**The following information will be treated in the strictest confidence.**

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| **Job Details** | |
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| **Post Applied for:** | **Key Worker /Youth Worker** |
| **Office Location: London Tooting** | **Nights Shift**  **Bank Shift**  **Floating Support** |

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| **Personal Information** | | | | | | | |
| **Surname:** | | | |  | | | |
| **First Name:** | | | |  | | | |
| **National Insurance Number:** | | | |  | | | |
| **Address:** | | | |  | | | |
| **Contact Details** | | **Daytime** | | | | **Evening** | |
| **Telephone Number:** | |  | | | |  | |
| **Mobile:** | |  | | | |  | |
| **Email Address:** | |  | | | | | |
| **Are you Registered with Professional Bodies** | | |  | | **Registration No:**  ***(this will be checked prior to short listing)*** | | |
| **Are you involved in any activity which might limit your availability to work or your working hours e.g. local government?** | | | | | | |  |
| **If yes, please give details** | **Part- time Local authority employee** | | | | | | |
| **Are you subject to any restrictions or covenants which might restrict your working activities?** | | | | | | |  |
| **Have you any convictions (other than the spent convictions under the Rehabilitation of Offenders Act 1974)?** | | | | | | |  |
| **If yes, please give full details** |  | | | | | | |
| **If offered employment, you will be required to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination before employment?** | | | | | | |  |
|  | | | | | | |  |
| **If yes, please give full details** |  | | | | | | |
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| **Do you need a work permit to take up employment in the UK?** | | | | | | |  |

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| **Driving Status** | | | | | | |
| **Full Driving Licence?** |  | **Do you have a car?** | |  | **Do you have any endorsements** |  |
| **If yes, please give details including dates:** | | |  | | | |
| **Interests, Achievements, Leisure Activities (e.g. hobbies, sports, club memberships)** | | | | | | |
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| **Current/Last Employer** | | | | | | |
| **Name & Address of Employer** | | | **Position Held:** | | **Salary:** | |
|  | | |  | |  | |
| **Position Held Since:** | | **Length of Notice Period:** | |
|  | |  | |
| **Summary of duties and responsibilities:** | | | | | | |
| **Reason for leaving:** | | | | | | |
| **Employment History** | | | | | | |
| **Please detail any previous employment you have held, starting with the most recent (not including your present company as stated above) If you have worked within a social care environment we will need to contact your ex employer for a reference, so please state referees name. Also if there any gaps in employment please state why.** | | | | | | |
| **Employer**  (Name & Address) | **Start Date**  Month & Year | **Date To**  Month & Year | | **Post Held /Key Responsibilities & Achievements** | | **Reason for Leaving & Salary** |
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**N.B Dates must include month and year in *all* instances. Breaks in employment *must* also be detailed.**

**Applications cannot be considered unless this information is provided**

**Please continue on a separate sheet if necessary.**

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| **Education and Professional Qualifications** | | | |
| **Schools attended since age 11** | **From** | **To** | **Examinations and Results** |
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| **College or University** | **From** | **To** | **Courses and Results** |
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| **Further Formal Training** | **From** | **To** | **Diploma/Qualification** |
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| **Job Related Training Courses**  **Name of Organisation** | **Date** | **Subject** | |
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**Please continue on a separate sheet if necessary**

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| **Supporting Statement** |
| **Please provide a supporting statement as to why you feel you should be considered for the role. Take the opportunity to explain how you meet each requirement listed on the person specification.** |
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**Please continue on a separate sheet if necessary**

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| **Disciplinary Action** |
| **Have you been subject to any disciplinary action at work?**  **If yes please give brief details** |

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| **References** |
| **Please give the names of two referees who can provide professional or educational references (not character). The first must be from your present or last employer/voluntary organisation, if applicable. The person you name must hold a managerial or personnel position in that organisation and have access to your records. If you have ever been employed in a child care capacity or if you have worked for your previous two employments for less than five years we will need to confirm employment for all others up to and including five years’ service and *all* previous social care employers. All written references will be verbally verified.** |

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| --- | --- | --- | --- |
| **Reference One**  **Present or last employer** | **Name:** |  | |
| **Job Title:** |  | |
| **Date from:** |  | |
| **Address:** |  | |
| **Telephone:** |  | |
| **Email:** |  | |
| **I agree to this reference being taken prior to any interview:** | | |  |

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| **Reference two**  **Present or last employer** | **Name:** |  | |
| **Job Title:** |  | |
| **Date from:** |  | |
| **Address:** |  | |
| **Telephone:** |  | |
| **Email:** |  | |
| **I agree to this reference being taken prior to any interview:** | | |  |

**Please complete if your first two references does not cover 5 years of employment**

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| **Reference three**  **Present or last employer** | **Name:** |  | |
| **Job Title:** |  | |
| **Date from:** |  | |
| **Address:** |  | |
| **Telephone:** |  | |
| **Email:** |  | |
| **I agree to this reference being taken prior to any interview:** | | |  |

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| **Reference four**  **Present or last employer** | **Name:** |  | |
| **Job Title:** |  | |
| **Date from:** |  | |
| **Address:** |  | |
| **Telephone:** |  | |
| **Email:** |  | |
| **I agree to this reference being taken prior to any interview:** | | |  |

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| **Reference five**  **Present or last employer** | **Name:** |  | |
| **Job Title:** |  | |
| **Date from:** |  | |
| **Address:** |  | |
| **Telephone:** |  | |
| **Email:** |  | |
| **I agree to this reference being taken prior to any interview:** | | |  |

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| **Declaration** |
| **I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal.**  **I understand these details will be held in confidence by L.A.S.H.A for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.** |

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| **Signature:** |  |
| **Name** |  |
| **Date:** |  |