

Job Application Form

Data Protection Notice

Throughout this form we will ask for some personal data about you. We'll only use this data in line with data protection legislation and process your data for 1 or more of the following reasons permitted in law:

- You have given us your consent
- We must process it to comply with our legal obligations

Please complete all sections of this form in type or black ink. Submission guidance is provided at the end of the form.

Job Details

Position applied for						
Please indicate preferred working hours	Full time	☐	Part time	☐	Bank	☐
Location of position applied for						
Have you previously applied for a position with Egret Care?	Yes	☐	No	☐		
If yes, position previously applied for				Date applied		

Right to work

Egret Care will require you to provide evidence of your right to work in the UK in accordance with the Immigration, Asylum and Nationality Act 2006. By completing this application, you agree to provide such evidence when requested.

If were born outside of the UK, Egret Care may require additional information in order to comply with 'Safer Recruitment' requirements.

If you answer yes to the question below, we will contact you for additional information in due course.

Do you require or hold a work permit?	Yes	☐	No	☐
If yes, please specify				

Living or working abroad

If you've lived or worked outside of the UK in the last 5 years, Egret Care may require additional information in order to comply with 'Safer Recruitment' requirements.

If you answer yes to the question below, we will contact you for additional information in due course.

Have you lived or worked outside of the UK in the last 5 years?	Yes	☐	No	☐
If yes, please specify				

Personal Details

Surname	
Forename(s)	
Title	
Preferred name	
Date of birth	

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Address				
Postcode				
Any other address in the last 5 years (Including Postcode)				
Email address				
Mobile telephone number				
Home telephone number				
National insurance number				
DBS number		Date of issue		
Level of DBS certificate				
Are you on the update service?	Yes	☐	No	☐
We will need to see the original copy of the DBS for our records. Do you have it?	Yes	☐	No	☐

Declaration of Interests

We acknowledge that staff working within Egret Care may be directly related or in a close personal relationship. You are required to declare any such relationship to ensure good governance processes are in place to protect children and young people, colleagues and the wider business.

Do you have any relationships with any person employed by or connected with Egret Care?	Yes	☐	No	☐
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If yes, please provide details below:

Name	Job Title	Main Place of Work	Relationship to You	Nature of Relationship

Recruitment Process

Please tell us if there are any 'reasonable adjustments' we can make to assist you in your application or with our recruitment process	
Please tell us if there are any dates when you will not be available for interview	

Present (or if unemployed, Last) Employment

Job title		Employer	
Address of employer			
Contact Tel. & Email			
Post involves working with	Vulnerable children?	☐	Vulnerable adults?
			☐
Date commenced		Date ended (if applicable)	
Notice period			
Reason for leaving			

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Previous Employment

Please list all previous employments, since leaving full time education, starting with the most recent position first. Dates must include at least the month and year.

Job title		Employer	
Address of employer			
Contact Tel. & Email			
Post involved working with	Vulnerable children?	☐	Vulnerable adults? ☐
Date commenced		Date ended (if applicable)	
Reason for leaving			

Job title		Employer	
Address of employer			
Contact Tel. & Email			
Post involved working with	Vulnerable children?	☐	Vulnerable adults? ☐
Date commenced		Date ended (if applicable)	
Reason for leaving			

Job title		Employer	
Address of employer			
Contact Tel. & Email			
Post involved working with	Vulnerable children?	☐	Vulnerable adults? ☐
Date commenced		Date ended (if applicable)	
Reason for leaving			

Job title		Employer	
Address of employer			
Contact Tel. & Email			
Post involved working with	Vulnerable children?	☐	Vulnerable adults? ☐
Date commenced		Date ended (if applicable)	
Reason for leaving			

Job title		Employer	
Address of employer			
Contact Tel. & Email			
Post involved working with	Vulnerable children?	☐	Vulnerable adults? ☐
Date commenced		Date ended (if applicable)	
Reason for leaving			

NB If the continuation sheet is used to continue listing previous employment, please indicate here ☐

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Secondary or Further Education and Qualifications

In date order, please provide details of qualifications attained in secondary or Further Education. Dates must include at least month and year.

Name of school, college, university etc	From date	To date	Qualification including grade

Occupational Training

In date order, please include any professional training courses or courses relevant to the role applied for. Dates must include at least month and year.

Course title	Organisation	Date achieved

NB If the continuation sheet is used to continue listing previous Education and Qualifications, please indicate here ☐

Are you/have you registered with any regulatory bodies? (e.g., care council, nursing or midwifery council)	Yes	☐	No	☐
If yes, please provide details				

Gaps in Employment – Must be completed

Please provide details of any period not accounted for by full-time employment, education and training. This would include unemployment or voluntary work. Please list in date order. Dates must include at least month and year.

From date	To date	Reason for gap

NB If the continuation sheet is used to continue listing previous employment gaps, please indicate here ☐

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References

Please provide below at least two referees, one of whom must be your current or most recent employer. If you have not previously been employed, please provide academic and character references. Family members cannot provide references.

If you are applying for a post which involves unsupervised access to vulnerable adults or children, the company reserves the right to approach any past employer for a reference. Information requested will include details of your past performance, absences, disciplinary records, reason for leaving and suitability to work with children and young people.

Current or last employer reference

Employer	
Name	
Position within the organisation	
Telephone Number	
Email Address	
We will not approach this referee before an offer of employment has been made	

Previous employer reference

Employer				
Name				
Position within the organisation				
Telephone Number				
Email Address				
May we contact this referee prior to interview?	Yes	☐	No	☐

Character reference

Relationship to you				
Name				
Telephone Number				
Email Address				
May we contact this referee prior to interview?	Yes	☐	No	☐

Disciplinary Action

Have you ever been subject to any disciplinary procedures / allegations related to children or vulnerable adults during your employment history?	Yes	☐	No	☐
If Yes, please give details				

NB If the continuation sheet is used to continue listing details, please tick here ☒

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Driving Licence				
Do you hold a current full driving licence?	Yes	☐	No	☐
Do you have Business Insurance?	Yes	☐	No	☐
Do you have any current endorsements?	Yes	☐	No	☐
If yes, please specify				
This role requires the company to complete regular Driver checks with the DVLA. Do you agree to share your driving licence information and permission to carry out this check when requested?	Yes	☐	No	☐

Working Practice				
Residential applicants				
Are you available to work 24-hour shifts including sleep ins?	Yes	☐	No	☐
Are you available to work weekends and bank holidays?	Yes	☐	No	☐
Are you available to work flexibly and demonstrate a high level of commitment?	Yes	☐	No	☐
Are there any limitations on your ability to work flexibly?	Yes	☐	No	☐
If yes, what are they?				
All applicants				
Do you / will you have any other employment if you came to work for Egret Care ?	Yes	☐	No	☐
If yes, please give details				

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Reasons Applying for the Job

Please provide details of the reasons why you are applying for the job. Mention any specific skills or experiences that meet the requirements of the job description and person specification. Please include your achievements to date, any relevant knowledge, skills, experience, and strengths you would bring to the role. Please continue on a separate sheet if necessary.

NB If the continuation sheet is used to continue listing reasons why you are applying, please tick here ☐

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Rehabilitation of Offenders Act 1974

Egret Care is committed to Safeguarding Regulations you have to disclose any conviction, warning, reprimand, caution or other order including "spent convictions", that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013.

You are required to declare any criminal convictions (including bind over and cautions) in accordance with the rehabilitation of Offenders Act 1974. The post you have applied for carries exempt status under the provisions of the Act for which you are required to declare any convictions regardless of whether the time limit has elapsed. All appointments are subject to an enhanced DBS check. Declaration of convictions will not necessarily bar you from employment.

Have you ever been convicted of a criminal offence?	Yes	☐	No	☐
Are there any alleged offences outstanding against you?	Yes	☐	No	☐

If yes to any of the above, if you are shortlisted, you will be sent a self-declaration form to disclose any criminal record or information that could make you unsuitable for the position.

The completed self-declaration form disclosure should be placed in a sealed envelope marked "Confidential" and brought to interview or completed online and emailed to

hrsupport@egret.org.uk

Any information disclosed will be treated in the strictest confidence.

Any convictions that are self-disclosed or listed on a DBS check will be considered on a case-by-case basis.

Failure to disclose any information relating to criminal convictions may disqualify your application or result in dismissal without notice.

Disqualification from Caring for Children Regulations 2002

The Disqualification from 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 any time 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
 - a. The person has been concerned with a voluntary or registered children's home which has been removed from the register; or
 - b. An application by the person for registration of a voluntary or registered children's home has been refused; or
 - c. 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.

Are you disqualified from caring for children under The Disqualification from Caring for Children's Regulations 2002?	Yes	☐	No	☐
Have any children in your care ever had children's service involvement or been on a child protection plan / register?	Yes	☐	No	☐

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Continuation Sheet

Please ensure that the relevant boxes are ticked above before adding details below with headings as appropriate.

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Declaration

1. I confirm that to the best of my knowledge the information I have provided on this form is true and accurate.
2. I have read or had explained to me and understand all the questions on the form.
3. I am not subject to any immigration controls or restrictions that prohibit my undertaking work in the UK.
4. I understand that:
 - a. Under the Rehabilitation of Offenders Act I have been asked to declare 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 General Data Protection Regulation 2018, 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 General Data Protection Regulation 2018
 - 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	
Signature	
Date	

Completed Forms

Please send your completed form:

By post to:

HR Support
Egret Care Ltd
The Foundry
Brook Street
Stoke-on-Trent
Staffordshire
ST4 1JN

Or via email to: hrsupport@egret.org.uk

If you are returning your application by post, please ensure you use the correct postage for the size, weight and thickness of your envelope in line with the postal system.

Please note that if we do not contact you within 3 weeks of your submitted application, then you have not been shortlisted for interview.

Any job offer will be conditional on the satisfactory completion of the necessary pre-employment checks.

Thank you for taking the time to complete your application and your interest in Egret Care Ltd.

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This Page has been intentionally left blank to ensure
confidentiality of the below

Equal Opportunity Monitoring Form

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Confidential – Equal Opportunity Monitoring Form	
Egret Care wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity. Egret Care needs your help and co-operation to enable it to do this but filling in this form is voluntary. Please return the completed form in an envelope marked "Strictly confidential" to HR Support, Egret Care Ltd The Foundry Brook Street Stoke-on-Trent Staffordshire ST4 1JN or via email the whole form to hrsupport@egret.org.uk who will separate it before circulating to those carrying out the interviews.	
Gender	Man ☐ Woman ☐ Intersex ☐ Non-binary ☐ Prefer not to say ☐ If you prefer to use your own term, please specify here
Are you married or in a civil partnership?	Yes ☐ No ☐ Prefer not to say ☐
Age	16 – 24 ☐ 25 – 29 ☐ 30 – 34 ☐ 35 – 39 ☐ 40 – 44 ☐ 45 – 49 ☐ 50 – 54 ☐ 55 – 59 ☐ 60 – 64 ☐ 65+ ☐ Prefer not to say ☐
Ethnicity	White English ☐ Welsh ☐ Scottish ☐ Irish ☐ British ☐ Gypsy or Irish Traveller ☐ Prefer not to say ☐ Any other white background, please specify here
	Mixed / multiple ethnic groups White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Prefer not to say ☐ Any other mixed background, please specify here
	Asian / Asian British Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Prefer not to say ☐ Any other Asian background, please specify here
	Black / African / Caribbean / Black British African ☐ Caribbean ☐ Prefer not to say ☐ Any other Black/African/Caribbean background, please specify here
	Other ethnic group Arab ☐ Prefer not to say ☐ Any other ethnic group, please specify here
Do you consider yourself to have a disability or health condition?	Yes ☐ No ☐ Prefer not to say ☐
What is the effect or impact of your disability or health condition on your ability to give your best at work?	
Sexual orientation	Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Prefer not to say ☐ If you prefer to use your own term, please specify here
Religion or belief	None ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐ Prefer not to say ☐
	If other religion or belief, please specify here