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| **EMPLOYEE APPLICATION FORM**  |
| **Candidates are required to complete all sections of the application form. Please select from the drop-down menus where appropriate. If printing, please complete in black ink only.**  |
| **Post Applied For:** |   | **Region Applied For:**Choose an item. |
| **Where/How did you hear about the vacancy?** | Choose an item. | **Preferred Employment:** Choose an item. |
| **If other, please specify:** |   |
| **If you were referred, please state who:** |   |
| **Have you applied to Care Visions before? If yes, which post and when?** |   |
| **Personal Details** |
| **Title:** | Choose an item. |
| **First Name(s):** |   |
| **Surname:** |   |
| **Address:** |    |
| **Telephone numbers:** | **Home:** |   |
| **Mobile:** |   |
| **Work:** |   |
| **Email Address:** |   |
| **Are you entitled to work in the UK?** | Choose an item. |
| **Do you need a Visa to work in the UK?**  | Choose an item. |
| **If yes, please provide details:** |   |
| **Are you a member of SSSC?** | Choose an item. | **Registration No.** |   |
| **Are you an Existing PVG Scheme member?** | Choose an item. | **Membership Number:** |   |
| **Do any of your family or friends currently work for Care Visions?** | Choose an item. | **If yes, please provide details:** |   |
| **Do you hold a current driving licence?**  | Choose an item. | **Type of license held:** | Choose an item. |
| **Does your license have any penalty points or endorsements?** Choose an item.**If yes, please provide details:**   |
| **Mandatory Additional Information****(Please continue on a separate sheet if necessary)** |
| 1. Please provide details of any relevant skills you will bring to the post. This can include training, qualities, achievements at work and non-work related or voluntary experience. Please refer to the skills outlined in the person specification supplied.
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| 1. Please share with us any reflections on your own life experiences to date that have shaped you as a person and your values. How have these influenced your application for this role?
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| **Education** |
| **Name of School Attended:** |   |
| **Level of Qualification** | **Subject** | **Date Gained** | **Grade** |
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| **Further and Higher Education** Please provide details of any courses for which a certificate, e.g. SVQ, HNC, HND, degree or diploma was awarded. |
| **Name of Institute/College** | **Level of Qualification** | **Subject** | **Course Start & End Dates** |
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| **Membership of Professional Bodies (Current Membership only)** |
| **Name of Awarding Body/Institution** | **Class of Membership** | **Date of First Registration** | **Date of Current Registration** |
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| I**T Skills** |
| Please indicate your level of competency with the following packages (please tick): |
|  | **None** | **Basic** | **Intermediate** | **Advanced** |
| **Word** |[ ] [ ] [ ] [ ]
| **Excel** |[ ] [ ] [ ] [ ]
| **Outlook** |[ ] [ ] [ ] [ ]
| **PowerPoint** |[ ] [ ] [ ] [ ]

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| **Records Check** |
| Are you currently or have you previously been subject to investigation or disciplinary proceedings? | Choose an item. |
| Have you been convicted of any criminal offences (including driving offences) which are currently not spent under the Rehabilitation of Offenders Act? **(See guidance notes on disclosures below)** | Choose an item. |
| Are you presently the subject of a criminal investigation? | Choose an item. |
| If yes to any of the above, please give details:   |
| The disclosure of a criminal record will not debar you from appointment unless the selection panel considers that the conviction renders you unsuitable for appointment. The [Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Amendment Order 2015](http://www.legislation.gov.uk/ssi/2015/329/contents/made) requires you to self-declare any unspent convictions or any convictions that are listed in the “offences which must always be disclosed list” Please refer to: <https://www.disclosurescotland.co.uk/news/documents/UKSCOffencesthatwillalwaysbedisclosedv1website10September2015.pdf>**Failure to disclose convictions that are not considered spent or are included in the offenses which must always be disclosed list may disqualify you from appointment or lead to summary dismissal.**If selected for the position, we will check your details against criminal records held by the Police, prior to an offer of employment and if you have spent convictions that have not been removed by a Sherriff that are included on the “[offences which are to be disclosed subject to rules](https://www.disclosurescotland.co.uk/news/documents/UKSCOffencesthatwillbedisclosedsubjecttorulesv1website10September2015.pdf) list” you will be asked to declare them at a later stage. Please refer to:<https://www.disclosurescotland.co.uk/news/documents/UKSCOffencesthatwillbedisclosedsubjecttorulesv1website10September2015.pdf>Additional information relating to The Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Amendment Order 2015 can be found by clicking on the following link:<http://www.legislation.gov.uk/ssi/2015/329/contents/made> |

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| **Employment** |
| Please provide details of your past employment history to date, starting with your most recent. All dates from leaving school must be detailed accounting for any periods of time not spent in further education or employment (continue on separate sheet if necessary). Any gaps in employment must be detailed with the reasons for the gaps on the form provided.Please note that references will be sought from your previous employers for the past 5-year period. |
| **Company Name:** |   |
| **Full Address and Contact Details:**  |    |
| **Job Title:**  |   |
| **Date Started:** |   |
| **Date Left (If applicable)** |   |
| **Salary and other benefits:**  |   |
| **Notice Period:** |   |
| **Nature of Business:** |   |
| **Reason(s) for Leaving:** |   |
| **Please summarise your main duties and responsibilities in the space below:** |
|    |
| **Referee for this position (Please provide references for your previous 5-year employment history)** |
| References must be from a person who has line-managed/supervised you. We do not accept character references or references from friends. References may be requested prior to interview, please indicate if you would prefer that we did not contact a referee prior to an interview being held. |
| **Referee Name** |   |
| **Referee Job Title** |   |
| **Relationship to you? i.e. Manager** |   |
| **Email** |   |
| **Telephone** |   |
| **Contactable now?** | Choose an item. |
| **If you do not wish us to approach your referee prior to interview, please highlight “No” above and give a reason below:** |
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| **Full Address and Contact Details:**  |   |
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| **Date Started:** |   |
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| **Job Title:**  |   |
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| **Relationship to you? i.e. Manager** |   |
| **Email** |   |
| **Telephone** |   |
| **Contactable now?** | Choose an item. |
| **If you do not wish us to approach your referee prior to interview, please highlight “No” above and give a reason below:** |
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| **Gaps in Employment:**Please provide dates and details of any gaps in employment below: |
| **Dates From/To:** | **Reasons:** |

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| **Fitness to Work – Residential Childcare Worker** |
| Intrinsic to the role of a Residential Childcare Worker is the physical ability to perform physical intervention techniques when required as stated in the job description. In order to do this, there is a requirement to be in good physical health for this role. There is also a requirement in this role to be physically able for driving duties and partake in physical activities with the young people. |
| **Physical Intervention Techniques – Fitness**The above involves a degree of physical effort and mobility to safely participate in physical intervention, ensuring the safety of yourself, shift partners and the young people. *Please refer to the job description on what the physical intervention techniques may involve.* |
| **Do you suffer from any health condition which may impede your ability to safely carry out physical intervention techniques?**  | Choose an item. |
| **Driving Duties - Fitness**The role of a Residential Childcare Worker involves supporting and transporting young people to and from activities, contact with families and other appointments this can involve driving long distances out with areas local to our services. |
| **Do you suffer from any health condition that impacts your ability to drive either short or long distances?** | Choose an item. |
| **General** |
| **Are there any reasonable adjustments to the post you believe would be necessary to enable you to carry out the duties required of the post?** | Choose an item. |
| **Is there anything else you want to declare with regards to your fitness to carry out all of the duties noted above?** |  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **COMPLETED APPLICATION FORMS SHOULD BE RETURNED TO:** |
| Human ResourcesCare Visions1st FloorBremner HouseCastle Business ParkStirlingFK9 4TF | E: careers@carevisions.co.ukW. <http://carevisionsresidential.co.uk/>W. <http://carevisionsfostering.co.uk/> Tel: 01786 477810Fax : 01786 477359 |
| *If you return your application electronically and are selected for interview, you will be asked to sign a hard copy of your application form.* |

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| **DECLARATION (Please read carefully before signing)** |
|  I certify that to the best of my knowledge all statements given by me on this form are true and accurate. I understand and accept that if it is subsequently discovered that any statement is false or misleading or that I have withheld information, my employment may be terminated without notice. |
| Signature |   | Date |  |

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| DATA PROTECTION DECLARATION (Please read carefully before signing) |
| In accordance with the General Data Protection Regulation, the information entered onto this form and any accompanying papers submitted along with it will be used to assess your suitability for the post and if successful, will be shared with recruitment managers for the purposes of interview and assessment for the role. Out with this process, the information will not be released to anyone who does not require it for this purpose. If you are employed the information you have provided on this form will be used for your human resources record and for payroll purposes.If your application is not successful, or you withdraw after this stage, we can keep your details on file and consider you for any future vacancies. Please tick the box below as applicable: -[ ]  **YES, I consent to Care Visions storing my information for six months, after which point it will be securely destroyed**[ ]  **NO, I do not consent to Care Visions holding my information for future applications** You have the right to request correction of any inaccuracies in your information or withdraw your consent at any time by emailing careers@carevisions.co.ukFor more information on how we store and process your data, please read our Candidate Privacy Policy at <http://carevisionsresidential.co.uk/download/Candidate%20Privacy%20Notice.pdf>.  |
| **Signature** |   | **Date** |   |