**Branch Out Together Application Form**

**CONFIDENTIAL APPLICATION FOR EMPLOYMENT**

1. **Application form**

|  |  |
| --- | --- |
| Service applied for |  |
| Position applied for |  |
| Date available to take up employment |  |

1. **Personal details**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name  |  | Title |  |
| Address |  |
| Telephone numbers | Home |  |
| Mobile |  |
| Email address |  |
| National insurance number |  |
| Passport number |  | Issue Date |  |
| Where did you hear about Branch Out Together? |  |
| Are you a family member or a close friend of any existing employees and relatives of people using the service?  |  |
| Emergency Contact | Name: |  |
| Telephone |  |
| Relationship |  |

1. **Secondary education**

|  |  |
| --- | --- |
| School name, address and date attended | Examinations (subject, result, etc.) |
|  |  |
|  |  |

1. **Further education and training**

|  |  |  |  |
| --- | --- | --- | --- |
| University/College  | Name of course | Qualification or class of degree | Date of completion |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Occupational qualifications e.g. First Aid, Signalong, Child Protection**

|  |  |  |  |
| --- | --- | --- | --- |
| College/Institute or other name and date attended | Name of Course | Date of completion | Expiry Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Membership of professional body e.g. SSSC, General Teaching Council, Social Work, Nursing and Midwifery Council.**

|  |  |  |
| --- | --- | --- |
| Name | Registration Number | Date Joined |
|  |  |  |
|  |  |  |
| If you have had your membership withdrawn from a professional body, please give details: |  |

1. **Previous employment**

A full chronological work history is required explaining any gaps in employment.

|  |  |
| --- | --- |
| Present/last employer |  |
| Address |  |
| Job title |  |
| Duties/responsibilities |  |
| Start date |  | End date |  |
| Reason for leaving |  |
| Employers name & address | Job title | From | To | Reason for leaving |
| *(month & year)* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Have you have been involved in a disciplinary or grievance procedures and any ‘live’ or formal warnings. If yes please provide details of the dates and the employer |
| Yes/No |

1. **Experience**

|  |  |
| --- | --- |
| What skills and experience do you have which you can bring to this post? |  |
| What positive experiences do you have of working with children and young people, how will that help in this post? |  |
| Please describe an occasion of when you had to take on responsibility in the workplace. What happened and what did you learn? |  |
| Please include any other relevant information about yourself which shows why you should be appointed to this post. Make reference to the job description and person specification. |  |

1. **Permission to work in the UK**

|  |  |
| --- | --- |
| Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK? If Yes Please give details. | YES / NO |
| If you are successful in your application would you require permission to work in the UK? If Yes Please give details. | YES / NO |

1. **Referees**

|  |
| --- |
| Branch Out Together reserves the right, before appointment, to contact any previous employer. We may make contact by telephone with any of your referees. In any event, we will not make an appointment until satisfactory references have been received. References will normally be taken up when short-listed, unless you specifically request otherwise.  |
| Work reference 1 (most recent employer) – not members of your own family |
| Name |  |
| Capacity in which referee knows you.  |  |
| Address |  |
| Organisation |  |
| Occupation |  |
| Telephone number |  |
| Email address |  |
| Work, personal or educational reference 2– not members of your own family |
| Name |  |
| Capacity in which referee knows you. |  |
| Address |  |
| Organisation |  |
| Occupation |  |
| Telephone number |  |
| Email address |  |

 **11. Criminal Record Declaration**

**Private and Confidential**

Branch Out Together’s safe recruitment and selection practice requires that candidates, who have indicated on their application form that they have a criminal record, complete this declaration. Please read the following guidance notes, before completing the form.

**Guidance Notes**

It is vital that you complete this form accurately and honestly. The information you provide will be used to make an informed decision regarding your suitability for the post to which you have applied. Please ensure that you sign the declaration at **Part 2**.

You are required to declare all criminal convictions **regardless of whether they are spent convictions or not**.

* If you are applying by post, please return this form in a sealed envelope marked as follows:

**PRIVATE & CONFIDENTIAL**

**CRIMINAL RECORD DECLARATION FORM**

**POST:**

**NAME:**

* If you are applying online this declaration will be removed from your application. Your completed form will only be seen by those who have a responsibility for recruiting staff. On receipt of your application form, the envelope containing the **Criminal Record Declaration Form** will be removed prior to you being put forward for short-listing.
* If you are unsuccessful in being short-listed for interview your **Criminal Record Declaration Form** will be shredded.
* If you are selected for interview, your **Criminal Record Declaration Form** will be opened and checked for any relevant convictions. If the interview panel deems those convictions to be relevant you will be withdrawn from the list of interviewees.
* If you are asked to attend interview, the interview panel will consider your declaration prior to interview. If you have disclosed criminal convictions, they will discuss this further with you at the interview in order to expand on, and to clarify any information that has been disclosed.
* We will check the information you have given us against your PVG certificate following an offer of employment.

**Part 1 – Conviction**

| **Please include spent convictions** |
| --- |
| **date of conviction(s):** |  |
| **type of offence(s):** |  |
| **sentence(s) received:** |  |
| **Please give details of how you completed the sentence(s) imposed.** For example, did you pay your fine(s) as required; what conditions were attached to your probation/community service/supervised attendance order(s); did you comply with the requirements of your custodial sentence(s)  |
|  |
| **Does your name appear on any national lists which would exclude you from working with Branch Out Together’s client group?****(i.e. Sex Offender Register)** | **Yes [ ]  No [ ]**  |
| **if yes, Please give details.** |
|  |

**Part 2 - Declaration**

| Please note that the information you provide will be treated in the strictest confidence. I hereby declare and represent that, except for as disclosed above, I have not at any time, whether in the united kingdom or abroad, been found guilty and sentenced by a court for a criminal offence.I give my consent to Branch Out Together carrying out a PVG check and to requesting references for the purpose of verifying the replies given in this declaration, including enquiries of any relevant authority.I agree to inform Branch Out Together if I am convicted of an offence after I take up any post within Branch Out Together. I understand that failure to do so may lead to the immediate suspension of my work and/or the termination of my employment. |
| --- |
| **signed:** |  |
| **date:** |  |
| **print name:** |  |

**Equal Opportunities and Monitoring Form 2017**

Branch Out Together is an Equal Opportunities Employer; we aim to ensure that unfair discrimination does not take place. To help in monitoring our equal opportunities policy, we request that all applicants provide information as below.

**THE DETAILS SUPPLIED ARE CONFIDENTIAL AND WILL ONLY BE SEEN BY A DESIGNATED EMPLOYEE OF THE ORGANISATION. THEY WILL NOT BE MADE AVAILABLE TO THOSE INVOLVED IN THE SELECTION PROCESS.**

PLEASE COMPLETE IN BLOCK CAPITALS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title:** |       | **First Name:** |       | **Surname**: |       |
| **Address** **(please include postcode)** |       |
| **Home Phone:** |       | **Mobile:** |       |
| **National Insurance Number:** |       |
| **Nationality, please state:** |       |
| **Ethnic Origin:** To which one of these groups do you consider you belong (tick ONE only) |
| Asian/Asian British – Bangladeshi | [ ]  | Asian/Asian British – Indian | [ ]  |
| Asian/Asian British – Pakistani | [ ]  | Asian/Asian British – Other Asian background | [ ]  |
| Black/Black British – African | [ ]  | Black/Black British – Caribbean | [ ]  |
| Black/Black British – other black background | [ ]  | Chinse | [ ]  |
| Mixed – White & Asian | [ ]  | Mixed – White & Black African | [ ]  |
| Mixed – White & Black Caribbean | [ ]  | Mixed – any other mixed background | [ ]  |
| White – British | [ ]  | White – Irish | [ ]  |
| White – other white background | [ ]  | Any Other | [ ]  |
| Not known / not provided | [ ]  |  | [ ]  |
| **Disability: Do you have a disability?**  | YES [ ]  NO [ ]  | **Gender:** | Male [ ]  Female [ ]  |

**The Data Protection Act 2018**

**Branch Out Together will hold information provided by you in both electronic and paper format. Your details will be treated with the strictest confidence and will be used for the purposes of informing our records. Information may also be shared with the Care Inspectorate, the Scottish Social Services Council and relevant Local Authorities as part of their registration and monitoring of provision requirements. Branch Out Together will not divulge information to any other third parties without your express permission.**

If you are unsuccessful in this application, we will keep this form on file for 6 months should you wish to be considered for other vacancies within Branch Out Together?

Please tick to show your agreement to this. [ ]

**DECLARATION**

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement will be sufficient cause for rejection or, if employed, dismissal.

Name: ……………………………………………………………………...

Signature: …………………………………………………………… Date: ……………………………

## Please complete the additional form: equal opportunities monitoring form

*You are under no obligation to complete the above mentioned additional form*

Thank you for completing the application form. Please return this document to:

Branch Out Together

38/4 Baileyfield Road

Portobello

Edinburgh

EH15 1NA

Alternatively you may email the completed application form to: a.sinclair@branchouttogether.org

**Please note this application form has been created in line with the Care Inspectorate- Safer Recruitment through Better Recruitment Policy**

If you need to discuss any questions within this application form please contact Branch Out Together on 0131 661 3834