

Application Form

Please don't forget to attach **THREE** passport-sized photographs of yourself



Surname: (Mr/Mrs/Ms/_____)	Date of Application:
Forename:	<p>Please return to: Kent Social Care Professionals Ltd Golden Boot Chambers 27, Gabriels Hill Maidstone Kent ME15 6HX</p>
Any previous names:	
Name you prefer us to call you:	
Address	
Postcode:	
Nationality:	Non-British and Non-EU Nationals only
Passport number:	Country of Origin: (As required by Asylum and Immigration Act)
Date of birth:	Date of entry into UK:
	Type of Visa permitting work in UK:
National Insurance no:	Expiry date of Visa:
Full UK driving licence? Yes/No	Other eligibility to work in UK:
Do you have use of a car? Yes/No	
Do you have business insurance? Yes/No	
email:	EMERGENCY CONTACT
Mobile phone:	Name:
Home phone:	Address:
Other contact number:	
	Phone:
	Relationship to applicant:
Type of employment sought (you must have experience at this level)	Preferred Client Groups (you must have experience of this client group)
Qualified Social Worker/Support Worker etc.	Homeless/Youth/Children and Families etc.
Full time or Part time?	
How much notice does your current employer require?	



Employment History

Please enter below a FULL and complete employment history since leaving school, supplying referee details for all occupations within the last three years – or attach your full CV and give referees covering the last three years.

For all periods when you were not employed, please give dates and state what you were doing.

For such periods in the last three years, we will require a reference from a professional person (teacher, doctor, social worker) who knew you during that period.

REFEREE MUST BE YOUR LINE MANAGER

Dates From:	To:	Company and Location	Job Title

Please use a continuation sheet if necessary.

REFEREES

Name/Title	Full Address	Other contact	Dates worked:
		Tel:	From:
		Fax:	To:
		Email:	May we request this reference? Yes/No
Postcode:			
		Tel:	From:
		Fax:	To:
		Email:	May we request this reference? Yes/No
Postcode:			
		Tel:	From:
		Fax:	To:
		Email:	May we request this reference? Yes/No
Postcode:			
		Tel:	From:
		Fax:	To:
		Email:	May we request this reference? Yes/No
Postcode:			

Please use a continuation sheet if necessary.

Other Information Please enter here any experience not mentioned earlier, which may support your application. e.g. short term voluntary work, personal experience of particular client groups, overseas experience, any other spoken languages etc.

To progress your registration with Kent Social Care Professionals there follows a number of **declarations**, each to be completed, signed and dated.

Disclosure of Employment History Declaration

Have you at any time:

- Received a Formal Verbal Warning? YES / NO
- Received a Written Warning? YES / NO
- Received a Final Warning? YES / NO
- Been Dismissed? YES / NO
- Been subject to disciplinary action? YES / NO

If Yes to any of the above, please supply details.

I will inform KSCP promptly of any incident of the type listed above, at any place of work, occurring at any time from the date of this form, until my registration with KSCP ceases.

Signature:

Date:

Overseas Student Declaration

Name:

Address:

Course name:

College:

Course tutor:

College address:

Course dates

From:

To:

I declare that I am currently enrolled at the above college and studying the above course, and I consent to Kent Social Care Professionals contacting the college to confirm this.

I understand that I am not permitted to work more than 20 hours in any week, during term time.

Signature:**Date:****Working Time Directive**

I (*name*) _____ agree that I may work for more than an average of 48 hours a week. This includes hours worked for all employers in a given week. All work offered may be accepted or rejected as I see fit.

Signature:**Date:****Bank Details:**

Please give details of the bank account your pay should be sent to.

Bank:	
Branch and branch address:	
Building Society Roll Number (if applicable):	
Account name (usually your name):	
Account number:	
Sort code:	

I request Kent Social Care Professionals to pay my earnings into the above bank or building society account.

I understand that to change the account for payment, notice must be given 2 weeks in advance of the change.

Signature:**Date:**

Disqualification from Caring for Children Regulations 1991

Name:	Date of Birth:
Any other names used:	

Please tick each box to confirm the following statements:

I confirm that:

- a) At no time has any child of which I am a parent been made the subject of a care order.
- b) At no time has any child been removed from my care or prevented from living with me by a court order, unless by a custody or residence order in favour of the child's other parent.
- c) At no time has any child in my care been subject to a supervision requirement under the Social Work (Scotland) Act 1968, for the purpose of removing that child from my care.
- d) At no time have my rights and powers in respect of a child in my care been vested in a local authority in Scotland under the Social Work (Scotland) Act 1968 or the Children Act 1948.
- e) I have never carried on or otherwise been concerned with the management of, or had any financial interest in, a voluntary home which was removed from the register, nor has there been a refusal to register a voluntary home in relation to an application made by me.
- f) I have never carried on or otherwise been concerned with the management of, nor had any financial interest in, a registered children's home which was removed from the register.
- g) I have never been prohibited from being a private foster parent.
- h) I have never been refused registration in respect of nurseries, day care or child minding, nor have I had any such registration cancelled.

If you are unable to confirm any of the above statements, please give details here:

I understand that any person who is disqualified from fostering a child privately shall not carry on, or be otherwise concerned in the management of, or have any financial interest in, a voluntary home without written consent from the Secretary of State, nor shall such a person be employed in a voluntary home. Any person who contravenes these regulations may be guilty of an offence and liable on summary conviction to imprisonment for a term not exceeding 6 months or to a fine not exceeding level 5 on the standard scale, or to both.

I state that the information given in this declaration is accurate and complete to the best of my knowledge.

I understand that this information is given to Kent Social Care Professionals for recruitment purposes undertaken by them on my behalf.

Signature:

Date:

Health Questionnaire

Social Work can be stressful and demanding, and it is part of our registration process to ensure that all candidates are fit to work in such circumstances.

Name: _____ Date of Birth: _____

Do you suffer, or have you ever suffered, from any of the following health conditions?
Please circle **YES** or **NO** for each statement below.

1. Have you ever been admitted to hospital (apart from childbirth)?	YES / NO
2. Have you ever had an accident at work?	YES / NO
3. Are you at present under medical supervision or taking any medicines?	YES / NO
4. Are you under psychiatric supervision?	YES / NO
5. Have you any disabilities or are you registered disabled?	YES / NO
6. Have you had any absence from work due to sickness in the last 2 years?	YES / NO
7. Do you have or have you ever had diabetes?	YES / NO
8. Have you or, to the best of your knowledge, any of your relatives, ever had TB?	YES / NO
9. Persistent or recurrent back trouble?	YES / NO
10. Mental illness or nervous breakdown (including time off work related to stress and/or depression)?	YES / NO
11. Migraines, blackouts, epilepsy, fainting?	YES / NO
12. Chronic chest complaint, persistent cough, asthma, coughing up blood or similar disorder?	YES / NO
13. Stomach or intestinal disorders, e.g. ulcer, bowel disorder, dysentery, typhoid, cholera, other chronic diarrhoea?	YES / NO
14. Hepatitis, jaundice or other liver disease?	YES / NO
15. Heart or circulatory disorders including angina or raised blood pressure?	YES / NO
16. Skin complaint or allergy? (Please specify)	YES / NO
17. Any condition which causes difficulties sleeping?	YES / NO
18. Have you ever had, or been vaccinated against, Hepatitis B?	YES / NO
19. Any other health factors that might affect your fitness to work in Social Care?	YES / NO

If you have answered 'YES' to any of the above questions, please give details here. Use a continuation sheet if necessary

GP Name: _____

Phone: _____

GP Address: _____

I, the undersigned, confirm that the above information is correct to the best of my knowledge.

Signature:

Date:

Data Protection Act

I understand that KSCP may hold data about me, whether obtained directly from me or from other sources, and that some of this data may be sensitive. This data may be held indefinitely, and I give my permission for this data to be disclosed to third parties in the course of seeking employment or training for me.

In particular I understand that all data held about me by KSCP may be subject to inspection as required by the Care Standards Act 2000.

Signature:

Date:

Rehabilitation of Offenders Act

Because of the nature of the work placements offered by KSCP , the terms of Section 4 part 2 of the Rehabilitation of Offenders act (1974) (exceptions) Order 1975, apply. You must declare here any convictions or cautions you have ever received, even those which would normally be considered spent.

KentSCP follows the Criminal Records Bureau Code of Practice - www.crb.gov.uk
A criminal record is not necessarily a bar to employment.

Have you ever been convicted of or cautioned for, or are you under investigation for any offence?

Yes/No If Yes, please supply details:

Please sign the following statement: I understand that my CRB Disclosure may be verified, copied and shared with any client considering employing me on a temporary or permanent basis.

Signature:

Date:

Declaration

I declare that all information given on this form is true and accurate to the best of my knowledge. I understand that Kent Social Care Professionals may make enquiries as they see fit to verify any of the information given, and that if I have knowingly made false statements I may be subject to prosecution.

I have read and signed the KSCP Terms and Conditions of Employment for Temporary Staff, and I understand that my registration is subject to satisfactory references and CRB disclosure being obtained by KSCP.

I will inform KSCP promptly of any incident which may affect my employability, including, but not limited to, my conviction of any offence, or receipt of any formal or written warning at any place of work.

Signature:

Date:

Please bring as many as you can of the following documents to your interview.
Documents marked * are necessary for your registration.

Passport*	Passports are the base of our identity check. If you do not have a passport, please call before your interview date.
Visa If required*	Or other proof of eligibility to work in the UK
Driving licence	Paper, AND photo-card if you have one.
Two proofs of address*	Recent, e.g. bank statement, utility bill. Driving licence does not count unless under 3 months old.
Birth Certificate	
Marriage certificate	We must see documents to prove changes of name.
Three photos*	Standard passport-type colour photos of yourself.
Cheque or postal order for £36*	To pay for your CRB check. Refundable when you have worked 40 hours through KSCP
Certificates	Original certificates for Qualifications or training
Gap evidence	Documentation verifying any gaps in your employment history
NI number	Proof of your National Insurance number, an original P45 or P60
Referees	<p>We will need references from all your employers in the last 3 years. At least one reference must be from a Social Care employer. References must be from the HR department, or can be from your line Manager if they are still working there.</p> <p>We need a minimum of 2 references. If you only had one employer in the last 3 years, please think of someone suitable to be a personal referee, e.g. a Social Care professional who knows you well.</p> <p>Please bring the contact details for your referees, including the postal address. A mobile phone number is not sufficient.</p>

EQUAL OPPORTUNITIES

Kent Social Care Professionals Ltd operates an equal opportunity policy. To help us monitor the effectiveness of this policy please complete this form and return it with your application form. A statement of our equal opportunity policy is included in the recruitment pack. This monitoring form will be detached from your application form and will be kept separately from the information to be used in the selection process.

[Note: Certain details are necessary for the monitoring process to be effective but it is not necessary to add your name to this form.]

1) ETHNIC CATEGORY: The following categories are based on those used in the 2001 census as recommended by the CRE. Please note the ethnic questions are not about nationality, place of birth or citizenship. UK citizens can belong to any of the ethnic categories indicated.

Please tick the box which best describes the ethnic category to which you belong:

White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background – <i>please write in below</i>
Mixed	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> Any other mixed background – <i>please write in below</i>
Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background – <i>please write in below</i>
Black or Black British	<input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Any other Black background – <i>please write in below</i>
Chinese or Chinese British or other ethnic group	<input type="checkbox"/> Chinese <input type="checkbox"/> Chinese British <input type="checkbox"/> Any other ethnic background – <i>please write in below</i>

2) GENDER: PLEASE TICK APPROPRIATE BOX: Male [] Female []

3) DISABILITY: Please state if you have any long-term physical or mental condition that affects your ability to carry out day-to-day activities. (Advice can be obtained from the Disability Rights Commission 08457 622 633)
 Yes [] No []

4) AGE: Please state your age & date of birth Age [] Date of Birth/...../.....
 (DD/MM/YY)

5) RELIGION: Please state your religion

