

**Application for Employment (Part 1)**

In accordance with our Equal Opportunities Policy, Part 2 will be separated from Part 1 before short-listing.

You must complete both Part 1 and Part 2 of the application form. After completing both parts of the form, check them carefully before returning it to the above address, either as a hard copy or email. Please note that those sections marked with an asterisk “**\***” must be completed (even if this means only stating “none” or “n/a”).

Post applied for

**Inclusion and Support Worker**

**PERSONAL DETAILS\***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | Forenames | |  | | | Title |  |
| Address |  | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | Postcode |  | | |
| Home Telephone No. | |  | | Mobile Telephone No. | | |  | | |
| Email Address | |  | | | | | | | |

**CURRENT OR LAST EMPLOYMENT\***

|  |  |  |  |
| --- | --- | --- | --- |
| Employer’s Name |  | | |
| Employer’s Address |  | | |
|  | | Postcode |  |
| Telephone Number |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Position Held |  | | | Salary / Wage |  | |
| Date Started |  | Date Left |  | Period of Notice required | |  |

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| Brief description of duties, responsibilities etc. |
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**OTHER WORK EXPERIENCE (Paid or unpaid) – please list most recent first**

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| --- | --- | --- | --- | --- | --- |
| From | To | Name & Address of employer | Position Held | Salary/ Wage | Reason for leaving |
|  |  |  |  |  |  |
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**EDUCATION, QUALIFICATIONS & VOCATIONAL TRAINING\* – please list most recent first**

|  |  |  |  |
| --- | --- | --- | --- |
| From | To | Establishment (School / College / University) | Exam, Qualification, Grades |
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**REFERENCES\***

You must provide the name and contact details of two referees, i.e. people who can comment on your suitability for this post. If you are, or have been, employed in the last five years then at least one must be your most recent employer, e.g. your most recent line manager or someone in a position of responsibility who can comment on your work experience, competence, personal qualities and suitability for the post. If you are a student, please provide contact details of a teacher at your school, college or university. Your second reference may be from a previous employer or personal friend, but references from family members are not acceptable. If possible, please give an e-mail address as specified as this is our preferred method of contact.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | Name | | |  | | | | **2.** | Name | | |  | | | |
| Position / Job Title | | | | | | |  | Position / Job Title | | | | | | |  |
| Relationship to you | | | | | | |  | Relationship to you | | | | | | |  |
| Address | |  | | | | | | Address | |  | | | | | |
|  | | | | | | | |  | | | | | | | |
|  | | | | | | | |  | | | | | | | |
| Post code | | |  | | | | | Post code | | |  | | | | |
| Telephone no. | | | | |  | | | Telephone no. | | | | |  | | |
| E-Mail address | | | | | |  | | E-mail address | | | | | |  | |
| Permission to contact prior to interview? YES / NO | | | | | | | | Permission to contact prior to interview? YES / NO | | | | | | | |

**CANVASSING\***

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| If you are related to, or know any member of Chilli Studios, please give details |
| **Canvassing panel members and/or managers for preferential treatment will disqualify applicants** |

**PROFESSIONAL MEMBERSHIP / REGISTRATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Body |  | | | Renewal Date | |  |
| Registration No. | |  | Part of Register | |  | |

**FURTHER DETAILS IN SUPPORT OF YOUR APPLICATION**

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| Please state your reasons for applying, full details of your relevant work experience, skills and achievement, plus any other supporting information (e.g. dates when you are not available to be interviewed). |

**DISCLOSURE OF CRIMINAL CONVICTIONS (OR ANY PREVIOUS DISCIPLINARY ACTION)\***

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| The post you are applying for is covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 or the 1986 Act. Do you have any unspent convictions (see guidance letter for a definition) or serious disciplinary action (pending or otherwise) against you? If “YES”, and you choose not to give details below, you will be asked about this if you are short-listed. |
| **YES / NO** |

**COMPLAINTS/INVESTIGATIONS (FOR CLINICAL ROLES)**

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| Have you been the subject of a complaint or a fitness to practise investigation or proceedings by a licensing or regulatory body in the U.K or any other country? If you choose not to give details you will be asked about this if short-listed. |
| **YES / NO** |

|  |
| --- |
| Have you been removed from the register or have conditions been made on your registration by a fitness to practise committee of a licensing or regulatory body in the U.K or in any other country? If you choose not to give details you will be asked about this if short-listed. |
| **YES / NO** |

**LEISURE INTEREST & HOBBIES**

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| --- |
| You may wish to include positions of responsibility held |

**DO YOU HOLD A CURRENT VALID U.K. DRIVING LICENCE? YES / NO**

**DECLARATION\* - Please sign this after you have completed all parts of the application form**

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| --- |
| **I declare that the information given within this form (parts 1&2) is correct to the best of my knowledge. I understand that deliberately giving false or incomplete answers would be grounds for rejecting my application (or subsequent summary dismissal if employed by the Organisation). This applies equally to any medical questionnaire/forms which I may be asked to complete after being offered a post.**  **SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

