Confidential Application Form

Swiis is committed to Equal Opportunities in all areas of our operations and welcome all applicants irrespective of age, disability, gender reassignment, marriage & civil partnership, race, religion, pregnancy & maternity, sex, sexual orientation The information which you provide on this application form (excluding the Equal Opportunities Questionnaire below) will be used solely to assess your ability to carry out the role that you are applying for.

If you are disabled or have a health condition and would like us to consider making any adjustments to the application process and/or the role that you are applying for, then please let us know and we will be happy to help.

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| Position Applied For: |  |

Please ensure the application form is completed fully and that you demonstrate your skills/experience clearly against the job description for the role.

Personal Details

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| --- | --- |
| Mr  Mrs  Miss  Ms  Dr | |
| Forename(s) |  |
| Surname |  |
| Pro nouns | She/Her He/Him Them/They |
| Have you ever been known by any other name – if so please specify |  |
| Permanent Address |  |
| Post Code |  |
| Home Telephone Number |  |
| Mobile Telephone Number |  |
| Email Address |  |
| Do you hold a full current driving licence? | Yes  No |

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| --- | --- |
| How did you hear about Swiis? |  |
| Are you registered with the Disclosure and Barring Scheme Update Service, or the Protecting Vulnerable Groups Scheme in Scotland? | Yes  No |
| DBS/PVG Certificate or Membership Number |  |
| Date of Issue |  |

Right to Work in the United Kingdom

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| --- | --- |
| Nationality |  |
| For non-British/EU nationals – Type of Visa held |  |
| Visa Expiry Date |  |
| National Insurance Number |  |
| Do you have the right to work in the  United Kingdom? Yes  No | |

Professional Registration

|  |  |
| --- | --- |
| HCPC/SSSC/NMC Number |  |
| HCPC/SSSC/NMC Number Expiry Date |  |

Education, Training & Qualifications

Please provide details of examination passes, qualifications obtained etc. You will be required to provide proof of relevant professional qualifications. Please provide details in sequence with the most recent first. Where you have had a break in your educational history, please give details.

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| --- | --- | --- | --- | --- |
| **Start Date** | **End Date** | **Institution/Awarding Body** | **Course Details** | **Grade/Qualification** |
|  |  |  |  |  |

Other relevant training courses (including in house) completed which are relevant to the post.

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| **Organising Body and Course Title** | **Brief description of course content, dates attended and qualification (if applicable)** |
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Employment History

Please give us details of every job or voluntary position you have held since leaving school, including the names, addresses and dates for leaving (continue on additionally sheet if necessary). Please indicate which of these positions of these involved direct work with children and young people, and explain any significant gaps in your employment history.

NB: We are required by the Fostering Services Regulations 2011: ‘Where a person has previously worked in a position whose duties involved work with children or vulnerable adults, so far as reasonably practicable verification of the reason why the employment or position ended’ is required. We reserve the right to contact any employer where you have worked with children or vulnerable adults.

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| --- | --- | --- | --- |
| Name of Employer |  | | |
| Full Address of Employer |  | | |
| Telephone Number |  | | |
| Email Address |  | | |
| Position Held |  | | |
| Current Salary |  | | |
| Start Date (Month & Year) |  | End Date (Month & Year) |  |
| Duties |  | | |
| Reason for Leaving |  | | |
| Did this position involve work with children or vulnerable adults? Yes  No | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Employer |  | | |
| Full Address of Employer |  | | |
| Telephone Number |  | | |
| Email Address |  | | |
| Position Held |  | | |
| Start Date (Month & Year) |  | End Date (Month & Year) |  |
| Duties |  | | |
| Reason for Leaving |  | | |
| Did this position involve work with children or vulnerable adults? Yes  No | | | |
|  |  | | |
| Name of Employer |  | | |
| Full Address of Employer |  | | |
| Telephone Number |  | | |
| Email Address |  | | |
| Position Held |  | | |
| Start Date (Month & Year) |  | End Date (Month & Year) |  |
| Duties |  | | |
| Reason for Leaving |  | | |
| Did this position involve work with children or vulnerable adults? Yes  No | | | |

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| --- | --- | --- | --- |
| Name of Employer |  | | |
| Full Address of Employer |  | | |
| Telephone Number |  | | |
| Email Address |  | | |
| Position Held |  | | |
| Start Date (Month & Year) |  | End Date (Month & Year) |  |
| Duties |  | | |
| Reason for Leaving |  | | |
| Did this position involve work with children or vulnerable adults? Yes  No | | | |

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| --- | --- | --- | --- |
| Name of Employer |  | | |
| Full Address of Employer |  | | |
| Telephone Number |  | | |
| Email Address |  | | |
| Position Held |  | | |
| Start Date (Month & Year) |  | End Date (Month & Year) |  |
| Duties |  | | |
| Reason for Leaving |  | | |
| Did this position involve work with children or vulnerable adults? Yes  No | | | |

Skills and Experience

In your own words, please explain why you consider yourself suited to this position outlining what you would contribute to the post if appointed, by reference to the job description and/or person specification.

(You may, if necessary continue on separate sheets, using no more than 2 additional pages.)

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Referees

Please provide the names and addresses of at least two referees, which cover a minimum of 5 years’ work experience, one of whom should be your present or most recent employer. Please note that references are not accepted from close personal friends or relatives.

If you do not wish your employer to be contacted at this stage, please tick the box.

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| --- | --- | --- | --- |
| Name of Referee |  | | |
| Position |  | | |
| Full Address of Referee |  | | |
| Telephone Number |  | | |
| Email Address |  | | |
| Period Known From (Month & Year) |  | Period Known To (Month & Year) |  |

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| --- | --- | --- | --- |
| Name of Referee |  | | |
| Position |  | | |
| Full Address of Referee |  | | |
| Telephone Number |  | | |
| Email Address |  | | |
| Period Known From (Month & Year) |  | Period Known To (Month & Year) |  |

Disciplinary & Criminal Issues

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| --- | --- |
| Have you ever been subject to a Disciplinary/Suspension or Dismissal? | Yes  No |
| If yes, please give details below (please use a separate sheet if necessary) | |
|  | |

The position for which you have applied is exempt from the Rehabilitation of Offenders Act 1974 (In Scotland this is by virtue of the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2003) (as amended in 2013). This means that you must declare all criminal convictions, including those which would otherwise be considered “spent”.

With the exception of question 7, answering yes to any of the questions below will not necessarily bar you from appointment. This will depend on the nature of the position for which you are applying and the particular circumstances. The information given will be treated in confidence and only taken into account where, in the reasonable opinion of Swiis, the offence is relevant to the post for which you are applying. Failure to declare a conviction may require us to terminate your employment and if any offence is not declared, but later comes to light. This also includes any offences gained after your date of employment with Swiis.

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| --- | --- | --- |
| 1. | Have you ever received a police caution, public order offence, reprimand, fine or final warning? | Yes  No |
| 2. | Have you ever been charged with any offence in the UK or, in any other country that has not yet been disposed of? You must inform us immediately if you are charged with an offence after you complete this form, and before taking up any position offered to you. | Yes  No |
| 3. | Are you aware of any current police investigation in the UK or in any other country following allegations made against you? | Yes  No |
| 4. | Have you ever been dismissed for misconduct from any employment, office or other position held by you? | Yes  No |
| 5. | Have you ever been disqualified from the practice of a profession or required to practice subject to specified limitations following fitness to practice proceedings by a regulatory or licensing body in the UK or in any other country? | Yes  No |
| 6. | Are you currently the subject of any investigation or fitness to practice proceedings by a licensing or regulatory body in the UK or in any other country? | Yes  No |
| 7. | Are you subject to any other prohibition, limitation, or restriction that means we are unable to consider you for the position for which you are applying? This question relates to a position which involves regular contact with children and vulnerable adults. | Yes  No |

If you have answered yes to any of the questions above please give full details on a separate sheet and attach it in a sealed envelope marked ‘Confidential Disclosure’.

Data Protection/Declaration & Confidentiality Agreement

I declare that the details which I have given on this form are true and accurate and that I am not banned or disqualified from working with children or vulnerable adults, nor subject to any sanctions or conditions on my employment imposed by The Independent Safeguarding Authority, the Secretary of State or a regulatory body.

I understand that providing any misleading or false information to support my application could mean that any job offer is withdrawn or that I will be dismissed for gross misconduct.

I hereby declare that I have understood and complied with the requirements laid down in the previous paragraph. For the purposes of the Data Protection Act 2018 (General Data Protection Regulation (GDPR), I consent to the information contained in this form and any information received by or on behalf of Swiis relating to the subject matter of this form being processed by them in administering the recruitment process.

I will notify Swiis immediately should any circumstances change as detailed above. I agree to Swiis requesting DBS/PVG Disclosure Scotland checks as appropriate.

I understand that due to the nature of the role I will be undertaking, I may come into contact with information of a sensitive, personal or confidential nature. I agree that: a: I will not disclose any such information except where this is necessary in carrying out my duties or where this is required by law. b: I will return any such information to the workplace when it is no longer needed c: I will not use any information gained through my dealings with Swiis other than for the benefit of Swiis or its customers.

I consent to Swiis International Limited requesting on my behalf, my personal and sensitive data from third parties to provide me with work, including employment references.   I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my previous or current employment.

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| --- | --- |
| Full Name |  |
| Signature |  |
| Date of Signature |  |

Information from this application may be processed for purposes permitted under the General Data Protection Regulations. Individuals have, on written request, the right of access to the personal data held about them.

The Company treats personal data collected during the recruitment process in accordance with its data protection policy. Information about how your data is used and the basis for processing your data is provided in our job applicant privacy notice.

Note: Any false, incomplete or misleading statements may lead to dismissal.

Equal Opportunities Questionnaire

Swiis will ensure that no employee or prospective employee is subject to any form of discrimination on the grounds of age, disability, gender reassignment, marriage & civil partnership, race, religion, pregnancy & maternity, sex, sexual orientation..

Swiis is committed to the principle of Equal Opportunity in employment and pre-selects applicants only on the basis of their qualifications and experience. We would be grateful if you would complete and return this questionnaire to enable us to monitor our policy and assess our performance. This information will be detached from your application form and will be treated in the strictest of confidence.

|  |  |
| --- | --- |
| Position applied for |  |
| Date of Completion |  |
| Please tick the box that is appropriate to you  **Please describe your Marital Status:**  Single  Married  Civil Partnership  Divorced  Widowed  Separated  Prefer not to say  **Gender**  Male  Female  Transgender  Undergone, or undergoing, male to female gender reassignment  Undergone, or undergoing, female to male gender reassignment  Non-binary  Prefer not to say  Other (please specify) ……………………………………….  **Pro nouns**  She/Her  He/Him  Them/They  **Sexual Orientation**  Prefer not to say  Heterosexual  Gay  Lesbian  Bisexual  Other …………………………………………..  **Age**  16 – 24  25 – 34  35 – 44  45 – 54  55 – 67  67 +  **Do you consider that you have a Disability?** Yes  No  If Yes, please provide details ……………………………………………… | |
| **Please state your ethnic group**  Prefer not to say  Black African  Black Caribbean  Black other  Please state …………………………………………..  Asian Bangladeshi  Asian Indian  Asian Pakistani  Asian other  Please state …………………………………………  White English  White Irish  White Northern Irish  White Scottish  White Welsh  White Other  Please state ………………………………….  Mixed Parentage  White & Black African  White & Black Caribbean  White & Asian  Other ethnic group  Please state ………………………….............. | |
| **Religion or Faith**  Prefer not to say  Atheist  Agnostic  Buddhist  Baha’i  Catholic  Christian  Hindu  Muslim/Islam  Sikh  Jewish  Church of England/Protestant  Jehovah’s Witness  Other Please state ………………………………………… | |