APPLICATION FORM

Position applying for...

|  |  |  |
| --- | --- | --- |
| Full name |  | Title |
| Any previous names used |  | |
| Current Address: | | Telephone No. & Email address  Home:  Work:  Mobile:  Email: |
| Postcode: | | Date of Birth: |
| Information above should be removed | | before shortlisting of candidates |
| National Insurance Number: | | Place of Birth: |
| Do you hold a current valid car driving licence? | | Do you have access to a vehicle? |
| Right to work in the UK  Do you need a work permit to work in the UK? | | Yes / No |
| Social Work England Registration Number  or equivalent for Wales, NI or Scotland: | |  |
| Membership of any professional bodies (please state): | | |

Please note CV’s will **ONLY** be accepted with completed application forms.

EMPLOYMENT HISTORY 16+

Please provide details in order starting with the most recent employment. Where you have had a break in your employment history, please give details.

|  |  |  |  |
| --- | --- | --- | --- |
| Name, address and nature of the business | Position held and main duties | Dates  From To | Reason for Leaving and current salary |
|  |  |  |  |
| Have you ever been involved in any disciplinary proceedings or subject to a disciplinary investigation?  If yes please state the outcome: | | | |
| Have you ever been the subject of a safeguarding investigation?  If yes please state the outcome: | | | |
|  | | | |

**Supporting statement**

Please tell us why you applied for this role and why you think you are suitable for the role (refer to Job Description/Person Specification).

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EDUCATION, TRAINING & QUALIFICATIONS

Please provide details in order starting with the most recent

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| --- | --- | --- |
| Secondary schools, colleges, universities attended | Dates  From To | Qualifications gained (dates, level, grades etc.) |
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REFEREES

Give the names and addresses of two referees below, one of whom should be your present or most recent employer – if you are currently or have recently been in employment.

Please note that referees are NOT accepted from close personal friends or relatives.

If you do not wish your employer to be contacted at this stage please tick box

|  |  |
| --- | --- |
| Referee 1 | Referee 2 |
| Full name & job title: | Full name & job title: |
| Address, Tel no & email address: | Address, Tel no & email address: |
| The capacity in which you are known: | The capacity in which you are known: |
| Period Known: | Period Known: |

A **Self-Declaration form** (in line with Rehabilitation of Offenders regulations) should be completed and sent with the application form in a sealed envelope or in a password protected document via email.

**Declaration**

I declare that all the information I have provided in this application is true to the best of my knowledge and belief, and that I have not withheld any relevant information. I understand that if I have made any false statements or omitted any information I am liable to have my application rejected, or if I am used in a Self Employment Capacity, my contract for Services will be terminated. By ticking this box you are agreeing to the declaration

SIGNATURE OF APPLICANT...

DATE…

Personal Data supplied on this form will be held on/or verified by reference to information already held on computer. In signing this application form you give permission to FosterTalk to access, store and process this data, some of which include ‘sensitive data’ **The General Data Protection Regulations 2018**