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| Macintosh HD:Users:papalazarou82:Documents:ASCC:Coprorate Identity:ascc-logo.jpg **Application Form** |
| **Please read carefully all instructions before completing this form.** Please use BLOCK CAPITALS, black ballpoint pen or typescript since it will be necessary to photocopy your application. |

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| --- | --- | --- | --- |
| Application for the post of: |  | | |
| Location: |  | | |
| Job reference no (if known) |  | Closing date: |  |
| Please state where you first saw this post advertised: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Forename(s) | | Surname | |
|  | |  | |
| Address | Post Code | | |
| Home Telephone Number | | | Mobile Telephone Number |
|  | | |  |
| Email Address | | | Do you have a National Insurance Number? Yes/ No |
|  | | |  |

### Education, qualification and training

Please include relevant qualifications obtained and any relevant training courses attended

|  |  |
| --- | --- |
| Subjects studied and/or training completed | Grades and or qualifications gained. |
|  |  |

**Employment History**

(Current or most recent employer)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Give details of your present or most recent employer, your reason for leaving and the amount of notice you required, if you are a school leaver, please include details of any work experience. | | | | |
| Name and address of Employer | From Month Year | To Month Year | Notice required |
|  |  |  |  |
| Job Title | | | | |
|  | | | | |
| Description of duties and responsibilities | | | | |
|  | | | | |

Are you currently under investigation with any of your employers? If yes, please give details

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|  |
| YES  NO |
|  |

Have you been dismissed or asked to resign by a previous employer? If yes, please give details

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|  |
| YES  NO |
|  |

**Are you legally permitted to work in the UK without restriction? YES**   **NO**

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous employment**  List all other employers, **account for any gaps in employment**. Continue on a separate sheet if required | | | |
| Employers Name | Position Held | From  Month  Year | To  Month  Year |

**Knowledge, Skills & Experience**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **This is a vital part of the application.**  **Please read the Job Description and the Person Specification before completing this section.**  Your application will be shortlisted against the information you provide us with, as the selection panel will not make assumptions as to the knowledge, skills and experience you may have gained.  Please provide detailed information demonstrating how you meet the essential and desirable criteria for this job position. | | | | | | | | | |
|  | | | | | | | | | |
| **Criminal Records/Convictions**  **Applicants need to be aware that it is the policy of the organisation in all cases to obtain a Disclosure and Barring Service Enhanced Disclosure on each prospective employee before they commence their employment with the organisation.**  The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers , and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website*.*  Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013). | | | | | | | | | |
| (Please tick) YES  NO  If yes, please give details below: | | | | | | | | | |
|  | | | | | | | | | |
| **It is a criminal offence for a person to knowingly apply for a position which they are barred from. Is there any reason why you cannot work with children/adults at risk?**  (Please tick) YES  NO  If yes, please give details below: | | | | | | | | | |
| **Ability to drive**  If the role requires you to drive in the course of your duties as stipulated in the job description, please confirm: | | | | | | | | | |
| How many years have you been fully qualified to drive? | | | | | ………………………………………… | |  | | |
| That you have a current UK driving licence? | | | | | YES | | NO | | |
| That you have use of a vehicle?  Whether you have any driving endorsements?  If yes, please state what these endorsements are: | | | | | YES  YES | | NO  NO | | |
| **Equality & Diversity**  All applicants who have a disability and meet the criteria will be interviewed.  Do you consider yourself to have a disability? YES  NO  We are an equal opportunities and Disability Confident Employer. Please contact HR if you would like further information.  Or see <https://www.gov.uk/recruitment-disabled-people/encouraging-applications> | | | | | | | | | |
| **References**  **Please give details of a minimum of two referees, the first of which must be your current or most recent employer. If you have held a previous role within the Health and Social Care Sector, you are required to provide referee details for this employment. We cannot accept references from family members, friends or neighbours. If you are only able to provide one employment reference, please ensure that any second reference is somebody of a professional background within the community, i.e. teacher, lecturer, doctor, accountants, police officer etc. Referees will be contacted if you are successful at interview. Employment is offered subject to successful completion of pre-employment checks which include receipt of two satisfactory references. We reserve the right to determine what constitutes a satisfactory reference.** | | | | | | | | | |
| **1. Current/most recent employer** | | |  | | **2. Second Referee (Previous Employer)** | | |  | |
| **Title**  **Name** | |  | | | **Title**  **Name** |  | | | |
| **Address**  **Work e mail address:** | |  | | | **Address**  **e-mail address** |  | | | |
| **Postcode** | |  | | | **Postcode** |  | | | |
| **Telephone** | |  | | | **Telephone** |  | | | |
| **Relationship to you:** | |  | | | **Relationship to you:** |  | | | |
| **Declaration**  **I confirm that I am of suitable physical and mental health to undertake the role that I have applied for.**  **I declare that the information contained on this application form is correct.**  **I understand that providing false or misleading information may lead to the offer of employment being withdrawn, or, if I have commenced employment, to my dismissal from the organisation.**  **I understand that the information provided by me on this application form will be processed by the organisation in line with the Privacy Notice for Job Applicants.**  **I understand that I will be required to show evidence of my identity, qualifications and eligibility work in the UK as part of the pre-employment process and prior to a job offer being confirmed.**  **I understand that the information provided by me on this application form will be processed by the organisation in line with the Privacy Notice for Job Applicants as detailed on the organisation’s website and which I have read and understood.** | | | | | | | | | |
|  | **Signature** | | | **Date** | | | | |  |
|  |  | | |  | | | | |  |
| Please return completed form to Human Resources Department,  Autism Initiatives, Petersfield, Bridle Road, Bootle, Liverpool, L30 4XR  or  Email a copy to [recruitment@autisminitiatives.org](mailto:recruitment@autisminitiatives.org)  **NOTE: By Emailing a completed form you are declaring that all the information is correct**  **and you understand and agree with above declaration.** | | | | | | | | | |

**Equal Opportunities Form**