APPLICATION FORM

**Lundi Education** is committed to the safeguarding and promotion of the welfare of all children and young people. If you need this form in large print, please contact the local office. **N.B. CV’s will not be accepted** in place of the application form.

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| Section 1: Job details |

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| Position applied for: |  |
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| Name of home: |  |
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| Working pattern: |  |

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| Section 2: Personal details |

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| First Name: |  | | | Surname: | | | | |  | | | | |
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| Title: |  | | | Middle Name: | | | | |  | | | | |
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| Address: |  | | | | | | | | | | | | |
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| Post Code: |  | | |  | | | | |  | | | | |
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| Email: |  | | | Preferred contact: | | | | |  | | | | |
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| Mobile N**o.**: |  | | | Landline N**o.**: | | | | |  | | | | |
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| UK National Insurance number: | |  |  | | |  |  |  | |  |  |  |  | |
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| Do you require a work permit? | | Yes | | | No | | | | | | | | |
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| Do you hold a full, clean driving licence valid in the UK? | | Yes  No | | | | | | | | | | | |
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| Do you have any current endorsements? | | Yes  No  If yes, please specify: | | | | | | | | | | | |
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| Are you on the DBS update service? | | Yes  No  If yes, please enter your date of birth and DBS Certificate number below: | | | | | | | | | | | |
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| Section 3: Right to work | | | |
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| Are you a British or Irish citizen? | | Yes  No  *If you’ve answered yes, skip to section 4.* | | |
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| Are you an EU, European Economic Area (EEA) or Swiss citizen? | | Yes  No  If you’ve answered yes, skip to section 4. | | |
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| *If you have answered ‘no’ above, please select the category that relates to your current immigration status. This status will be subject to checking before interview.* | | | | |
| EU Settlement Scheme  Indefinite leave to remain (ILR) or  indefinite leave to enter (ILE)  European Temporary Leave to Remain  (Euro TLR)  Highly skilled worker  Skilled worker  Dependant or Spouse Visa  Youth Mobility Scheme | | | Clinical attachment visa  Refugee or person with humanitarian  protection.  Standard Visitor visa  Temporary worker  Student  Other immigration status: | |
| Visa No: |  | | | |
|  |  | | | |
| Start Date: (DD/MM/YY) |  | | | |
|  |  | | | |
| Expiry Date: (DD/MM/YY) |  | | | |
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| Details of any Restriction: |  | | | |
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| Does your visa have a condition restricting employment or occupation in the UK? | Yes  No | | | |

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| Section 4: Fitness to practice | |
| *You'll need to give us details about any fitness to practise investigations and proceedings you've had. This includes any:*   * *warnings* * *limitations, suspension, or any other restrictions* * *We do not need to know if you had an appeal that was upheld, and you were fully exonerated.* | | |
| Have you ever been dismissed, or have you ever resigned in the face of a dismissal or warning? | Yes  No | | |
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| Have you ever been the subject of any allegations in relation to the safety and welfare of children, young people and/or vulnerable adults, either substantiated or unsubstantiated? | Yes  No | | |

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| Are you currently subject to a fitness to practise investigation or any proceedings by a regulatory or licensing body? | Yes  No |

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| If you’ve answered yet to any of the above questions, tell us more information. We'll need details such as:   * the name of the company and contact details. * the reason for the investigation or proceedings * what the warnings, conditions or sanctions were * what the limitations, suspension or any other restrictions were * Include any additional information you think we'd need.   Enter the details of the investigation or proceedings | |
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| Section 5: Present Employment (If now unemployed give details of last employer) |

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| Name of employer: |  | | | | | |
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| Department: |  | | | | | |
|  |  | |  |  | |
| Address: |  | | | | | |
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| Post Code: |  | | | | | |
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| Post Title: |  | | | | | |
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| Start Date: |  | Last day: | | |  | |
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| Salary: |  | Notice: | | |  | |
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| Reason for leaving: |  | | | | | |
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| Brief description of duties: | | | | | | |
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| Section 6: Full Employment History including gaps in employment |

Please describe all time spent since leaving Primary School education. Full details should be given for period of employment, education, and training, unemployment, or voluntary work. Please state this information in chronological order (please add more rows if necessary).

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| **Education**  **Employment**  **Unemployment** | **Role in organisation** | **Name of company/School/College/ University/Training provider** | **From / To**  **(exact dates; DD/MM/ YYYY)** | **Reason for leaving** |
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| Section 7: Training |

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| This includes government training schemes, apprenticeships, short courses, projects, and secondments. Please also include trade/professional training and give date of completion. (*Please continue on a separate sheet if necessary*) | | | |
| **Course Title** | **Organisation** | **Date from:** | **Date To:** |
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| Section 8: Supporting Information |

In this section, please give your reasons for applying for this post and additional information which demonstrates that you have read the published person specification and how you meet the essential and (where relevant) desirable criteria for this particular position. This can include relevant skills, knowledge, experience, voluntary activities, training etc.

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| Section 9: References |

Please provide two references. ***One must be your present or last employer and another a second employer. If you have not been employed previously, please provide an academic and or character references.***

A job offer will not be made without two satisfactory references, suitable DBS, and safer recruitment checks under schedule 2. Note: We reserve the right to seek references at any point in the recruitment process and from any previous employers listed in the ‘Full Employment History including gaps in employment’ section of this form. For posts within Children’s Residential Services and Supported accommodation, employment references will be contacted even if you have stated 'no' in the 'may we contact' boxes below. We will also require references from any employment where you worked with vulnerable people. Please contact us immediately if this is a cause for concern.

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| **Reference 1** |  | **Reference 2** |

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| --- | --- | --- | --- |
| **Name:** |  | **Name:** |  |

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| --- | --- | --- | --- |
| **Position (job title):** |  | **Position (job title):** |  |

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| --- | --- | --- | --- |
| **Work Relationship:** |  | **Work Relationship:** |  |

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| **Organisation:** |  | **Organisation:** |  |

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| **Address:** |  | | **Address:** |  | |
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|  | Postcode: |  |  | Postcode: |  |

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| --- | --- | --- | --- |
| **Telephone No:** |  | **Telephone No:** |  |

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| --- | --- | --- | --- |
| **E-mail:** |  | **E-mail:** |  |

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| **Are you willing for this referee to be approached prior to the interview?** | Yes  No | **Are you willing for this referee to be approached prior to the interview?** | Yes  No |

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| Section 10: 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.**

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| Have you ever been convicted of a criminal offence?  *If you have answered yes, you must supply details below:* | Yes  No |
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| Are there any alleged offences outstanding against you?  *If you have answered yes, you must supply details below:* | Yes  No |
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| Section 11 Declaration of Interests |

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| Do you have any relationships with any person employed by or connected with Lundi Education & Care services?  If YES, please give full details (stating department and job title): | Yes  No |
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| Section 12: 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 fundamental 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.

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| --- | --- | --- | --- |
| Name |  | Date: |  |
|  |  |  |  |
| Signed: |  |  |  |

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| Section 13: Declaration |

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| I declare that:   * The information in this application form is true and complete. * I understand that deliberate removal of evidence could result in rejecting this application or future dismissal if employed by the organisation. * I understand that including false or misleading information could result in rejecting this application or future dismissal if employed by the organisation. * I consent to the organisation asking for further details about my DBS if needed. | | | | |
| Name | |  | Date: |  |
|  | |  |  |  |
| Signed: | |  |  |  |

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| |  | | --- | | Section 14: Data Protection Act 1998 |   Lundi Education 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. |

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| Section 15: How to return your form |

Please send your completed to [hr@lundicare.com](mailto:hr@lundicare.com).

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| Section 17: Equal Opportunities in Employment Monitoring. |

*There are protected characteristics set out by the Equality Act 2010. It is our duty as an employer to monitor who has protected characteristics through our recruitment, to ensure we employ a diverse and inclusive workforce.*

*We'll therefore ask you questions about:*

* *gender and gender reassignment*
* *marital status*
* *pregnancy, birth and any maternity or paternity leave for either*
* *sexual orientation*
* *age*
* *ethnicity*
* *religion*

*You can select ‘prefer not to say' if you do not want to answer any of them. The information collected will be treated confidentially and used for statistical purposes only. It will not be used by the employer to identify you in the recruitment process.*

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| Position applied for: |  |

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| **Which of the following best describes your gender?** | Male  Female  Prefer not to say.  Self-describe Click or tap here to enter text. |
| **Is the gender you identify with the same as your gender registered at birth?** | Yes  No  Prefer not to say. |
| |  |  | | --- | --- | | **What is your marital status?** | Yes  No Prefer not to say | | Married  Single  Civil Partnership  Legally separated.  Divorced  Widowed  Prefer not to say |
| **Which of the following options best describes how you think of yourself?** | Heterosexual/straight  Bisexual  Gay/lesbian  Other sexual orientation not listed. Click or tap here to enter text.  Undecided  Prefer not to say |
| **What is your age?** | Under 24 years  24 to 44  45 to 59  60 to 74  75 years and over |
| **What is your ethnic group?** | White: English, Scottish, Welsh, Northern Irish, British  White: Irish  Any other white background  Asian/Asian British: Bangladeshi  Asian/Asian British: Chinese  Asian/Asian British: Indian  Asian/Asian British: Pakistani  Asian/Asian British: Other  Black/Black British: African  Black/Black British: Caribbean  Black/Black British: Other  Mixed: White and Asian  Mixed: White and Black African  Mixed: White and Black Caribbean  Mixed: Other  Any other ethnic group  Prefer not to say |
| **What is your religion?** | Atheism/no religion  Buddhism  Christianity (including Church of England, Catholic, Protestant and all other Christian denominations)  Hinduism  Judaism  Islam  Sikhism  Jainism  Any other religion  Prefer not to say |
| **Do you consider yourself to have a disability or health condition?** | Yes  No  Prefer not to say |
| **What is the effect or impact of your disability or health condition on your work? Please write in here:** | |
|  | |
| The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’ please email [hr@lundicare.com](mailto:hr@lundicare.com). | |