

KASBAH – Supporting Disabled People Towards Independence Job Application Form

# In Confidence

Once complete, please return to: Sophie Aiken, 7 The Hive, Northfleet, Kent, DA11 9DE

Please answer all questions fully using block capitals and black pen ink. You may continue where necessary on a separate sheet and you may attach your CV if you wish.

**Read the below carefully:**

Rehabilitation of Offenders Act 1974 (Exceptions Order) 1975: The Rehabilitation of Offenders Act gives individuals the right not to disclose details of 'spent/filtered' offences if asked about their criminal record. However, for certain excepted professions, offices and employments, ex-offenders have to disclose information about spent/Filtered, as well as unspent convictions such as in the case of working at KASBAH in any capacity, any spent/Filtered/unspent **must be disclosed** on the attached Rehabilitation of Offenders declaration form **(if the Rehabilitation of Offenders Declaration form is not completed and attached with this job application form, or you have not signed the declaration as below (at the end), your application will not be processed):**

Application for the post of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal details:

Surname:………………………………………..… Forenames:…………….…………….

Address:…………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

Postcode: ……………………………… LAN line:……………………….

Email address:.................................... Mobile:...........................................

|  |  |  |  |
| --- | --- | --- | --- |
| School: | Qualifications: | Subject: | Date(s) obtained: |
| Training/courses attended: | | Date(s): | Length of course: |

Membership of professional bodies/professional qualifications:

|  |  |  |
| --- | --- | --- |
| Name of body/qualification: | Class/grade of membership: | Date obtained: |

## Present or most recent position -

Title:………………………………………….……………………………………….

Start date:……………………………. Notice period:………………………………..

Salary:……………………

Employer name and address:………………………………………………………….

…………………………………………………………………………..…………………………..

Telephone number: ……………………………………………………………………….

Email address:………………………………………………………………………..

|  |
| --- |
| Main duties and responsibilities: |

How many days have you been absent from work due to sickness in the last two years?

……………..

|  |
| --- |
| **Summary of previous positions held:**  Employer:  Position/Title:  Start and finish dates:  Summary of responsibilities:  Reason for leaving:    Salary: |
| Employer:  Position/Title:  Start and finish dates:  Summary of responsibilities:  Reason for leaving:    Salary: |
| Employer:  Position/Title:  Start and finish dates:  Summary of responsibilities:  Reason for leaving:    Salary: |

**Skills and Experience:**

|  |
| --- |
| Please explain why you think you are suitable for this post by indicating how you satisfy the criteria on the person specification, drawing on your personal and work experiences, education, training and personal interests: |

Available dates to commence work: ………………………………………………..

Are you able to drive? Yes / No

If so, do you have a current clean driving licence? Yes / No

If not, please explain further:................................................................................

Are you a car owner? Yes / No

Would you consider yourself to be in good health? Yes / No

Are there any conditions you would like us to be aware of, if so,–

please complete the pre employment disability disclosure Yes / No

Have you had an enhanced DBS check in the last 12 months? Yes / No

Do you require a Visa /Work permit to work in the UK?  Yes / No

**If yes, send a copy of this with the application - stating the expiry**:………………………………..

How many hours are you able to work per week? .............................................

Are you able to work evenings, weekends and bank holidays? ....................................

Are you available at short notice to cover shifts? Yes / No

Please provide the names and addresses of at least three referees (only two will be contacted unless a reference is not provided by one of the two) – one of which should be your last employer or course tutor (with business email address) if you have not been employed before and were a student. References from family or friends will not be accepted.

**Referees:**

|  |  |
| --- | --- |
| **Name:**  **Position:**  **Email address (not telephone number):** | **Name:**  **Position:**  **Email address (not telephone number):** |
| **Name:**  **Position:**  **Email address (not telephone number):** |

Do we have your permission to take up references before confirmation of the job offer: Yes / No

**Disclosure and Barring Service (DBS) check**

Your employment is conditional upon a satisfactory enhanced children & adult DBS Disclosure being carried out before commencing employment. This certificate will be paid for by KASBAH and remain property of KASBAH throughout your employment with the organisation.

**KASBAH’s Child and Vulnerable Adults Safeguarding Policy (see attached)**

I fully understand my responsibilities toward that of Health & Social Care, service user safeguarding and duty of care.

**Holding your personal data**

Please note that this application and relevant forms that form part of the recruitment pack will be kept on file (even if you are not successful for this position or bank vacancies are not available at this time). If you prefer **we do not keep your details** for future suitable vacancies, please tick the **opt out box and your form will be destroyed**. If you have not ticked this box, we shall retain your information for one year from the date below or the date it was received to the office.

**Tick the below Opt out box if you wish for your details to be destroyed if your application is not successful on this occasion:**

**Declaration:**

I confirm that the information provided on this application form is true and correct and that the information may be used for registration purposes under the General Data Protection Regulations May 2018.

I understand that deliberately giving false or incomplete answers, would disqualify me from consideration or, in the event of my appointment, make me liable to dismissal without notice.

Signature of applicant (**this** **must be an actual signature or scan version NOT typed font**):

…………………………………………………………….. Date:…………….………………………..

Name in Print:………………………………….