

APPLICATION FOR EMPLOYMENT: CONFIDENTIAL
Please complete this form fully in black ink or type.
Applications received after the closing date will not normally be considered.

Position applied for:	Closing Date:
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Please return application to: Woodlands Limited, 3 Bellevue Road, Wrexham, LL13 7NH.

Name	
Address	
Town	
Postcode	
Telephone	
Mobile	
e-mail	

In order to comply with Statutory Regulations, all employees must be over the age of 22. By completing this application, you are confirming that you are 22 years of age or above. Proof may be required if your application is successful.

Care Council Registration

Are you, or have you ever been, registered with the Care Council for Wales?	YES / NO
If YES, please provide Registration Number:	
Are you, or have you ever been, registered with the General Care Council England?	YES / NO
If YES, please provide Registration Number:	

Driving Licence Details

Do you hold a current full UK Manual Driving Licence?	YES / NO
If yes, do you have any endorsements / pending endorsements?	YES / NO
If yes, give details:	

Membership of Professional Bodies
Please list any memberships you currently hold with professional bodies

Dates (from-to)	Professional Body	Membership Number	Position

Education History

Please list education details from any secondary, further and higher education

Dates (from-to)	Name of School / College / University	Qualifications gained

Training and Present Studies

Please list any relevant training you have undertaken, or are currently undertaking, and any Professional Qualifications achieved

Dates (from-to)	Duration	Course / Title	Organiser / Provider	Qualifications Achieved / Pending

Current Employment

Please leave blank if currently unemployed

Dates (from-to)	
Job Title / Position Held	
Employer Details (name, address, telephone number)	
Basic Pay & Grade	
Notice period required	
Reason for leaving	

The post for which you are applying is covered by the “Disqualification from Caring for Children” Regulations (1991). You are therefore **required** to complete this section. Failure to do so will result in your application being rejected.

Has a child of yours at any time been the subject of a Care Order?	YES / NO
Has an order been made at any time for the purpose of removing a child from your care or preventing a child from living with you?	YES / NO
Have you ever been involved with a voluntary or registered Home which has been removed from the register?	YES / NO
Have you ever made an application for registration of a voluntary or registered Home that has been refused?	YES / NO
Have you ever been prohibited from being/becoming a Foster Carer?	YES / NO
Have you ever been refused registration to be a child minder or provider of day care, or had such registration for these removed or cancelled?	YES / NO
Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post?	YES / NO

Rehabilitation of Offenders Act 1974

The post for which you are applying is included in the exemptions for the above Act. Therefore, you are required to disclose all cautions or convictions, previous (including those considered ‘spent’ under the above Act), current or pending. **Failure to do so will result in your application being rejected or considered null and void.** Successful application will be dependent on satisfactory enhanced DBS (Disclosure and Barring Service) checks.

Have you ever been convicted of a criminal offence (including driving convictions); or been subject to any conditional discharges, bind overs or cautions; or are any such proceedings pending?	YES / NO
If yes, provide details:	

References

Please give below details of two people who would be willing to provide an employment reference for you. **One of these must be your present or most recent employer.** Please provide a contact telephone number. References will be sought prior to interview.

1. (Present or most recent employer)		2.	
Name:		Name:	
Job Title:		Job Title:	
Relationship to Applicant:		Relationship to Applicant:	
Address:		Address:	
Telephone Number:		Telephone Number:	

Health Information

This information will only be used to make reasonable adjustments for interview

Do you consider yourself to be disabled (for the purposes of the Equality Act 2010)?	YES / NO
If yes, please detail any reasonable adjustments that can be made to enable you to access an interview:	

Smoking

Do you smoke?	YES / NO
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Covid Vaccination

Have you received the Covid 19 vaccination yet?	YES / NO
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If you answered NO to the above question, can you confirm if you intend to receive the vaccination when offered it?	YES / NO
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Right to Work in the UK

Do you have the right to work in the UK? <i>You will need to produce evidence of your entitlement to work in the UK before taking up your post if your application is successful.</i>	YES / NO
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For statistical purposes, can you please answer the following question:

Do you speak Welsh? (please tick relevant box below)

Fluently	Some words	Not at all
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Declaration

- *I confirm that information contained herein is accurate and true.*
- *I understand that any discrepancies or misleading information may lead to the rejection of my application, or offer of employment being withdrawn, or termination of my employment if already commenced.*
- *I hereby give my consent to the company processing the data supplied on this application for the purpose of recruitment and selection.*
- *I understand that any offer of employment is subject to satisfactory DBS enhanced disclosure, the provision of suitable references, and satisfactory provision of health or medical information (including from my GP or other medical practitioner).*
- *I authorise you to obtain references from the above.*

Signed	Dated
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