

Application Form

You must complete all sections of the Application Form in black ink or electronically. We will use this form to help us decide on your suitability for the post so please make sure it is accurate and complete. Curriculum Vitae will not be accepted. Guidance Notes are included to help you complete this form.

Position applie	d for:			Closing date:			
Where did you	Where did you first learn of this vacancy?						
If existing Resto	orative emplo	yee please include t	heir nam	e:			
Personal Detail	Personal Details & Contact Details						
Title:	Surname:			Forenames (in full)):		
Please also pro	ovide details	of any former names					
Home Address	:			Daytime Telephon	e No:		
inc Post Code				Evening Telephon	e No:		
				Mobile No:			
E-mail:				National Insurance	e No:		
Do you have a insurance for the		g license with access	s to a veh	icle and the ability t	to add busi	ness	
Address History	y (please include	e last five years)					
Address:					From / to:		
Address:					From / to:		
Address:					From / to:		
Address:					From / to:		
Address:				From / to:			
Entitlement to work in the UK All applicants will be asked at interview to provide documentary evidence of their right to work in the UK							
Do you have an	y restrictions	that apply to you?					
YES NO							
*If yes – please give	e details of any re	estrictions:					

1. References

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Please provide details of two referees who can comment on your suitability for this post. The referee must be a line manager or supervisor. References from relatives or people who only know you as a friend are not acceptable. If you do not wish us to contact a referee prior to interview, then please tick the appropriate box and use a separate sheet to explain why. If you have not worked previously, then please give details of a school/college/university official.

Restorative SCS may also go further back to request references, if you have had employment with other Social Care Providers including Children's or Adults. The references will be requested using the companies standard reference request form.

request form.						
Referee 1 (current or mos	t recent employer)	Referee 2				
Name:		Name:				
Relationship to applicant:		Relationship to	applicant:			
Position:		Position:				
Employer/University/Colle	ege Name:	Employer/Unive	ersity/College Name:			
Address:		Address:				
Post Code:		Post Code:				
Telephone No:		Telephone No:				
E-mail:		E-mail:				
2. Current Employment (or last employment if not currently employed)						
Employer Name:		Post Titl	e:			
Employer Address:						

Employer Name:	Post Title:	
Employer Address:		
Start date (dd/mm/yyyy):	End date (dd/mm/yyyy): (if applicable)	
Please give a brief description of current duties, responsibilities and achievements:		
Reason for leaving this post:		
What is your contractual period of notice?	Current Salary:	

(Please list all your employment history and continue on an additional sheet if necessary.) To meet The Children's Homes (England) Regulations 2015, if you have previously worked in a position involving work with children or vulnerable adults, we will contact these companies to verify of the reason why the employment or position ended. Failure to provide a full history may delay the start of your employment or result in an offer of employment being withdrawn.

Name and address of Employer	Job Title	Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)	Reason for leaving

4. Gaps in Employment

Please indicate and explain any gaps in employment since first leaving secondary education. Include specific dates and be sure to account for all gaps, whatever their length.

Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)	Reason for gap

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If the post requires a particular	qualification,	you will b	e asked to	produce	original	evidence at	your ir	nterview
if short-listed.								

Secondary and Further Education (please list in chronological order and start / finish dates mm/yyyy)	Level	Subjects	Grade/Result	Year Obtained (yyyy)

Other training and development (including professional, vocational or job related training)

Title and brief description of course	Date

Membership of Professional Associations or Statutory Body

Organisation Name	Level of Membership/Role/Registration No. (if applicable)	Registration Date
Are you subject to any conditions or prohibitions *If Yes – please provide details in a sealed envelope and att		≺. ☐ ☐ *YES NO

This section is the most vital part of the form. We need you to give us specific information to support your application so that we can short-list in a fair and unbiased way. We recommend that you provide as much evidence as possible to show how your skills, abilities, knowledge and experience meet the selection criteria in the post description and person specification (where provided). These documents describe the essential experience and knowledge required for the post and may include competencies required. Please provide examples which relate directly to the post you are applying for:

7.	Additional	Information

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Please confirm whether this will be your only employment?
* If no, provide details including days and hours worked and whether full- or part-time:
Have you been the subject of a formal disciplinary sanction or are you in the process of ongoing disciplinary proceedings in your current employment? *YES NO
Have you been dismissed from any previous employment? *YES NO
* If yes, please indicate which employment and specify the reasons for your disciplinary / dismissal (use a separate sheet if necessary):
If you are short-listed for interview the panel will discuss this with you and your current or previous employers.
Please note the following: If you are related to anyone in this organisation please provide details (refer to notes below):

A) Enhanced DBS Check:

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All posts defined as "regulated activity" are subject to an Enhanced DBS check so that any criminal background (including "spent" convictions, bind-over orders or cautions) is disclosed to the organisation. We cannot employ someone to this post without this check. If you are successful in applying for this post we will ask the DBS for a Disclosure.

The position for which you are applying involves contact with vulnerable groups. It is exempt from the Rehabilitation of Offenders Act 1974 and all subsequent amendments (England and Wales). For this position you are not entitled to withhold information about police cautions, bind-overs, or any criminal convictions that would otherwise have been considered "spent" under the Act.

Have you ever been convicted of any offence, been bound-over, or given a caution? (see notes above)

*If yes, please give details in the space provided below. The information you pro	vide will be treated in confidence.
Are you currently the subject of any police investigations following	ng allegations made against you?
*If yes, please give details in the space provided below. The information you pro	vide will be treated in confidence.
B) Safeguarding Declaration:	
I declare that the information I have given on this form is comple	ete and accurate and that:
I am not barred or disqualified from working with vulnerable Lam not subject to any conditions or gooditions on my ample The not subject to any conditions or gooditions on my ample The not subject to any conditions or gooditions on my ample The not subject to any conditions or gooditions on my ample The not subject to any conditions or good to the subject to any conditions or good to the subject to any conditions or good to the subject to the subject to any conditions or good to the subject to any conditions or good to the subject	
 I am not subject to any sanctions or conditions on my employ Authority, Secretary of State or other regulatory body 	yment imposed by the independent Saleguardin(
Print Name:	Date:
By ticking this box I agree that all information provided is	true and correct.

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C)	General	Dec	laration

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Data Protection

In accordance with the General Data Protection Regulations 2018 (GDPR), this organisation will only use the information given on this application form to determine your suitability for this post and to monitor equal opportunities. We will keep application forms of unsuccessful candidates for six months before being destroyed.

EQUAL OPPORTUNITIES MONITORING FORM - IS SECTION TO BE COMPLETED BY ALL APPLICANTS (this form will not be used as part of any selection process)

(this form will not be used as part of any selection process)

Please help Restorative Social Care Services prevent unfair discrimination by answering ALL of the following questions and ticking the appropriate box. This information will be treated in the strictest confidence and only used to enable us to monitor our performance as an equal opportunities employer. It will not be seen or used by anyone involved in selecting candidates for interview.

Post Title:			Post No:					
First name(s):			Surname:					
Date of Birth:	of Birth:		Male: Female:					
Ethnic Origin/Nation	nality: My Ethnic Origin is	:						
White	Mixed	Asian		Blac	k	Oth	er	
01 British	21 Black and White Caribbean	41 Indian or British Indian			61 Caribbean		81 Chinese	
02 Irish	22 Black and White African	42 Pakis British P			62 African		85 Any Other	
19 Other White	27 Chinese and White	43 Bangladeshi, British Bangladeshi			63 Other Black or Black British		99 Prefer not to say	
	28 Any other mixed background	44 Othe British A	,					
Sexual Orientation:								
Bisexual	Gay	Heteros	exual		Lesbian		Prefer not to say	
Religion (please tick one box only; categories determined by Office of Population Census and Surveys)								
Christian	Buddhist	Hindu			Jewish		Muslim	
Sikh	All other religions, beliefs or faiths	No relig	ion		Prefer not to say			

Disability:	Restorative SCS – Application Form					
The Disability Discrimination Act defines disability as a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities.						
Do you consider yourself to be disabled?	*YES NO					
*If yes, please give details in the space provided below. The information	you provide will be treated in confidence.					
If you are disabled, are there any arrangements we can moop, sign language interpreter, audio tape or other adjust						
Please detail requirements:						
We will interview all disabled applicants who meet the min er them on their skills and experience. Please sign here if y viewing manager so that you can be considered under the	you are happy for your details to be passed to the inter-					
Print Name:	Date:					
By ticking this box I agree that all information provi	ded is true and correct.					
It would also help us to know any barriers you have faced would also use this space to make suggestions on how w						

Has applicant completed self-disclosure form?

Has applicant provided 2 references?

YES NO

YES NO

Is one reference from most recent employer?	YES	NO NO				
Is employment history fully complete and without any gaps?	YES	NO NO				
Is National Insurance number provided?	YES	NO				
If answered No to any of the above, refer back to applicant before progressing to interview						
Any queries to be addressed at interview stage						
1.						
2.						
3.						
4.						
5.						