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| Post Applied for: |  | **Post Number:** |  |

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|  Job Application Form |

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| --- | --- | --- | --- |
| Closing Date: |       | **Interview Date:** |       |

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| Please complete this form fully using **black ink**. Please ensure that all sections are completed and that any gaps in the employment history are recorded and explained. If you have any queries when completing this application form please call 0121 7080080  |
| **THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.** |

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| --- |
| Section 1 Personal details |

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: |  | **First Name:** |  |
|  |  |  |  |

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

 Letters Numbers Letter

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

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Can we contact you at work?** | Yes | [ ]  | No | [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you free to remain and take up employment in the UK with no current immigration restrictions? | Yes | [ ]  | No | [ ]  |
| **If no, please give further details include restrictions to the number of hours you are able to work i.e. Student Visa, 20 hours.** |       |

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| **If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.** |

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| --- | --- | --- | --- | --- |
| **Driving Licence – if relevant to post applied for.**Do you hold a full, clean driving licence valid in the UK? | Yes | [ ]  | No | [ ]  |

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| Section 2 Present Employment |
| **Present Employment**  |

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

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

|  |  |
| --- | --- |
| Postcode: |       |

|  |  |
| --- | --- |
| Post Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Appointment (MONTH / YEAR): |   | **Salary:** |  |

|  |  |
| --- | --- |
| Department / Section: |       |

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| --- |
| **Brief description of duties:** |
|   |
| Continue on a separate sheet if necessary |

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| --- | --- | --- | --- |
| Period of Notice: |   | **End Date (MONTH/YEAR)**(if no longer employed)**:** |       |

|  |  |
| --- | --- |
| **Reason for leaving**(if no longer employed)**:** |   |

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| --- |
| Section 3 Previous Employment |
| **Previous Employment** (most recent employer first). Please cover the last 10 years and state nature of business. Please ensure that any gaps in the employment history are explained, i.e unfit to work, unemployment, caring for relatives. When completing dates, please include the month as well as the year. |
|  |

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

|  |  |
| --- | --- |
| Address: |   |
|  |  **Postcode**       |
| **Start Date:** |   | End Date: |   |

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

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| --- |
| **Summary of duties:** |
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| --- | --- |
| **Reason for leaving:** |   |
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|  |  |
| --- | --- |
| Name of Employer: |   |

|  |  |
| --- | --- |
| Address: |   |
|  |  **Postcode**  |
| **Start Date:** |  | End Date: |  |

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

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| --- |
| **Summary of duties:** |
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| --- | --- |
| **Reason for leaving:** |  |
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|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |
| --- | --- |
| Address: |       |
|  |       **Postcode**       |
| **Start Date:** |  | End Date: |  |

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

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| --- |
| **Summary of duties:** |
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| --- | --- |
| **Reason for leaving:** |  |
| Continue on a separate sheet if necessary |

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| Section 4 Education |
| Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first: |

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| --- | --- | --- |
| **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, Registered or Management Qualifications |
| e.g. CQSW, NVQ4, RMA or LMC, RMNH, RMN, RGN, DMS, CMS, MBAPlease give details: |

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| --- | --- |
| **Professional/Registered/****Management Qualifications** | **Course Details** |
|       |       |
| Continue on a separate sheet if necessary |

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| Section 5 Training and Development |
| Please give details of any training and development courses or non-qualifications courses which support yourApplication. Include any on the job training as well as formal courses. |

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| --- | --- |
| **Title of Training Programme or Course** | **Duration of Course** |
|   |   |
| Continue on a separate sheet if necessary |

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| Section 6 Personal Statement |
| **Abilities, skills, knowledge, and experience.**Please use this section to explain in detail how you meet the requirements of the Job Specification. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used. |

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| Continue on a separate sheet if necessary |

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| **Section 7 Rehabilitation of Offenders Act (1974)** |

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| This post is offered subject to a satisfactory Enhanced Disclosure and Barring Service (DBS) check and is exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are not entitled to withhold information when asked about convictions which for other purposes are ‘spent’ under the provision of the Act. In the event of employment any failure to disclose such convictions could result in dismissal or disciplinary action. Information given will be completely confidential. |

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| If you would like to discuss any conviction that you think may affect your application, please give details / dates of offence(s) and sentence: |
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| **Section 8 Protecting Children and Vulnerable Adults** |
| **Enhanced Checks** Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post? | Yes | [ ]  | No | [ ]  |

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| **Section 9 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. |

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| Do you have a disability which is relevant to your application? | Yes | [ ]  | No | [ ]  |

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| If yes, please give details: |
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| **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.** |

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| --- | --- | --- | --- | --- |
| **Do we need to make any specific arrangements in order for you to attend the interview?** | Yes | [ ]  | No | [ ]  |

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| If yes, please give details: |
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**Section 10 Vaccination Programme**

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| ***Health and Social Care Act 2008 (Amended) Coronavirus. All applicants applying for positions within the Health and Social Care Sector are to have received both Coronavirus Vaccinations. This is a mandatory requirement and in force from the 1st of April 2022.*** This post is offered subject to satisfactory evidence of receiving both doses of the CORONAVIRUS Vaccination or Letter of exemption. **In the event of employment any failure to disclose such proof could result in dismissal or disciplinary action. Information given will be completely confidential.** |

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| Date First Dose Received: | Date Second Dose Received: | Date Booster Received: |
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| --- | --- | --- |
| Letter of Exemption: | Received From: | Reason |
|  |  |  |

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| **Section 11 References** |

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| 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. |

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| **Reference 1 (current or most recent employer)**  |  | **Reference 2 (previous employer or character reference)**  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Position (Job title): |       | **Position (Job title):** |       |

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

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

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

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

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you willing for this referee to be approached prior to the interview? | Yes | [ ]  | No | [ ]  | Are you willing for this referee to be approached prior to the interview? | Yes | [ ]  | No | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Reference sent on: |  | Reference sent on: |  |
| Received on: |  | Received on: |  |

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| **Section 12 Declaration** |

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| **A. Relatives/Other Interests**Any candidate who directly or indirectly canvasses an employee of the Company will be disqualified from consideration for the job. The Company does not bind itself to appoint any applicant. |

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| --- | --- | --- | --- | --- |
| Are you related to or do you have a close personal relationship with an employee(s) of CEEDS MIDLANDS LTD? | **Yes** | [ ]  | **No** | [ ]  |

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

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| **B. Statement to be Signed by the Applicant**The Company is committed to an anti-fraud culture and participates in statutory anti-fraud initiatives.Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.**I acknowledge that Ceeds Midlands Ltd is under a duty to protect the Service Users it supports and to this end I agree it may use information provided on this form for the prevention and detection of crime and it may share this information with other bodies solely for these purposes. I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for data registration purposes.****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**
* **I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.**
 |

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| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |
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| --- | --- | --- | --- | --- |
| If appointed, do you have any interests or hold any appointments that may conflict with employment by the Company in the role for which you have applied?If yes, please detail on a separate sheet. | **Yes** | [ ]  | **No** | [ ]  |

 Where did hear about the Job Position i.e. (media, college, university)

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|  |

(NB. Candidates selected for interview will normally be notified within four weeks of receipt of application. Unfortunately, applicants who do not hear from Ceeds Midlands Ltd must conclude that their application has been unsuccessful on this occasion. Thank you for your interest in this post.

**Ceeds Midlands Ltd 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.**

**If you are returning this form by email, you will be asked to sign your application at interview.**

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| **SECTION 13: Equal Opportunities Form** |

**Ceeds Midlands Ltd wants to ensure it meets the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.****The information you provide is used to monitor our recruitment process to ensure we promote equality of opportunity.****Please return the completed form via email to** **admin@thearkcentre.info****Gender: Man  Woman  Intersex  Non-binary  Prefer not to say ** **If you prefer to use your own term, please specify here …………………….****Are you married or in a civil partnership? Yes  No  Prefer not to say ****Age: 16-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65+** **Prefer not to say ****What is your ethnicity?****Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box*****White***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **English ** | **Welsh **  | **Scottish ** | **Northern Irish **  | **Irish ** |
| **British **  | **Gypsy or Irish Traveler **  | **Prefer not to say ** |

**Any other white background, please write in:** ***Mixed/multiple ethnic groups***

|  |  |  |
| --- | --- | --- |
| **White and Black Caribbean ** | **White and Black African **  |  |
| **White and Asian ** |  **Prefer not to say **  |  |

**Any other mixed background, please write in:*****Asian/Asian British*****Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say ** **Any other Asian background, please write in:** ***Black/ African/ Caribbean/ Black British*****African  Caribbean  Prefer not to say ** **Any other Black/African/Caribbean background, please write in:** ***Other ethnic group*****Arab  Prefer not to say  Any other ethnic group, please write in:** **Do you consider yourself to have a disability or health condition?** **Yes  No  Prefer not to say ****What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:****The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.****What is your sexual orientation?****Heterosexual  Gay  Lesbian  Bisexual ****Prefer not to say  If you prefer to use your own term, please specify here** **……………………………………………….….** **What is your religion or belief?****No religion or belief  Buddhist  Christian  Hindu  Jewish ****Muslim  Sikh  Prefer not to say  If other religion or belief, please write in:** **What is your current working pattern?****Full-time  Part-time  Prefer not to say ****What is your flexible working arrangement?****None  Flexitime  Staggered hours  Term-time hours ****Annualised hours  Job-share  Flexible shifts  Compressed hours ****Homeworking  Prefer not to say  If other, please write in:** **Do you have caring responsibilities? If yes, please tick all that apply****None  Primary carer of a child/children (under 18) ** **Primary carer of disabled child/children ** **Primary carer of disabled adult (18 and over) ** **Primary carer of older person ****Secondary carer (another person carries out the main caring role) ****Prefer not to say ** |

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| R E T U R N I N G T H I S F O R M |
|  **By Hand or Post:**Human ResourcesCeeds Midlands Ltd The Ark Centre 47-51 Shirley Road, Acocks Green, Birmingham, B277XU  | **By E-Mail:**admin@thearkcentre.info**Enquiries:**Telephone: 0121 7080080 |

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| **For Office Use Only:** |
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