick Yes or No. This will be discussed with you at the time. The information gained will be used by us to check your suitability for the post.

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|  |
| **Do you have a prosecution pending, or have you ever been convicted at a court or been cautioned by the police, for any offences, including those classified as ‘spent’ under the Rehabilitation of Offenders Act 1974?** |
| Yes | [ ]  | No | [ ]  | (please tick) |
| If yes, please use the space below to provide details of pending prosecutions, convictions, cautions and bind-over orders, including approximate date, the offence, and the court or police force which dealt with the offence.(Please continue on the reverse and/or another sheet if necessary). |
|  |  |  |
| I confirm that the information that I have given in this box is true, correct, complete and up to date. |
| **Signed:** |  |  |
|  |
| **Date:** |  |  |
| Please list any name other than the one you are currently using, that you have ever been known by (please include any maiden names) |
|  |  |  |
|  |

**Note:** Should you fail to disclose any conviction above, and the Disclosure and Barring Service information confirms that you have any prosecution pending, or that you have been convicted at a Court, or cautioned by the Police for any criminal offence, or that there are any other matters causing us to reasonably conclude that you may be unsuitable for the post, then you will be disqualified from appointment. If already appointed, you will be subject to disciplinary proceedings and liable to dismissal without further notice.

**Note:** If you return this form via email to recruitment.scas@sunderlandcareandsupport.co.uk you are indicating your intention to comply with the above declaration. You will be required to sign the declaration if you are subsequently invited to interview.