



Please complete this form accurately and in full and return to the email/postal address above. The information requested is important and essential to process your application. Please note that a CV alone will **not** be accepted.

| Application for Employment | |
|--------------------------------------|--|
| Position applied for: | |
| Location/area: | |
| Date of application: | |
| How did you hear about this vacancy? | |

Section 1

| Personal Details | |
|---|--------------------------------------|
| Title: | |
| Surname/Family Name: | |
| Forename(s): | |
| Former Names/Maiden Name: | |
| Current Home Address: | |
| Post code: | |
| Mobile: | |
| Home Telephone Number: | |
| Email: | |
| National Insurance Number: | |
| Date of Birth: | |
| Right to work | |
| Are you eligible to work in the UK? | YES/NO |
| If appointed, do you require a work permit to work in the UK? | YES/NO |
| Driving Licence | |
| Do you hold a full current UK driving licence? | YES/NO |
| Have or have you had any driving convictions/penalty points in the last five years? | YES/NO |
| <i>Direct/indirect canvassing in relation to this application will render you liable to disqualification</i> | |
| Are you related to any person employed by, or connected with Zen Care? | YES/NO |
| | Name: Job Title: Relationship: |



Section 2 (A)

| Current/Most Recent Employment REFERENCES REQUIRED | |
|---|--|
| Name of Employer: | |
| Nature of Business: | |
| Full Postal Address: | |
| Start Date: | |
| End Date (if applicable): | |
| Position held: | |
| Key Responsibilities: | |
| Salary: | |
| Notice Required: | |
| Reason for Leaving or Wishing to Leave: | |
| Line Manager's Name: | |
| Contact Number: | |
| Line Manager's or HR Department Email: | |

| | |
|--|---------------|
| Do you give Zen Care permission to contact your current/most recent line manager for a reference upon our extension of a conditional offer of employment? | YES/NO |
|--|---------------|



Section 2 (B)

| Previous Employment including Unpaid/Voluntary Experience | | | | |
|---|--|---------------|--------------------|--------------------------|
| PLEASE PROVIDE DETAILS OF ALL EMPLOYMENT HISTORY INCLUDING FULL CONTACT DETAILS. REFERENCES WILL BE OBTAINED FOR ALL EMPLOYMENT INVOLVING CHILDREN OR VULNERABLE ADULTS. | | | | |
| Start date – End Date (dd/mm/yy) | Company’s Name and Full Postal Address | Position Held | Reason for Leaving | Line Manager’s Name: |
| | | | | HR/Business Email: |
| | | | | Direct line/Work Mobile: |
| Start date – End Date (dd/mm/yy) | Company’s Name and Full Postal Address | Position Held | Reason for Leaving | Line Manager’s Name: |
| | | | | HR/Business Email: |
| | | | | Direct line/Work Mobile: |
| Start date – End Date (dd/mm/yy) | Company’s Name and Full Postal Address | Position Held | Reason for Leaving | Line Manager’s Name: |
| | | | | HR/Business Email: |
| | | | | Direct line/Work Mobile: |
| Start date – End Date (dd/mm/yy) | Company’s Name and Full Postal Address | Position Held | Reason for Leaving | Line Manager’s Name: |
| | | | | HR/Business Email: |
| | | | | Direct line/Work Mobile: |
| Start date – End Date (dd/mm/yy) | Company’s Name and Full Postal Address | Position Held | Reason for Leaving | Line Manager’s Name: |
| | | | | HR/Business Email: |
| | | | | Direct line/Work Mobile: |
| Start date – End Date (dd/mm/yy) | Company’s Name and Full Postal Address | Position Held | Reason for Leaving | Line Manager’s Name: |
| | | | | HR/Business Email: |



| | | | | |
|--|--|--|--|--------------------------|
| | | | | Direct line/Work Mobile: |
|--|--|--|--|--------------------------|

Please continue on a separate sheet if necessary, in the same format.

Section 2 (C)

| Gaps/Breaks in Employment | | |
|--|---------------|---------|
| PLEASE EXPLAIN ALL THE GAPS IN YOUR EMPLOYMENT LONGER THAN ONE MONTH | | |
| From (dd/mm/yy) | To (dd/mm/yy) | Reason: |
| From (dd/mm/yy) | To (dd/mm/yy) | Reason: |
| From (dd/mm/yy) | To (dd/mm/yy) | Reason: |
| From (dd/mm/yy) | To (dd/mm/yy) | Reason: |
| From (dd/mm/yy) | To (dd/mm/yy) | Reason: |

Section 2 (D)

| Dismissal |
|--|
| <i>Have you ever been dismissed or subject to disciplinary action, if so please give full details below.</i> |
| |

Section 3 (A)

| | |
|--|--|
| Date last DBS Check undertaken: | |
| Please record DBS number if you are on the update service: | |
| By whom: | |

Section 3 (B)

| Criminal Convictions | |
|---|--------|
| 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)? | YES/NO |



If you have answered YES to the above question, please complete the attached Rehabilitation of Offenders form, place it in an envelope and return it with your completed application form.

Section 3 (C)

| Disqualification (by association) | |
|--|--------|
| Are you aware of anyone within your household who is disqualified or is employed (disqualification by association), as specified in Regulation 9 of the Childcare (Disqualification) Regulations 2009, as made under Section 75 of the Childcare Act 2006. | YES/NO |
| <i>Please give details if yes:</i> | |
| You must also notify HR immediately should a person you reside with is convicted and subsequently barred (disqualified) from working with Children. | |

Section 4

| Education and Qualifications | | | |
|--|------------|---------------------------|-------------------------------------|
| SECONDARY/HIGHER EDUCATION - <i>Short listed candidates will be asked to provide original certificates where relevant.</i> | | | |
| From (mm/yy) | To (mm/yy) | School/College/University | Certificates/Qualifications Awarded |
| | | | |
| From (mm/yy) | To (mm/yy) | School/College/University | Certificates/Qualifications Awarded |
| | | | |
| From (mm/yy) | To (mm/yy) | School/College/University | Certificates/Qualifications Awarded |
| | | | |



| From (mm/yy) | To (mm/yy) | School/College/University | Certificates/Qualifications Awarded |
|--------------|------------|---------------------------|-------------------------------------|
|--------------|------------|---------------------------|-------------------------------------|

Training and Development
Please give details of any qualifications or training courses that you have completed which support your application. Include any on the job training and formal courses with dates.

Qualifications Awarded/Training completed & Dates:

Section 5

Please set out below how your knowledge, skills and experience from both your employment & personal life equip you to carry out the role:



Please continue on a separate sheet if necessary, in the same format.

| Disability | |
|--|--------|
| The Equality Act 2010 protects people with disabilities from unlawful discrimination. To meet the Act's definition, a person must have a physical or mental impairment, which has substantial long-term effects on their ability to carry out normal day-to-day activities and which has lasted or is likely to last more than 12 months. Should you be shortlisted for interview we will make adjustments or special arrangements, if required, to facilitate your attendance at the interview. | |
| Do you have a disability you wish us to know about at this stage? | YES/NO |
| <i>If yes, please let us know what access requirements you may have:</i> | |
| | |

| DECLARATION | |
|-------------|--|
| 1. | <i>The information I have given on this form is true and accurate to the best of my knowledge.</i> |
| 2. | <i>I have read and understood all the questions on the form.</i> |
| 3. | <i>I am not subject to any immigration controls or restrictions that prohibit my undertaking work in the UK.</i> |
| 4. | <i>I understand that:</i> |



a. Under the Rehabilitation of Offenders Act I will be asked to declare, at interview, whether I have been convicted of any offences in a Court of Law or been given a reprimand or caution at a police station and if so to provide details of the offence(s). I understand that failure to disclose such convictions may result in an offer of employment being withdrawn. Should an offer of employment be given I will declare to the Company any behaviour in or outside of work which would call into question my suitability to work in social care services.

b. Under legislation for the Protection of Children and Vulnerable Adults, if successful, I will be asked to agree to an enhanced check being made by the Disclosure & Barring Service about the existence and content of a criminal record. I understand that a criminal record will not necessarily debar me from employment with the Company.

c. I also agree that the company will apply to my previous employers for references. I understand that should the disclosure of references not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated.

d. In accordance with the Data Protection Act, the personal details submitted with this application form will be used only for selection and interview procedures and for employment records if successful. If I am not appointed to this post, I understand that these details will be kept on file for six months.

e. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

f. Providing false information is an offence and could result in my application being rejected or summary dismissal if selected and possible referral to the police.

Print Name

Signed.....

Date

Please note if we do not contact you within 4-6 weeks of the published closing date (or in the absence of a closing date, within 4-6 weeks of the date on which you submitted your application), then you have not been short listed for an interview. **In the meantime, may we take this opportunity to thank you for your application and for your interest in Zen Care and Education Ltd.**

Disclaimer Form

The Disqualification for Caring for Children Regulations 2002 applies to anyone employed in a registered or voluntary children's home.

The Regulations set out grounds for disqualification from caring for children.

These fall into three main areas:



1. Where a child of the individual has at anytime been the subject of a care or similar order, or where an order has been made with the purpose of removing a child from the individual's care or preventing the child from living with him/her.
2. Where the person has been convicted of an offence specified in Schedule 1 of The Children and Young Persons Act or one involving injury or threat of injury to another person.
3. Where:
 - The person has been concerned with a voluntary or registered children's home which has been removed from the register; or
 - An application by the person for registration of a voluntary or registered children's home has been refused; or
 - The person has been prohibited from being a private foster parent, or the person has been refused registration to be a child minder or provider of day care, or had his/her registration cancelled.

I have read and understood the above and declare that I am not disqualified from caring for children under The Disqualification for Caring for Children's Regulations 2002.

Name *(please print)*

Signed

Date



Declaration of Offences

Before completing this form, please read the following notes carefully.

Rehabilitation of Offenders Act 1974

This post is exempt from the above act, as the nature of the job falls within the type of work excluded from the Act by the 1975 and 2001 Exceptions Amendment. This means you must declare on this form all offences, convictions, cautions, reprimands, warnings and bind overs except those which are “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013. You must also declare any court cases you may have pending. Convictions will not necessarily be a bar to employment with the Company.

As this post involves working with or has access to children or vulnerable adults and/or their records, the successful candidate will require an Enhanced Disclosure from the Disclosure & Barring Service in accordance with the Rehabilitation of Offenders Act 1974, the Police Act 1997 as amended by the Safeguarding Vulnerable Groups Act 2006 and the Protection of Freedoms Act 2012

| | |
|--|--------|
| 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 (Amendment) (England and Wales) Order 2013? | Yes/No |
| Have you ever been disqualified from working with children or vulnerable adults? | Yes/No |
| Do you have any court cases pending? | Yes/No |

If you do not have any, please write none.

| Details of offence(s) | Place and date of Judgement(s) | Sentences(s) |
|-----------------------|--------------------------------|--------------|
| | | |
| | | |
| | | |

Possession of a conviction or caution reprimand, warning or bind overs will not necessarily mean that you won't be appointed, each case is considered on its merits. All information given will be treated in the strictest confidence and will be used for this job application only.

I certify that, to the best of my knowledge, the information on this form is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may after appointment lead to disciplinary action, which could lead to my dismissal without notice.

Name *(please print)*

Signed

Date

IMPORTANT



PLEASE SEAL THIS FORM IN AN ENVELOPE MARKED "CONFIDENTIAL – REHABILITATION OF OFFENDERS ACT" AND STAPLE THE ENVELOPE TO YOUR COMPLETED APPLICATION FORM.

Equal Opportunities

Zen Care and Education is committed to becoming an equal opportunities employer. All suitably qualified applicants will be considered regardless of race, gender, disability etc. As part of this process, we need to monitor our recruitment process. It would be very helpful if you could complete the following information which relates only to monitoring, NOT selection. This information is treated as confidential.

On receipt it will be separated from the application form before short listing takes place.

Application for the post of:

Where did you see this post advertised?

Please give the following information about yourself:

a) Gender

Male

Female

b) Date of Birth:

Age:

c) Nationality (please specify) :

d) Do you consider yourself to be disabled? Yes No

If yes, please give details:

Please quote registered disabled number where applicable:

e) How would you describe your ethnic origin? (Please tick appropriate box)

| White | | Black | | Asian | | Other | |
|-----------------|--|-----------------|--|-----------------|--|------------------|--|
| European | | Afro-Caribbean | | Chinese | | (Please specify) | |
| North American | | African | | Bangladeshi | | | |
| Other (specify) | | Other (specify) | | Indian | | | |
| | | | | Pakistani | | | |
| | | | | Other (specify) | | | |

Have you any comments on the content of this Application Form?



Zen Care considers the employment of staff to be on the basis of equal opportunity and treatment for all. It is, therefore, intended that no job applicant or employee shall receive less favourable treatment because of any condition or requirement, which cannot be shown to be justifiable.

The company also condemns inappropriate conduct which detracts from the working environment of employees and is committed to the promotion of a climate in which harassment is wholly unacceptable.