Please complete the application form in full as we cannot accept CVs. Please complete it with black ink and block capitals. This form will be kept in confidence. Please note that no applicant will be unfairly discriminated against. This includes discrimination on account of age, cultural, religious, political beliefs, disability, ethnicity, gender, race, relationship status, sexual orientation, and Trade Union membership or stewardship.

If you have any special requirements to support you in completing this form (e.g. the need for large print or additional time) please contact the Office on 0208 207 5713.

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| **Position Applied For:** |  | | | | |  | |
| **Work Preference:** | Full Time | Part-Time | Bank | Hours Requested: | |  | |
| I understand this role may include Shift work, Unsociable Hours or Night Shifts, and Lone working involved. | | | | | **Yes** |  | **No** |

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| **Personal Details** | | | | |
| First Names: |  |  | Address: |  |
| Surname: |  |  |
| Maiden Name: |  |  |
| Previous Names: |  |  |
| Marital Status: |  |  |
| Gender: |  |  | Postcode: |  |
| Place of Birth: |  |  | Nationality: |  |
| Telephone number: |  |  | NI Number: |  |
| Mobile Number: |  |  | Email Address: |  |

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| Are you a United Kingdom (UK) National | Yes | No\* |
| \*If not a United Kingdom (UK) National - please detail your current immigration status and the relevant visa currently held (including Visa number) | | |
| Select the appropriate option:   |  |  |  | | --- | --- | --- | | Right to Work in the UK | Yes No | | | Visa | Yes No | Valid until: | | Pre-Settled Status | Yes No | Valid until: | | Indefinite Leave to Remain | Yes No |  | | Shared code | Valid until: | |   \*Please provide Proof of Right to Work shared code  \*Please use the following link: <https://www.gov.uk/prove-right-to-work/get-a-share-code-online> | | |
| Are you related to any of our current members of staff or Individuals? | Yes | No |
| **Equality Act 2010** Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a “substantial” & “long-term adverse effect” on your ability to carry out normal day-to-day activities. Further information regarding the definition of disability can be found at: [www.gov.uk/definition-of-disability-under-equality-act-](http://www.gov.uk/definition-of-disability-under-equality-act-) 2010. | | |
| For this application & interview stage only, is there anything you would like us to be aware of so that we can make reasonable adjustments during the process? | Prefer not to say | |
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| **Education \***(All qualifications will be subject to a satisfactory check). | | | |
| School / College / University | Date From: | Date To: | Examinations, Qualifications\* |
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| **Training Courses** attended or completed (evidence of attending courses is required) | | | |
| **Subject** | **Location** | **Date** | **Details** |
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**Employment History**

Please record below the details of your **full employment history** beginning with your current or most recent first. Any gaps must be explained. Use a separate attached sheet if required; please sign the sheet(s)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Current / Most recent employer** | | | | | | | |
| Start Date:  Month and Year |  |  | End Date:  Month and Year |  | Salary: | |  |
| Job Role: |  |  |  | Employer Name: | |  |  |
| Reason for Leaving: | |  |  | Contact Name: | |  |  |
| Duties: | | | | Address: | | | |
| Postcode: | |  | |
| Telephone: | |  | |
| Email: | |  | |

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| **Employment History** | | | | | | | |
| Start Date: Month and Year |  |  | End Date: Month and Year |  | Salary: | |  |
| Job Role: |  |  |  | Employer Name: | |  |  |
| Reason for Leaving: | |  |  | Contact Name: | |  |  |
| Duties: | | | | Address: | | | |
| Postcode: | |  | |
| Telephone: | |  | |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Employment History Continued** (Copy this page if required) | | | | | | | |
| Start Date: Month and Year |  | | End Date: Month and Year |  | Salary: | |  |
| Job Role: |  | | | Employer Name: | |  | |
| Reason for Leaving: | |  | | Contact Name: | |  | |
| Duties: | | | | Address: | | | |
| Postcode: | |  | |
| Telephone: | |  | |
| Email: | |  | |
| Start Date: Month and Year |  | | End Date: Month and Year |  | Salary: | |  |
| Job Role: |  | | | Employer Name: | |  | |
| Reason for Leaving: | |  | | Contact Name: | |  | |
| Duties: | | | | Address: | | | |
| Postcode: | |  | |
| Telephone: | |  | |
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| Start Date: Month and Year |  | | End Date: Month and Year |  | Salary: | |  |
| Job Role: |  | | | Employer Name: | |  | |
| Reason for Leaving: | |  | | Contact Name: | |  | |
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| **Employment History Continued** (Copy this page if required) | | | | | | | |
| Start Date: Month and Year |  | | End Date: Month and Year |  | Salary: | |  |
| Job Role: |  | | | Employer Name: | |  | |
| Reason for Leaving: | |  | | Contact Name: | |  | |
| Duties: | | | | Address: | | | |
| Postcode: | |  | |
| Telephone: | |  | |
| Email: | |  | |
| Start Date: Month and Year |  | | End Date: Month and Year |  | Salary: | |  |
| Job Role: |  | | | Employer Name: | |  | |
| Reason for Leaving: | |  | | Contact Name: | |  | |
| Duties: | | | | Address: | | | |
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| **Explanation of Gaps** Use this section to detail any gaps in employment and why |
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| **References:** Please provide names, addresses and telephone numbers for referees below whom we may approach for a reference. In line with CQC requirements, we require references (or other satisfactory evidence as the employer may determine) from all previous employers concerned with the provision of services relating to health or social care, or children or vulnerable adults which should include details of why their employment came to an end (note that this is not time limited). If your previous employment does not concern the provision of services relating to health or social care, or children or vulnerable adults, you must provide references from your two most recent employers.  Please provide two-character references if you are unable to obtain two professional references, e.g. in the case of an applicant who has been raising children for ten years. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us. | | |
|  | **Referee One** | **Referee Two** |
| **Contact Name:** | Mr./ Mrs. | Mr./ Mrs. |
| **Company Name:** |  |  |
| **Job Title:** |  |  |
| **Address:** |  |  |
| **Postcode:** |  |  |
| **Telephone:** |  |  |
| **Email:** |  |  |
| **Working** |  |  |
|  | **Additional Referee** | **Additional Referee** |
| **Contact Name:** | Mr./ Mrs. | Mr./ Mrs. |
| **Company Name:** |  |  |
| **Job Title:** |  |  |
| **Address:** |  |  |
| **Postcode:** |  |  |
| **Telephone:** |  |  |
| **Email:** |  |  |
| **Capacity in which known** |  |  |

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| For Office Staff only | **Referee One Check** | **Referee Two Check** |
| **Date verified:** |  |  |
| **Verified by:** |  |  |
| **Outcome:** |  |  |

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| **Safeguarding / Ex-Offenders Declaration:** Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest confidence. | | |
| The Rehabilitation of Offenders Act 1974 aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender reassignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. undertakes not to discriminate unfairly against applicants based on a criminal conviction or other information declared.  Answering 'yes' to the question below will not necessarily prevent your employment. This will depend on the relevance of the information you provide in respect of the nature of the position and the particular circumstances. | | |
| Are you currently bound over or do you have any current **UNSPENT** convictions that have been issued by a Court or Court-Martial in the United Kingdom or any other country?  If **Yes\***, please give details. | **Yes\*** | **No** |
| Do you have any current **UNSPENT** police cautions, reprimands, or final warnings in the United Kingdom or any other country?  If **Yes\***, please give details. | **Yes\*** | **No** |
| Do you give permission for a Disclosure and Barring Service (DBS) check?  If **No\***, please give details. | **Yes** | **No\*** |
| **Details section for the above:** | | |

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| **Privacy Statement** |
| We will only collect data for specified explicit and legitimate use in relation to the recruitment process. By signing this application form, you consent to hold the information contained within this application form. If successfully shortlisted, data will also include shortlisting scoring and interview records. We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you). When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles.  We have privacy policies that you can request for further information. Please be assured that your data will be securely stored by the Registered Manager and only used for the purposes of recruiting for this vacant post.  You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time, please contact the Registered Manager to discuss. |

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| **Declaration** | | | |
| The information in this application form is true and complete. I agree that any deliberate omission, falsification, or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed. Where applicable, I consent that can seek clarification regarding professional registration details. | | | |
| **Print Full Name:** |  | | |
| **Signature:** |  | **Date:** |  |

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| **Supporting Statement** |
| Please add here your reasons for applying. You should refer to the job description and person specification to guide you. It would also be of value to describe particular strengths and talents that set you apart from others as well as including skills gained from work, home, and other activities. |

**EQUAL OPPORTUNITIES MONITORING FORM**

Villa Scalabrini is committed to equality of opportunity and fair treatment in all aspects of employment. We aim to provide a working and learning environment which is free from unfair discrimination and will enable staff to fulfil their personal potential. The Equality Act 2010 protects people from discrimination and promotes equality on the basis of a number of ‘protected characteristics’. We ask for information on your ‘protected characteristics’ to help us monitor our performance on equality. In line with Government policy, and in accordance with the provisions of GDPR, the information you provide will be held confidentially It will help us to comply with the law under the relevant Acts and to ensure that our employment policies and practices are fair and effective.

IMPORTANT - Please Note: You do not have to complete this form. The information is given on a voluntary basis and the information provided will only be used for the monitoring purpose. Please do not enter any identifying marks on this form, so that your information remains confidential. This information will be stored on a computer.

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| **Ethnic Origin:** Please indicate your Ethnic Origin | | | | | | | | | | | |
| **Asian or Asian British** | | | **Mixed** | | | | **Other Ethnic Background** | | | | |
|  | Bangladeshi | |  | | White & Asian | |  | | Chinese | | |
|  | Indian | |  | | White & Black African | |  | | Any Other Chinese background | | |
|  | Pakistani | |  | | White/Black Caribbean | |
|  | Other Asian background | |  | | Other mix backgrounds | |  | | Any other ethnic background | | |
| **Black or Black British** | | | **White** | | | |  | | | | |
|  | African | |  | | British | |  | | I do not wish to disclose my Ethnic background | | |
|  | Caribbean | |  | | Irish | |
|  | Other Black Background | |  | | Other White background | |
| **Gender:** Please indicate your Gender | | | | | | | | | | | |
|  | | | Female | |  | | Male | |  | | Other state below |
|  | | | Transgender Female | |  | | Transgender Male | |
|  | | | I do not wish to disclose my Ethnic background | | | | | | | | |
| **Sexual Orientation:** Please indicate your Sexual Orientation | | | | | | | | | | | |
|  | | | Heterosexual | |  | | Bisexual | |  | | Other state below |
|  | | | Gay | |  | | Lesbian | |
|  | | | I do not wish to disclose my Sexual Orientation | | | | | | | | |

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| **Religion or Belief:** Please indicate your Religion or Belief | | | | | | | | | | | | |
|  | Buddhist | | | |  | Jewish | | |  | Hindu | | |
|  | Christian | | | |  | Muslim | | |  | Sikh | | |
|  | I do not have any Religion or Beliefs | | | | | | | |  | Other state below | | |
|  | I do not wish to disclose my Religion or Belief | | | | | | | |
| **Marital Status:** Please indicate your Marital Status | | | | | | | | | | | | |
|  | Common Law Partnership | | | |  | Married / Civil Partnership | | |  | Widowed | | |
|  | Divorced | | | |  | Single | | |  | Other (State) | | |
| **As per Equality Act 2010:** Do you consider yourself to have a disability | | | | | | | | | | | **Yes** | **No** |
| Under the terms of the Act, a disability is defined as a “physical or mental impairment which has a substantial and long-term effect on a person’s ability to carry out day-to-day activities”. | | | | | | | | | | | | |
|  | I do not wish to disclose whether or not I have a disability | | | | | | | | | | | |
| **Caring Responsibilities:** Do you have any care responsibilities for anyone | | | | | | | | | | | | |
| **Yes** | | **No** | If yes |  | Children U16 | |  | Disabled | |  | Sick / Elderly | |

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| **Please answer the following questions** | | Yes | No |
| **1** | Do you have or have you ever had any significant health problem, impairment/disability (physical or mental) or learning difficulties that may affect your ability to undertake the tasks  set out in the job description of the post offered? |  |  |
| **2** | Do you have or have you ever had any illness, impairment or disability that may have been caused or made worse by your work? |  |  |
| **3** | Have you ever left or been denied employment in an organisation on the grounds of ill health or been medically retired on the grounds of ill health? |  |  |
| **4** | Are you having, or waiting for any medical treatment or investigations at present? |  |  |
| **5** | Will you need any special aids or adjustments or assistance to enable you to undertake the tasks set out in the job description of the post offered? |  |  |
| If you answered yes to any of the above questions. Please provide the details below: | | | |
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| **Applicants Declaration**  Circle Yes / No as appropriate | | | | **Read and understood** | | |
| **1** | I confirm that the information given above is complete & correct, I understand that any incomplete, untrue, or misleading information given to me will entitle the employer to reject my application, withdraw any offer of employment, or, if I am employed, dismiss me  without notice. | | | Yes | No | |
| **2** | By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems I have declared above. | | | Yes | No | |
| **3** | I agree that Villa Scalabrini reserves the right to require me to undergo a medical examination to assess my suitability for work. | | | Yes | No | |
| **4** | I do not wish to complete the questionnaire, and I do not wish to have a free health assessment. | | | Yes | No | |
| **5** | Will you need any special aids or adjustments or assistance to enable you to undertake the tasks set out in the job description of the post offered? | | | Yes | No | |
| **Print Name** | | | **Signature** | **Date** | | |
|  | | |  |  | | |