

Job Application Form

Confidential

Title of Post applying for:

(this field must be completed otherwise your application cannot be considered)

If you require this form in an alternative format (braille, large print, audio tape etc.) please contact Sunderland Care and Support Ltd at Carrmere Road, Leechmere, Sunderland SR2 9TQ

Telephone (0191) 561 8950 or e-mail: recruitment.scas@sunderlandcareandsupport.co.uk

As this application may be photocopied, please complete the form in black ink or type.

C.V's will not be accepted as part of the application process.

Equal opportunities and monitoring

The information requested in Part A of this form will be used for monitoring and administration purposes only and is not seen by the recruitment panel. The information requested on Part C, is used for checking convictions, and is also not seen by the recruitment panel. Part B is separated when we receive your application form and given to the recruitment panel for shortlisting. This is done to reduce the possibility of unfair and unlawful discrimination.

Part A: Personal Details:

| | | | |
|---|--|---|--|
| Surname/last name | | First names | |
| Current address | | | |
| | | Post Code | |
| Telephone No. (Home or Mobile) | | Telephone no. (Work) – if convenient | |
| E-mail address (this will be used as the primary means of contacting you during the recruitment process) | | | |

| Equal Opportunities Monitoring | | | | | | | | | |
|---|------|--------------------------|---|--------------------------|-------------|---|--------------------------|--------------------------|--------------------------|
| Gender: | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> | Transgender | <input type="checkbox"/> | Do not wish to say | <input type="checkbox"/> | |
| Date of birth: | | | | | | | | | |
| Disability | | | | | | | | | |
| For the purpose of the Equality Act 2010 a person has a disability if he/she has 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 have a disability, long standing illness or infirmity? | | | | | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Ethnic Origin/Religious Belief/Faith/Relationship Status/Sexual Orientation | | | | | | | | | |
| Please tick one of the boxes below to best describe your ethnic origin, religious belief/faith, relationship status and sexual orientation. Please note that United Kingdom citizens can belong to any of the categories shown. | | | | | | | | | |
| White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background Please write in: | | | Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other black background Please write in: | | | Chinese or other ethnic group <input type="checkbox"/> Chinese <input type="checkbox"/> Gypsy/Roma/Traveller <input type="checkbox"/> Any other ethnic group Please write in: | | | |
| Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background | | | Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background | | | Religious Belief/Faith <input type="checkbox"/> Christianity <input type="checkbox"/> Hinduism <input type="checkbox"/> Islam <input type="checkbox"/> Judaism <input type="checkbox"/> Sikhism | | | |

| | | |
|--|---|---|
| Please write in: | Please write in: | <input type="checkbox"/> Buddhism <input type="checkbox"/> No Religion <input type="checkbox"/> Prefer not to say |
| <p>Relationship Status</p> <input type="checkbox"/> Divorced/dissolved civil partnership <input type="checkbox"/> Married/In a civil partnership <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Prefer not to say | <p>Sexual Orientation</p> <input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Prefer not to say | <p>Please write in:</p> |
| <p>Are you responsible for caring for anyone?</p> <input type="checkbox"/> I am not responsible for caring for anyone Any other person <input type="checkbox"/> I care for children/a child please write in: <input type="checkbox"/> I care for another relative | | |
| Where did you see this job advertised? | | |

| | | |
|--|---|--|
| | - | |
|--|---|--|

Applicant's
Reference No.

| Employer(s) and Job Title(s) with full address(s) | Date of Employment From To | Reason for leaving |
|---|---|---------------------------|
| | - | |
| | | |

Relevant educational, vocational, professional qualifications or training courses

(most recent first)

| Educational establishment or Course Organiser | Qualifications (where applicable) | Grade | Date Achieved |
|--|---|--------------|----------------------|
| | | | |

References

Please note one of your referees must be your existing or most recent employer if currently not in employment. References will only be requested for successful candidates. You should ensure that your Referees are aware that you have provided their details and are willing to provide a reference. (All fields below must be completed)

Reference 1:

Name of Referee:

Job Title of Referee:

Organisation:

Full Postal Address:

e-mail:

Tel No:

Reference 2:

Name of Referee:

Job Title of Referee:

Organisation:

Full Postal Address:

e-mail:

Tel No:

Can your referees be contacted without any further authorisation from yourself Yes No

Applicant's
Reference No.

How you meet the essential requirements

Please state clearly how you meet all of the essential requirements listed on the Person Specification (see Information for Candidates guidance)

Applicant's
Reference No.

Disability – reasonable adjustments

Do you require us to make any reasonable adjustments that will help you to demonstrate your full potential in the recruitment process? If yes, please give details.

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Declaration of relationships

If you have any relationship with any board member or senior employee of Sunderland Care and Support, please state the name(s) and nature of relationship(s).

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Note: If you canvas any board member or Senior Officer of Sunderland Care and Support, directly or indirectly for this appointment, or if you fail to disclose a relationship, you will be disqualified from appointment and if already appointed, you will be subject to disciplinary proceedings and liable to dismissal without further notice.

Declaration

I confirm that all of the information given on this application form is correct and complete.

Signed:

Date:

Note: If you provide false information on any part of this form, you will be disqualified from appointment and if already appointed, you will be subject to disciplinary proceedings and liable to dismissal without further notice.

Note: If you return this form via email you are indicating your intention to comply with the above declaration. You will be required to sign the declaration if you are subsequently invited to interview or appointed to the post.

Note: Please ensure you return Part A, Part B and Part C of your application. Failure to do so will prevent us from considering your application for the position.

PART C

APPLICANTS REFERENCE NO:

| | |
|------------|--|
| Post Title | |
|------------|--|

The post you have applied for is exempt from the Rehabilitation of Offenders Act 1974, because it involves access to children, older or vulnerable people. Therefore you are required to provide details of all convictions in the box below, **even if they are classified as 'spent'**. If you are successful in this recruitment process, the Council will then obtain a disclosure from the Disclosure and Barring Service about you, irrespective of whether you tick Yes or No. This will be discussed with you at the time. The information gained will be used by us to check your suitability for the post.

Do you have a prosecution pending, or have you ever been convicted at a court or been cautioned by the police, for any offences, including those classified as 'spent' under the Rehabilitation of Offenders Act 1974?

Yes No (please tick)

If yes, please use the space below to provide details of pending prosecutions, convictions, cautions and bind-over orders, including approximate date, the offence, and the court or police force which dealt with the offence.

(Please continue on the reverse and/or another sheet if necessary).

I confirm that the information that I have given in this box is true, correct, complete and up to date.

Signed:

Date:

Please list any name other than the one you are currently using, that you have ever been known by (please include any maiden names)

Note: Should you fail to disclose any conviction above, and the Disclosure and Barring Service information confirms that you have any prosecution pending, or that you have been convicted at a Court, or cautioned by the Police for any criminal offence, or that there are any other matters causing us to reasonably conclude that you may be unsuitable for the post, then you will be disqualified from appointment. If already appointed, you will be subject to disciplinary proceedings and liable to dismissal without further notice.

Note: If you return this form via email to recruitment.scas@sunderlandcareandsupport.co.uk you are indicating your intention to comply with the above declaration. You will be required to sign the declaration if you are subsequently invited to interview.