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| --- |
| New Staff Details Form |
| **THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE** |

|  |
| --- |
| Section 1 Personal details |

|  |  |
| --- | --- |
| Title: | Mrs/Mr/Miss/Ms/other (delete as applicable) |
| Full Name: |  |
| Date of Birth: |  |
| Marital Status: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |
|  |  |

Letters Numbers Letter

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Home Telephone No:** |  | **National Insurance No:** |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Mobile Telephone No:** |  |

|  |  |
| --- | --- |
| **E-mail address:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you free to remain and take up employment in the UK with no current immigration restrictions? | |  | | --- | |  | |  |  |

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| --- | --- | --- | --- | --- |
| **Do you hold a full, clean driving licence valid in the UK?** |  |  |  |  |

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| --- |
| **All successful applicants will be required to complete a DBS application and provide proof of address and identity** |

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| --- |
| Section 2 Employment History (most recent first) |
|  |

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address: |  | | | |
|  |  | | | |
| **Date from and to:** | From: |  | To: |  |

|  |  |
| --- | --- |
| Position Held: |  |

|  |  |
| --- | --- |
| **Summary of duties:** | |
|  | |

|  |  |
| --- | --- |
| **Reason for leaving:** |  |
|  | |

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address: |  | | | |
|  |  | | | |
| **Date from & to:** | From: |  | To: |  |

|  |  |
| --- | --- |
| Position Held: |  |

|  |  |
| --- | --- |
| **Summary of duties:** | |
|  | |

|  |  |
| --- | --- |
| **Reason for leaving:** |  |
|  | |

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address: |  | | | |
|  |  | | | |
| **Date from & to:** | From: | To: |  |  |

|  |  |
| --- | --- |
| Position Held: |  |

|  |  |
| --- | --- |
| **Summary of duties:** | |
|  | |

|  |  |
| --- | --- |
| **Reason for leaving:** |  |
|  | |
| Section 3 Education | |
| Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first: | |

|  |  |  |
| --- | --- | --- |
| **College or University** | **Course** | **Qualifications and grades obtained** |
|  |  |  |
| **School** | **Subjects** | **Qualifications and grades obtained** |
|  |  |  |
| Continue on a separate sheet if necessary | | |

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| --- |
| Professional or Management Qualifications |

|  |  |
| --- | --- |
| **Professional/Technical/**  **Management Qualifications** | **Course Details** |
|  |  |
| **Membership of any Professional Associations- Please state level of Membership:** | |
| Continue on a separate sheet if necessary | |

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| --- |
| Section 4 Training and Development |
| Please give details of any training and development courses or non-qualifications courses which support your  application. Include any on the job training as well as formal courses. |

|  |  |  |
| --- | --- | --- |
| **Title of Training or Course** | **Duration of Course** | |
|  |  | |
| Continue on a separate sheet if necessary | | |
| Section 5 Personal Statement | | |
| **Abilities, skills, knowledge and experience.**  Please use this section to explain in detail how you meet the requirements of the position you have applied for. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used. You may attach a current CV if you prefer. | | |
|  | | |
| Continue on a separate sheet if necessary | | |

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| **Section 6 Offences and Safeguarding** |

**Do you have any cautions, convictions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (exceptions) order 1975 (as amended in 2013)? (The amendments to the exceptions order 1975 (2013) provide that certain spent convictions and cautions are “protected” and not subject to disclosure to employers and cannot be taken into account).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  |

|  |
| --- |
| If yes, please provide details / dates of offence(s) and sentence: |
|  |

**Have you ever been subject to or investigated as part of a Safeguarding enquiry?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  |

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| --- |
| If yes, please provide details / dates: |
|  |

|  |
| --- |
| **Section 7 Disability Discrimination Act** |

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| This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.  Do you have a disability which might prevent you from doing the job? |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |  |  |  |  |
| Yes |  |  | No |  |  |

|  |
| --- |
| If yes, please give details: |
|  |

|  |
| --- |
| **We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.**  **Do we need to make any specific arrangements to enable you to attend an interview?** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |  |  |  |  |
| Yes |  |  | No |  |  |

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| --- |
| If yes, please give details: |
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| **Section 8 Health** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Do you have any physical or mental health concerns which may affect your ability to carry out your duties or which may affect your attendance at work?** | | | | | | |
| Yes |  |  | No |  |  |
| If yes, please give details: | | | | | | |
|  | | | | | | |

|  |  |
| --- | --- |
| Number of *days* absent in the last 2 years: |  |

|  |  |
| --- | --- |
| Number of *occasions* of absence in the last 2 years: |  |

|  |
| --- |
| **Section 9 References** |

|  |
| --- |
| Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are. |

|  |  |  |
| --- | --- | --- |
| **Reference 1** |  | **Reference 2** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | **Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job title: |  | **Job title:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Work Relationship: |  | **Work Relationship:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation: |  | **Organisation:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | **Address:** |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone No: |  | **Telephone No:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| E-mail: |  | **E-mail:** |  |

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| **Section 10 Declaration** |

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| --- | --- | --- | --- | --- |
| Are you related to or do you have a close personal relationship with anyone associated with Options for Living? | Yes |  | No |  |

|  |  |
| --- | --- |
| If yes, specify name(s), position(s) and relationship(s) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If appointed, do you have any interests or hold any appointments that may conflict with employment with Options for Living in the role for which you have applied?  If yes, please detail on a separate sheet. | Yes |  | No |  |

|  |
| --- |
| Please complete the declaration by signing in the appropriate place below.  **I hereby certify that:**   * **all the information given by me on this form is correct to the best of my knowledge** * **all questions relating to me have been accurately and fully answered** * **I possess all the qualifications which I claim to hold** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signed: |  | | **Date:** |  |
|  |
| Options for Living undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998. | | | | | |
| R E T U R N I N G T H I S F O R M | | | | | |
|  **By Hand or Post:**  Options for Living  35 Upper Bloomfield Road  Odd Down  Bath  BA2 2RY | | **By E-Mail:**  info@optionsforliving.co.uk  **Enquiries:**  Telephone: 01225 437145 | | | |

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| **Recruitment Monitoring Form** |

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| --- |
| This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes. |

|  |  |
| --- | --- |
| Application for the post of: |  |

|  |
| --- |
| To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM. |
| What is your Ethnic Group? |
| Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A. White | |  | D. Black or Black British | |  |
| White UK | |  | Black Caribbean | |  |
| Irish | |  | Black African | |  |
| White non-UK | |  | Any other Black background  (please give details): | |  |
| Any other White background  (please give details): | |  | |  |  |
|  |
| B. Mixed | |  | **E. Chinese or other ethnic group** | |  |
| White & Black Caribbean | |  | Chinese | |  |
| White & Black African | |  | Vietnamese | |  |
| White & Asian | |  | Any other ethnic background  (please give details): | |  |
| Any other Mixed background  (please give details): | |  | |  |  |
|  |
| C. Asian or Asian British | |  | **F. I do not wish to provide this information** | |  |
| Indian | |  |
| Pakistani | |  |
| Bangladeshi | |  |
| Any other Asian background  (please give details): | |  |
|  |

|  |
| --- |
| **Recruitment Monitoring Form continued** |

|  |
| --- |
| Gender |
| Male |  | Female |  |

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| --- |
| **Disability** |
| Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself disabled? | Yes |  | No |  |

|  |
| --- |
| If yes, please give details: |
|  |

|  |
| --- |
| Present Status |
| Internal Applicant |  | External Applicant |  |

|  |
| --- |
| Age Group |
| 16-25 |  | 26-35 |  | 36-45 |  |
| 46-55 |  | 56-65 |  | 66-70 |  |
| Over 70 |  |

|  |  |
| --- | --- |
| Media | |
| Please state where you saw this post advertised | |