

JOB APPLICATION FORM

Please complete all sections of this form. Please complete, sign then email or post and deliver a completed application to:

Alison King
King's Centre
Sheffield
S11 9EH
0114 250 7277
aliking@ncsheffield.org

Post applied for: Community Worker

Personal Details		
Surname:		
First Names:		
Address:		
Post code:		
Telephone:	(home)	(mobile)
Email address:		

Education/Training

Please give details of any school, college and university qualifications (most recent first)

School/College/University Attended	From/To	Qualifications and grades

Other Relevant Experience

Please detail below any experience/skills which may be relevant to your application:

Do you have a First Aid Qualification: yes no

If yes, state type or give details:

Hobbies/Interest

Employment History

Current or most recent employment

Job Title:
Employer:
Address:

Description of duties and responsibilities:

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Notice required:

Previous employment (most recent first)

Please continue on a separate sheet if necessary – please leave no gaps.

Dates	Employer's Name and Address	Job Title & Responsibilities	Salary	Reason for Leaving

Supporting Statement

Please state your reasons for applying for this post and why you are a suitable candidate for it. Please include any relevant experience, skills and training at work in a personal/voluntary capacity which relates to the post for which you are applying. Please use a separate sheet if necessary.

CONFIDENTIAL INFORMATION

References

Please give details of two referees (not a relative), one of whom should be a previous employer. Please give names, occupations and addresses (including e-mail if possible) of two persons to whom reference can be made.

Name:
Address:
Telephone:
Email:
Capacity in which known to you:
May we contact them prior to interview?

Name:
Address:
Telephone:
Email:
Capacity in which known to you:
May we contact them prior to interview?

Health

Please specify any special access requirements you may have in order to attend interview eg wheelchair access.

Do you have any health related condition that would affect your ability to carry out functions that are intrinsic to the post? (See job description for details.)

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Protecting children and vulnerable adults

The successful candidate will be required to receive an enhanced disclosure from the Disclosure and Barring Service

Are you aware of any police enquiries undertaken following allegations against you, which may have a bearing on your suitability for this post? Yes/No

I declare that the information I have provided on this form is correct to the best of my knowledge

Signed _____ Date _____

Self-declaration Form for a Position Requiring a Disclosure

STRICTLY CONFIDENTIAL

As a place of worship/organisation we undertake to meet the requirements of the Data Protection Act 1998 and all other relevant legislation, and the expectations of the Information Commissioners Office relating to the data privacy of individuals.

All applicants are asked to complete this form, detach it from the Application Form and return it, **to the Recruiter detailed below, in a separate sealed envelope.**

To: Alison King
Address: Union Road, Sheffield. S11 9EH
Appointment applied for: Community Worker

CONVICTION HISTORY

If you have never been convicted of a criminal offence or never received a caution, reprimand or warning then please select 'No' below. If you have been convicted of a criminal offence, or received a caution, reprimand or warning that is now spent according to DBS filtering rules*, then please select 'No' below.

If you have an unspent criminal offence, caution, reprimand or warning (according to DBS filtering rules*), please select 'Yes' below.

For exceptions to this legislation or for more information please refer to the Rehabilitation of Offenders Act 1974** and the DBS filtering guidance*.

Having read the above, do you have any unspent convictions; or are you at present the subject of a criminal investigation/pending prosecution?

Yes No (Please circle)

If yes, please give details including the nature of the offences and the dates. Please give details of the court(s) where your conviction (s) were heard, the type of offence and sentence(s) received. Could you also give details of the reasons and circumstances that led to the offence(s). Continue on a separate sheet if necessary.

For notes marked with an asterix, please see links available at the bottom of document.

POLICE INVESTIGATIONS

Have you ever been the subject of a police investigation that didn't lead to a criminal conviction (and is not subject to DBS filtering rules)*?

Yes No (Please circle)

If yes, please give details below, including the date of the investigation, the Police Force involved, details of the investigation and the reason for this, and disposal(s) if known.

To your knowledge have you ever had any allegation made against you, which has been reported to, and investigated by, Social Services/Social Work Department (Children's or Adult Social Care)?

Yes No (Please circle)

If yes, please provide details, we will need to discuss this with you.

Has there ever been any cause for concern regarding your conduct with children, young people, vulnerable adults? Please include any disciplinary action taken by an employer in relation to your behaviour with adults.

Yes No (Please circle) If yes, please give details.

DECLARATION

To help us ensure that we are complying with all relevant safeguarding legislation, please read the accompanying notes and complete the following declaration.

I (full name) _____ of (address) _____

consent to a criminal records check if appointed to the position for which I have applied. I am aware that details of pending prosecutions, previous convictions, cautions, or bindovers against me may be disclosed along with any other relevant information which may be known to the police.

I agree to inform the person within the place of worship/organisation responsible for processing disclosure applications if I am convicted of an offence after I take up any post within the place of worship/organisation. I understand that failure to do so may lead to the immediate suspension of my work with children or vulnerable adults and/or the termination of my employment.

I agree to inform the person within the place of worship/organisation responsible for processing disclosure applications if I become the subject of a police and/or a social services/(Children's Social Care or Adult Social Services)/Social Work Department investigation. I understand that failure to do so may lead to the immediate suspension of my work with children or vulnerable adults and/or the termination of my employment.

Signed: _____ Date: _____

For notes marked with an asterix, please see links at bottom of document.

Those applying for work with children and/or vulnerable adults in positions which fall within the scope of regulated activity please confirm that you are not barred from working with children/vulnerable adults.

I confirm that I am not barred from working with children / vulnerable adults.

Signed: _____ Date: _____

NB: Those applying for work with children and/or vulnerable adults in positions which fall outside the scope of regulated activity should not complete the declaration above.

*<https://www.gov.uk/government/publications/filtering-rules-for-criminal-record-check-certificates>
<http://www.ccpas.co.uk/Documents/QRGDBSFiltering.pdf>

**https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148542/rehabilitation-offenders.pdf