



APPLICATION FOR EMPLOYMENT

Please type or write in black ink

Position applied for:		How did you learn of this vacancy?	
Are you related to an existing member of staff?		Please state who and your relationship	
Surname: _____ Title: _____		Other names: _____	
Address: _____		Daytime telephone number: _____	
		Evening telephone number: _____	
Postcode: _____		Date of Birth: _____	
		NI Number: _____	
Do you hold a current driving licence? YES/NO		If yes, for how long?	
Present/most recent post:			
Name and address of employer:			
Date appointed:		Annual salary:	Notice required:
How many days have you been absent from work due to illness in the last two years?		Do you consider yourself to have a disability? YES/NO If yes, please note any adjustments/support required if called for an interview	
References: It is the policy of the Company for references to be taken up before offers of appointment are made. References will be sought only for those candidates short-listed for interview. It is important that you give details of two persons to whom references may be made at shortlist stage concerning your suitability for this post. Wherever possible, one of these references should be your present employer.			
Name: _____		Name: _____	
Position: _____		Position: _____	
Address: _____		Address: _____	
Telephone Number: _____		Telephone Number: _____	
Relationship to applicant: _____		Relationship to applicant: _____	

**Previous employment history (include voluntary work/career breaks/periods of unemployment).
Most recent first:**

From Month/Year	To Month/Year	Name, address and type of business of employers	Position held	Reason for leaving

Continue on a separate sheet if necessary.

EDUCATION AND TRAINING (from age 11)

Schools, colleges, universities attended and dates	Qualifications & grades obtained (where appropriate)

PROFESSIONAL QUALIFICATIONS OBTAINED

Date and Awarding Body	Qualifications obtained

Please give details of any memberships of professional organisations.

If called to interview you will be required to bring original copies of certificates.

OTHER INTERESTS

Please indicate any particular sports, hobbies or pastimes in which you are interested, showing membership of clubs, teams etc. including positions of responsibility and offices held:

Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975

The provisions relating to the non-disclosure of criminal convictions do not apply to certain occupations. The position for which you are applying is included in the exempted type of employment under the above-mentioned order. Therefore, it is necessary for you to answer the following question and complete a Criminal Record Self Declaration:

- 1. Have you been convicted of any criminal offences? YES/NO

All applicants must complete the enclosed Criminal Record – Self Declaration in confidence and return in a separate envelope marked Private and Confidential. This information will be disclosed only to the interview panel and will be discussed at interview in order to assess job-related risks.

Criminal Records Bureau Disclosures

Successful applicants will be subject to an enhanced Disclosure check with the Criminal Records Bureau.

Signed: **Date:**

A criminal record will not necessarily bar you from employment for this position. The Company will refer to the policy statement on the recruitment of ex-offenders which is available on request. However, failure to disclose any criminal offence could lead either to your application being rejected or, if you are appointed, to dismissal if it is subsequently learned that you have not declared criminal convictions. The company is governed by the CRB Code of Practice a copy of which can be viewed on the CRB website www.Disclosure.gov.uk

ADDITIONAL INFORMATION

Please state your reasons for applying for this post and include any relevant information in support of your application. You should clearly indicate the ways in which you feel you meet the requirements of the person specification and role description (continue on a separate sheet if necessary):

It is understood and agreed that any misrepresentation by me on this application form will be sufficient cause for cancellation of this application and/or termination from the employer's service if I have been employed.

I give the employer the right to investigate all references and to seek additional information about me, if job-related or role-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons or organisations for furnishing such information.

Signed

Date

When completed, please return this form to:

Closing Date

As the Company is a registered charity, you will appreciate that due to postage costs, we are unable to acknowledge receipt of applications unless you have been short-listed for the post. However, please enclose a stamped, addressed envelope if you wish your application to be acknowledged.

Criminal Record - Self Declaration Form
Strictly Private and Confidential

It is the organisation's policy that all applicants are required to complete a self-declaration form in addition to an Enhanced Criminal records Bureau Disclosure to protect vulnerable adults and children.

Part A: Previous convictions.

Date(s) of conviction(s) or caution(s):

Court(s) where your conviction(s) were heard:

Type of offence(s):

Sentence(s) received

Please give details of the reasons and circumstances that led to your offence(s)

Cont/d over

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).

Have any other organisations supported you to work through any of the above issues/difficulties?

Part B – Details of any disciplinary action relating to behaviour to vulnerable adults or children and young people.

Have you been disciplined because of inappropriate behaviour towards a vulnerable adult, child or young person which may have harmed them or put them at risk of harm? **YES/NO**

If YES, please give details.

Cont/d over

Part C: Police Investigations – this should include relevant police non-conviction information.

Date of investigation(s):

Police Division(s) involved:

Details of investigation(s)

Please give details of the reasons and circumstances that led to your investigation(s):

Disposal(s) if known:

Are you, or have you ever been, known to any Social Work Department/Social Services Department (in England and Wales) as an actual or potential risk to vulnerable adults or children?

YES/NO

If yes, please provide details

Cont/d over

Part D: Disqualification from Caring for Children (England) Regulations 2002 Self Declaration.

Before answering the question below, please read the following notes

For the purposes of the above regulations a person is disqualified from working with children if, in particular,

- a care or similar order has been made with respect to his child, or so as to remove a child from his care;
- he has been convicted of an offence specified in the Regulations;
- he has been refused registration, or had any such registration cancelled in respect of a children's home, day care provision or for childminding; or
- a prohibition has been imposed upon him in respect of private fostering.

To help us ensure we are complying with child protection laws, please complete the following declaration.

I _____ [full name in block capitals]

Of [address] _____

confirm that I am not subject to any of the disqualifications set out in Caring for Children (England) Regulations 2002.

OR

I am the subject of a disqualification from working with children under

I understand that deliberately giving false information can result in prosecution.

Signed _____ **Date** _____

Cont/d over

Part E: Declaration
To be completed by all applicants

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 autism.west midlands carrying out an Enhanced CRB Disclosure check and to requesting references for the purposes of verifying the replies given in this declaration, including enquiries of any relevant authority.

I agree to inform autism.west midlands if I am convicted of an offence after I take up any post within the organisation. I understand that failure to do so may lead to the immediate suspension of my work with vulnerable adults or children with the organisation and/or the termination of my services.

If I am appointed to a post, I agree to abide by the organisation's Policy on the Protection of Vulnerable Adults and Child Protection Policy.

I agree to abide by the conditions above and certify that the information contained in this form is true and correct to the best of my knowledge and I realise that false information or wilful omissions may lead to the immediate suspension of my work with children or the termination of my services.

Signed: _____ **Date:** _____

Print Name: _____

Please note that any information you give in this form will be managed according to the organisation's Confidentiality Policy.

Please return the completed self-declaration form to the organisation in the pre-addressed envelope. Please do not put your completed application form in this envelope. It is important that the forms are kept separate. Your completed self-declaration form will only be seen by those individuals in the organisation who have a responsibility for recruiting staff and volunteers.



EQUAL OPPORTUNITIES MONITORING

autism.west midlands is committed to the principle of equal opportunities and strives to be an equal opportunities employer. To help fulfil its commitment, autism.west midlands collects and monitors records of the racial origin, age and gender of all those applying to us for employment. If you choose not to complete this section, it will not affect your application. In order to assist us in the positive development of this policy, applicants are asked to complete the section below and return to us with your application.

Position Applied For:

What is your ethnic group?

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background

Section A	White
	British
	Irish
	Any other white background, please write in
Section B	Mixed
	White and Black Caribbean
	White and Black African
	White and Asian
	Any other Mixed background, please write in
Section C	Asian or Asian British
	Indian
	Pakistani
	Bangladeshi
	Any other Asian background, please write in
Section D	Black or Black British
	Caribbean
	African
	Any other Black background, please write in
Section E	Chinese or other ethnic group
	Chinese
	Any other, please write in

Please indicate your Sex: Male: Female:

Please indicate your age: _____

Please indicate if you consider yourself to have a disability: Yes No

Thank you for your co-operation in completing and returning the form with your application. This will be used for monitoring purposes only and not influence whether or not you will be called for interview.



CONFIDENTIAL: MEDICAL INFORMATION

To be completed by the candidate:

Position Applied For:		
Surname:	Title:	Other Names:
Date of Birth:	Telephone No:	
Address:		
Post Code:		
Do you suffer or have you ever suffered from any of the following health conditions?	Yes/No	Year
Diabetes		
Stomach or intestinal disorder		
Pleurisy		
Tuberculosis		
Asthma		
Any other respiratory disease (please state)		
Heart disease or other circulatory problems		
High blood pressure		
Seizures, or any kind of epilepsy		
Back problems or sciatica		
Sight impairment		
Hearing impairment		

(Please turn over)

Kidney problems		
Migraine		
Any condition which causes difficulty sleeping		
Any condition requiring medication to a strict timetable		
Have you ever suffered from mental health problems?		
Are you receiving, or have you received, any medical treatment during the last twelve months? (If so, state when and for what reason).		
Do you ordinarily enjoy good health?		
Do you consider yourself to have a disability? (Please give details and the type of support you may require)		
Details of last chest x-ray: Date: Result: Where carried out:		
Have you ever had any illness or condition not mentioned above, other than minor infections? (Please specify and state year).		
Name, address and telephone number of your present Doctor:		

I certify that the information given in this questionnaire is correct to the best of my knowledge and I understand that any errors or omissions may invalidate any contract of employment which may be offered to me by autism.west midlands. I understand that it may be necessary for me to have a medical examination and I consent to such an examination if required.

Signature:

Date:



PRINCIPAL STATEMENT OF TERMS AND CONDITIONS OF SERVICE:

Any new post it is subject to the new terms and conditions as noted in this outline of PRINCIPAL STATEMENT OF TERMS AND CONDITIONS OF SERVICE:

PROBATIONARY PERIOD: All Staff appointments are subject to satisfactory completion of a 6 month Probationary Period starting from the commencement of employment.

PERFORMANCE REVIEWS: All Staff appointments will be subject to on-going review of performance through regular Supervision and annual Appraisal and a requirement to undertake relevant Training. Induction and Training will be provided.

PLACE OF WORK: You may be allocated to a particular Unit or Service, however your place of work may vary and you may be required to work at any location/site on which the Organisation operates, as requested, and as determined by the needs of the business. You will not be required to work outside the United Kingdom.

HOLIDAY ENTITLEMENT: 7 weeks holiday inclusive of 8 days Bank Holidays in the first year, with 8 weeks inclusive of Bank Holidays in the second and subsequent years.

If you are requested to work on any Public/Bank Holidays you will receive double pay for all hours worked.

PUBLIC/BANK HOLIDAYS:

New Years Day	Good Friday	Easter Monday	First Monday in May
Spring Bank Holiday	Monday	August Bank Holiday	Monday
		Christmas Day	Boxing Day

The above Public/Bank holidays are recognised as included with pay as part of your annual leave entitlement and do not count towards our liability under the terms of the Working Time Regulations.

Any time in lieu must be taken by mutual agreement with the Unit or Service Manager.

SICKNESS/INJURY TERMS AND PAY:

Company Sickness Pay entitlement will be as follows: During 6 month probationary period 2 weeks full pay.

After 6 months continuous service over a rolling 12 month period: In the first year of employment 1 month full pay. In the second year and thereafter 3 months full pay.

Any sick leave thereafter will be at the discretion of the Chief Executive, a written request supported by a medical report would be required.

PENSION:

New Employees are able to join the Company Pension Scheme after completion of 6 months service. The Company would pay 5% of salary. If the Employee pays their own contribution of 2.5% or above, the Company will pay a further 2.5% Employer contribution.

NOTICE OF TERMINATION TO BE GIVEN BY EMPLOYER: Up to but less than 5 years service – 1 Month.

Thereafter, one weeks notice for each complete year of service to a maximum of 12 weeks.

NOTICE OF TERMINATION TO BE GIVEN BY EMPLOYEE: 1 Month.