**Application for Employment**

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| **POSITION: PLEASE STATE POSITION BEING APPLIED FOR**  **Where did you hear about this job?**  **Closing Date:**  **Group Interviews:**  **Panel Interviews:**  **Notes for completion:**  Please complete this form and return via email to admin@swedauk.org  Please add extra boxes where needed or additional sheets may be attached.  Please complete all sections; please note “refer to CV” will not be accepted. |
| The contents of this form will be treated as confidential |

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| **PERSONAL DETAILS** |
| **Surname:** |
| **Forenames:** |
| **Address:**  **Post Code:** |
| **Telephone Number Landline: Mobile:** |
| **NI Number:** |
| **Email:** |
| **Do you have a current driving licence?** |
| **If there are any endorsements on your driving licence, please give details:** |
| **Do you own a car?** |

**EDUCATION HISTORY**

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| **School/College/**  **University attended** | **Dates of attendance** | **Qualifications Gained** |
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**CONTINUED PERSONAL DEVELOPMENT**

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| **Courses/Workshop Title** | **Dates of attendance** | **Skills/Qualifications Gained** |
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**EMPLOYMENT HISTORY**

**(Beginning with your most recent employer)**

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| **Dates of Employment:** |
| **Name and address of employer:** |
| **Job Title:** |
| **Duties** |
| **Reasons for applying for this appointment:** |
| **Notice Period: Current Salary:** |

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| **Dates of Employment:** |
| **Name and address of employer:** |
| **Job Title:** |
| **Duties:** |
| **Reasons for Leaving:** |

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| **Dates of Employment:** |
| **Name and address of employer:** |
| **Job Title:** |
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| **Reasons for Leaving:** |

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| **GENERAL COMMENTS**  Referring to the job description and person specification, please detail your reasons for applying for this position, your main achievements to date and the strengths you would bring to this post.  This is the part of the application form where you can bring to our attention any qualities you believe we should be aware of.  If you find that there is insufficient space, please continue on a separate sheet. |
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| **LEISURE**  Please give details of your leisure interests, sports, hobbies and other pastimes. |
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| **HEALTH DETAILS**  To enable us to meet your needs, are there any health issues you wish us to be aware of at this stage of application? SWEDA actively encourages applications from people with personal experiences of eating disorders. Please also list all absences from work during the past twelve months and the reason for such absences. |
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| **CONVICTIONS**  Because we work closely with children, young people and vulnerable adults we have a duty to ensure that anyone we employ is safe to work with our clients.  So, we need to ask you some questions to help us make safe recruitment decisions.   If you answer yes to any of the following questions, it may mean that we need to ask you for further details to make a decision.  If at any point you would prefer to speak to us to disclose something, please say and we can arrange that.  Relevant information is only shared as appropriate with the recruitment panel and the designated safeguarding lead.  We ask that you answer the following questions honestly.  If you are appointed to the position, then an Enhanced Disclosure and Barring check will be carried out. This will contain details of all spent and unspent convictions, cautions, reprimands and final warnings. | |
| Do you have any unspent conditional cautions, reprimands, warnings, or convictions under the Rehabilitation of Offenders Act 1974, whether in the United Kingdom or any other country? | Yes / No |
| Do you have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020? | Yes / No |
| Do you have any record of disciplinaries in your current or previous positions, or have you had any allegations made against you? | Yes / No |
| Is there anything that would prevent you from working with children or vulnerable adults? | Yes / No |
| Is anyone living with you at the same address banned from working with those groups? | Yes / No |
| Are you known to social services or children’s services or currently under investigation by any of these or related agencies? | Yes / No |
| Please use this space to explain any gaps within your employment history (if applicable): | |

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| **REFERENCES**  As a representative of SWEDA you will come into contact with vulnerable people. The Trustees, as employers, need to ensure your suitability. Please give names of two referees not related to you, one of which would include your most recent employer. We will NOT take up references prior to the job offer. |

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| **Name:** | **Name:** |
| **Address:**  **Postcode:** | **Address:**  **Postcode:** |
| **Email:** | **Email:** |
| **Landline:** | **Landline:** |
| **Mobile:** | **Mobile:** |
| **Length of time you have known this person and in which capacity:** | **Length of time you have known this person and in which capacity:** |

I confirm that the above information is true and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered

**Signed: Date:**

The completed application form should be returned to admin@swedauk.org

\* PRIVATE & CONFIDENTIAL \*

EQUALITIES MONITORING FORM

In accordance with our policy on equalities and diversity in employment, SWEDA will provide equal opportunity to any employee or job applicant and will not discriminate either directly or indirectly on the grounds of: age, disability, gender reassignment, being married or in a civil partnership, being pregnant or on maternity leave, race including colour, nationality or national origin, religion or belief, sex and sexual orientation

In order to assess how successful this policy is, we have set up a system of monitoring all job applications. We would therefore be grateful if you would complete the questions on this form. We have asked for your name to enable us to monitor applications at shortlisting and appointment as well as application stage.

All information will be treated in confidence and will not be seen by staff directly involved in the appointment. The questionnaire will be detached from your application form, stored separately and used only to provide statistics for monitoring purposes. Thank you for your assistance.

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| Post title: |
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| Full name: |
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| 1. Gender: |
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| 2. Date of Birth: |
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| 3. Marital/Civil Partnership status: |
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| 4. Do you have responsibility for dependants? (Dependants relates to children, or elderly or other persons for whom you are the main carer.) |
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| 5. Do you consider yourself disabled? |
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| 6. Sexual orientation? |
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| 7. Race including colour, nationality, ethnic or national origin?) |
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| 8. Religion or Belief? |
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| 9. Are you pregnant or breastfeeding? |
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| Data protection: Information from this application may be processed for purposes registered by the Employer under the Data Protection Act 1998. Individuals have, on written request [and on payment of a fee] the right of access to personal data held about them.  I hereby give my consent to SWEDA processing the data supplied in this form for the purpose of recruitment and selection.  **SIGNATURE**…………………………………………………………………… **DATE**……………………………………………………… |