# Gateway Family Services



Application Form

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| --- | --- | --- | --- |
| POST APPLIED FOR: |  | REFERENCE NO: |  |
| CLOSING DATE: |  | | |

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| --- | --- | --- | --- |
| PERSONAL DETAILS (in block capitals please) | | | |
| First Name |  | Surname |  |
| Preferred Title  Dr/Mr/Mrs/Miss/Ms/Other |  | | |
| Address |  | | |
| Postcode |  | Telephone (Home/Mobile) |  |
| Telephone (Work) |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| CURRENT OR MOST RECENT EMPLOYER | | | |
| Company Name |  | | |
| Company Address |  | | |
| Telephone |  | Postcode |  |
| Start date of employment |  | End date of employment |  |
| Reason for leaving |  | | |
| Salary |  | Notice period required |  |

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| --- |
| CURRENT OR MOST RECENT EMPLOYER |
| Position held and brief outline of duties: |
|  |

**Previous Employment:** Please give details of employment (paid or unpaid) over the last 10 years, including any gaps in em-

ployment during this period. *Additional information can be added onto a separate sheet, stating relevant heading.*

### Please give the most recent first.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PREVIOUS EMPLOYMENT | | | | |
| Name and Address of Employer and Nature of Business | Dates  From/To (DD/MM/YYYY) | | Position Held | Reason for Leaving |
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**Education:** Please give details of all qualifications obtained along with grade and date achieved.

### Please give the most recent first.

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| --- | --- | --- | --- | --- |
| EDUCATION | | | | |
| Name of School, Sixth Form or College | Dates  From/To (DD/MM/YYYY) | | Course Details and Exam Results | Date Obtained |
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**Professional Qualifications** (held or being studied for)

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| --- | --- | --- | --- | --- |
| QUALIFICATIONS | | | | |
| Professional Body, College, Institute or University | Dates  From/To (DD/MM/YYYY) | | Course Details and Exam Results | Date Obtained |
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**Specialised Training or Course Attended**

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| --- | --- | --- | --- |
| TRAINING OR COURSES ATTENDED | | | |
| Course Taken | Organised by | Location | Date |
|  |  |  |  |
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**Membership of Professional Bodies**

|  |  |  |  |
| --- | --- | --- | --- |
| PROFESSIONAL BODIES | | | |
| Name of Professional Body | Level / Type of Membership | Registration Number | Expiry Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Supporting Information**

Please use this space to demonstrate how you meet the essential and (where relevant) desirable criteria for this role as laid out in the person specification. Please keep your responses to 3 sides of A4 maximum, including the 2 pages included in the application form. If typing your application you should use a minimum Font size 12 (Arial)

SUPPORTING INFORMATION

SUPPORTING INFORMATION

## References

Please give details of two referees.

Where possible, one must be your current or most recent employer or school/college if a student.

|  |  |  |  |
| --- | --- | --- | --- |
| REFERENCE ONE | | | |
| Name |  | Organisation |  |
| Position |  | | |
| Address |  | | |
| Relationship |  | Telephone Number |  |
| Email |  | | |

May we contact this referee before interview? Yes No

|  |  |  |  |
| --- | --- | --- | --- |
| REFERENCE TWO | | | |
| Name |  | Organisation |  |
| Position |  | | |
| Address |  | | |
| Relationship |  | Telephone Number |  |
| Email |  | | |

May we contact this referee before interview? Yes No

## Right to Work in the UK

## Do you have the Right to Work in the UK Yes No

## Please confirm which option your eligibility is based upon?

## UK Citizen Indefinite Leave to Remain Tier 1 Visa Tier 2 Visa Other

## General Information

Do you hold a current full driving licence?

Do you own/have access to a car for work purposes?

Yes No

Yes No

## Working Hours

What type of position are you applying for?

If Part Time, please state preferred number hours

Full Time Part Time

Gateway Family Services holds the **Disability Confident Employer Accreditation.** If you are disabled we will guarantee you an interview/assessment if you meet the minimum criteria for the role.

If you do not wish to apply under the Guaranteed Interview Scheme, but require us to make reasonable adjustments for you to attend an interview/assessment then please let us know what those adjustments will be in the space below.

## Criminal Convictions (optional please refer to Job Description and Person Specification)

Rehabilitation of Offenders Act 1974

Because of the nature of the work you are applying for, this post is exempt under the Rehabilitation of Offenders Act 1974 and you are required to reveal all convictions, even those which are spent.

Any information given will be treated with the strictest of confidence, and will only be considered in relation to the post to which the order applies. In the event of employment, any failure to disclose such convictions may result in disciplinary action or dismissal.

DETAILS OF CONVICTIONS, IF NONE PLEASE STATE ‘NONE’

In the event of a successful application a Disclosure from the Criminal Records Bureau will be requested.

Disclosure information will not be used unfairly and a criminal record will not necessarily be a bar to obtaining a position.

## Data Protection Notice

The information gathered from this application form will be held by the organisation in accordance with the Data Protection

Act 2018 and for the purposes described in the organisation’s entry on the Data Protection Register. The information you give will only be used as part of the HR Management process.

As an applicant you are entitled to request such data and other information relating to your application and/or selection from the organisation.

## Declaration

I understand that the information provided on this form is true and complete to the best of my knowledge and belief.

I understand that any false or omitted information may result in dismissal or other disciplinary action if I am appointed.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

## Please return completed application form to the below:-

**Email completed forms to** [**info@rootshr.org.uk**](mailto:info@rootshr.org.uk)

If you have any queries or require any additional information, please contact our Retained HR providers, Roots HR CIC on 01562 840060 or info@rootshr.org.uk.

## Equal Opportunities Monitoring Information Strictly Confidential

To monitor our own recruitment process and to ensure we are accessing all areas of the community we ask for the following information. This information is used solely for monitoring purposes and will be treated confidentially. This sheet will be separated from your application form before short listing takes place.

By completing this section you agree to the information requested below being collected only for monitoring purposes. All such information will be treated in accordance with the Data Protection Act 1998 and any subsequent statutory modifications of the Act. Your co-operation in completing this sheet would be appreciated.

|  |  |  |  |
| --- | --- | --- | --- |
| DETAILS OF POST | | | |
| Post applied for |  | Reference |  |
| How did you learn about the vacancy? |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PERSONAL DETAILS | | | | |
| Surname |  | Age |  | |
| Date of Birth |  | Gender | Male | Female |
| Religion |  | Marital Status |  | |
| Employment Status |  | | | |

## People with Disabilities

Do you have any health or disability problems that may

affect your ability to carry out normal activities?

If yes, please give details

Yes No

**How would you describe your ethnic group?** Please tick the appropriate box

|  |
| --- |
| White |
| British |
| Irish |
| Any other white background |

|  |
| --- |
| Mixed |
| White & Black Caribbean |
| White & Black African |
| White & Asian |
| Any other mixed background |

|  |
| --- |
| Asian or Asian British |
| Indian |
| Pakistani |
| Bangladeshi |
| Any other white background |

|  |
| --- |
| Black or Black British |
| Caribbean |
| African |
| Any other black background |

|  |
| --- |
| Other Ethnic groups |
| Chinese |
| Any other Ethnic group |
| Not stated |