



APPLICATION FORM

Solent Child Care Ltd welcomes applications from all, irrespective of disability, gender, sexual orientation, marital status, family responsibility, age (subject to retirement policy), race, colour, ethnic origin, nationality (subject to issue of work permit where required), trade union membership and activity, political or religious beliefs.

- Please note
1. All sections need to be completed in black (handwritten or typed).
 2. Additional sheets may be attached wherever necessary.

JOB TITLE: Residential Child Care Practitioner

Please specify below if you are applying for either a Full time residential child care worker or Part time position:

1 Personal details	
<p>Surname..... <small>(block letters)</small></p> <p>Forename(s)</p> <p>.....</p> <p>Preferred title Ms..... <small>(Prof/Dr/Miss/Mr/Mrs/Ms)</small></p> <p>Address:</p> <p>Postcode :</p> <p>D.O.B.</p> <p>N.I. No:</p>	<p>Telephone Numbers:</p> <p>Home</p> <p>Work</p> <p>Mobile.....</p> <p>Email</p> <p>Do you hold a current full driving licence?</p> <p>Do you have access to your own vehicle?</p>

2. EDUCATION AND QUALIFICATIONS

Name of Institution	Dates Attended	Qualification	Grade

3. OTHER TRAINING

Please give details of training you have had which is relevant to the job for which you are applying.

Year Attended	Length	Name of Provider	Subject

4. EMPLOYMENT HISTORY

Due to the nature of the work Solent Child Care Ltd needs to establish a full record of previous employment. Please can you list all employers with contact numbers as these may need to be verified? **Please account for any gaps.** You may continue on a separate sheet if necessary.

Name and address of Employer	Dates of Employment	Brief description of duties	Reason for leaving /Current salary

5. REFERENCES (please supply the names and addresses of two references, one of which should be your current or last employer)	
EMPLOYER REFERENCE	PERSONAL REFERENCE
Name:	Name:
Position:	Position:
Address:	Address:
Tel No: Email:	Tel No: Email:
Capacity in which known:	Capacity in which known:
May we contact prior to interview?	May we contact prior to interview?

6. ADDRESS HISTORY Last (5 years address history)		
Date Month and Year	Address (Including Postcode)	Length of time at address

7. REHABILITATION OF OFFENDERS ACT 1974 (Exceptions Order 1975)
<p>The post you are applying for is to work with children and young people and as such is excepted from the Rehabilitation of Offenders Act. This means that all convictions, cautions 'spent' or 'unspent', pending court cases or any Police enquiries undertaken following allegations made against you MUST be disclosed. Failure to disclose such information could result in subsequent dismissal or disciplinary action if you were appointed.</p> <p>I hereby disclose that I DO / DO NOT have any convictions, cautions, pending Court Cases or Police enquires and sign here below to confirm this statement.</p> <p>Applicants with any convictions, cautions or pending court cases or Police enquiries should attach details to this application.</p> <p>..... Applicant Signature</p>

8. ANY OTHER INFORMATION

Is there any other information you wish to supply which is relevant to the post for which you are applying e.g. voluntary or unpaid work, clubs or societies to which you belong?

9. SUPPORTING STATEMENT

A person specification was included in the information sent to you which details the knowledge, skills and attributes required for the position. Please give details along with examples, which demonstrate your knowledge, skills and attributes relevant to the position and explain how and where these were gained. Please continue on a separate sheet if necessary.

10. DECLARATION

I declare that all the information on this application form and any other documents relating to this appointment is, to the best of my knowledge and belief, true and correct. I understand that any false statement may give cause for dismissal should I be employed.

Signature **Date**

APPLICATIONS SUBMITTED BY EMAIL ARE DEEMED TO HAVE ACCEPTED THE TERMS OF THE DECLARATION GIVEN ABOVE.

Please return your completed form to:

Disclosure of criminal convictions

Description of Offence	Date of Offence	Outcome i.e. Fine/Custodial