

**APPLICATION FORM**

We aim to employ people who are friendly, kind and - most of all - passionate about social inclusion. We welcome all people - including all of those with the protected characteristics of the Equality Act 2010. We embrace diversity and care that our employees and service users feel welcome and comfortable being whoever they are. If you feel you need extra help to access PLUS, whether physically or socially, please get in touch with the Operational Manager: 01786 450086.

All information provided by candidates will be treated as confidential.

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| --- | --- | --- |
| Position applied for |  | |
| Where did you see the position advertised? | |  |

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Forename: | Surname: |
| Address:  Post Code: |  |
| Home Telephone: | Mobile Telephone: |
| E-mail Address: | National Insurance Number: |
| Do you hold a current driving licence? YES / NO | Are you a car owner? YES / NO |
| If yes, what type? Provisional/Full/Other | Do you have business insurance on your car? YES / NO |

## REFERENCES

|  |  |
| --- | --- |
| Names and addresses of two people who can give you a reference and comment on your suitability to work with children. One must be your most recent employer or educator  **PLEASE COMPLETE ALL SECTIONS.** | |
| Name: | Name: |
| Position: | Position: |
| Address: | Address: |
| Email Address: | Email Address: |
| Tel No: | Tel No: |
| Relationship to you: | Relationship to you: |

**EMPLOYMENT:** Please start with your present or most recent employer. Include volunteering (add additional boxes if necessary or continue on a separate sheet)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer’s name and address | Job title and brief details of duties etc | Length of time with employer | | Reason for leaving |
| From | To |
|  |  |  |  |  |
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**QUALIFICATIONS AND TRAINING:** Please include any qualifications you already have including those for which you are currently studying.

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| --- | --- | --- | --- |
| Name of School/College/University | Subjects | Qualifications gained/expected and Grade (e.g. Intermediate 2 - C, Standard Grade - 1) | Date |
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**AVAILABILITY FOR WORK:** Please indicate (**ü**) am, pm or evening on the days you are able to work.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **am** |  |  |  |  |  |  |  |
| **pm** |  |  |  |  |  |  |  |
| **evening** |  |  |  |  |  |  |  |

During the school holidays, will your availability increase **Yes / No** (please circle which applies)

**PERSONAL STATEMENT:** Please outline:

* Any relevant paid, voluntary or personal experience, skills and training
* Why you are applying for this post
* Anything else you believe may be relevant for your application

Please refer to the job description and person specification.

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**PVG SCHEME MEMBERSHIP**

|  |  |  |
| --- | --- | --- |
| Are you a member of the PVG Scheme? | For Children? | YES / NO |
| For Protected Adults | YES / NO |
| If yes, what is your PVG Membership number? |  | |

PROFESSIONAL BODY MEMBERSHIP

|  |  |  |  |
| --- | --- | --- | --- |
| Are you registered with any professional body? | YES / NO | Registered body |  |
| If yes, what is your registration number? |  | | |

ALL SUCESSFUL APPLICANTS WILL BE REQUIRED TO APPLY TO AND COVER THE COST OF MEMBERSHIP (OR UPDATE) TO THE 'PVG SCHEME'. (Further information available on request.)

Criminal Convictions

You are being asked to complete this form because the role you are applying for is exempt from the Rehabilitation of Offenders Act 1974 in England, Scotland and Wales, or the Rehabilitation of Offenders (Northern Ireland) Order 1978.

All information you provide will be treated as confidential and managed in accordance with relevant data protection legislation and guidance. You have a legal right to access any information held about you.

Failure to disclose any information with regards to criminal convictions/cautions is considered to be gross misconduct.

|  |  |  |
| --- | --- | --- |
| **Personal Details** | | |
| Name: |  | |
| Previous name (s): |  | |
| Address with postcode: |  | |
| Telephone/mobile number: |  | |
| Date of birth: |  | |
| **Criminal record declaration**  The role is exempt from the Rehabilitation of Offenders Act 1974 in England, Scotland and Wales or the Rehabilitation of Offenders (Northern Ireland) Order 1978. You are therefore required to declare all unspent convictions and conditional | | |
| Do you have any unspent conditional cautions or convictions in the UK or overseas? | | YES 󠄀 NO |
| If yes, please provide further information: | | |
| Do you have any spent adult cautions (simple or conditional) or convictions in the UK or overseas that are not protected (i.e. eligible to be filtered) as defined by the Rehabilitation of Offenders Act 1974 in England, Scotland and Wales or the Rehabilitation of Offenders (Northern Ireland) Order 1978? | | |
| If yes, please provide further information: | | |
| **Barred list declaration**  If this role has been defined as regulated activity or work it will also be subject to an enhanced with barred list check in England, Northern Ireland and Wales or checks under the Protecting Vulnerable Groups scheme in Scotland.  It is a criminal offence to apply for or accept a position working with children if you have been barred from/listed as unsuitable to engage in regulated activity/work with children. | | |
| Are you included on the list of people barred from/listed as unsuitable to engage in regulated activity/work with children? | | YES 󠄀 NO |
| If yes, please provide further information: | | |
| If you are not currently barred from working with children, have you been referred to the Disclosure and Baring Service (DBS) or Disclosure Scotland for consideration to be added to one of the lists? | | YES 󠄀 NO |
| If yes, please provide further information: | | |
| **Conduct declaration** | | |
| Have you ever been known to any children’s services department or police as being a risk or potential risk to children? | | YES 󠄀 NO |
| If yes, please provide further information: | | |
| Have you ever been dismissed for misconduct from any paid or voluntary position previously held by you? | | YES 󠄀 NO |
| If yes, please provide further information: | | |
| Have you ever been subject to any sanctions being placed on your professional registration, by a regulatory or licencing body in any country? (as applicable). Sanctions may include: Warnings, conditions, limitations, suspensions removal or any other restrictions that may have applied to your professional registration. | | YES 󠄀 NO |
| If yes, please provide further information: | | |
| **Confirmation of declaration** (tick box below) | | |
|  | | I agree that the information provided here may be processed in connection with recruitment purposes and I understand that an offer of employment may be withdrawn or disciplinary action may be taken if information is not disclosed by me and subsequently come to the organisation’s attention. |
|  | | In accordance with the organisation’s procedures if required I agree to provide a valid criminal record certificate and consent to the organisation clarifying any information provided on the disclosure with the agencies providing it. |
|  | | I agree to inform the organisation within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children or young people. |
|  | | I understand that the information contained on this form, the results of the criminal record check and information supplied by third parties may be supplied by the organisation to other persons or organisations in circumstances where this is considered necessary to safeguard children. |
| By signing below, I confirm that the information I have provided on this form (or attached) is accurate. Any inaccuracy or omission in the information supplied may compromise any offer of employment. I understand that this information will not necessarily prevent me from being employed or appointed in the role above, and that I will be given an opportunity to discuss any concerns you might have before you make a final decision on my suitability for the role. | | |
| Signature of candidate: | |  |
| Print name: | |  |
| Date: | |  |

Please select times of availability

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wed | Thurs | Friday | Sat | Sun |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

Please return to [recruitment@plusforthvalley.org.uk](mailto:recruitment@plusforthvalley.org.uk)

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