



Please complete in black enclose a C.V. or additional these will not be considered.

**pen.** Do not documents as

All sections of the formation of the for						be completed. sheets if
This form is availab	le, on request,	in large print, B	Braille, on ta	pe or in el	lectronic	c format
Post applied for:				Ref numb	ber:	
Please ensure you Offenders, included	in the 'How to	apply' guidanc	e, before su	ubmitting <u>y</u>	your ap	
I confirm I have rea	a the Rectultin	ent of Ex Offen	iders policy	statemen	ıt	
Personal De	etails					
Title *	Surname*					
Forename*			Forer	name 2		
Preferred name				revious Irname		
National Insura	nce number					
Address De	toile					
Address De						
Ho Name/Num	use nber					
St	reet					
Area		То	own/City			
County			Postco	de		
Cou	ntry					
Contact Deta Our preferred methor Email. Please provide	od of contact is					

## **Employment history**

- Please provide your full employment history starting with your present or most recent position.
- All periods of unemployment or gaps must be accounted for in the 'Gaps in Employment' section.
- If you do not have any previous employment history, please enter n/a.
- Use additional sheets to add further entries.

Current or	r last job title	
Employm	nent start date	Employment end date
Со	ompany Name	
House	e Name	
Number	r/Street	
Area	То	own/City
County		Postcode
C	Country	
Job details (please provide a brief description if the role)		
Reason for leaving		

Salary on leaving					
Job	Title (2)				
Employment st	tart date		Employr	ment end d	ate
Compan	y Name [				
House Na	ame				
Number/St	reet				
Area		-	Fown/City		
County			Postcode		
Country				Salary on [ leaving	
Brief Job details					
Reason for leaving					
Job	Title (3)				
Employment st	tart date		Employr	ment end d	ate
Compan	y Name [				
House Na	ame				
Number/St	reet				
Area		-	Γown/City		
County			Postcode		
Country				Salary on leaving	

Brief Job details		
Reason for leaving		
Please use co	ontinuation sheet(s) for additional jobs if necessa	ry.
Please accoun	ent history gaps on the for any gaps, of three months or more, in your entravel abroad with dates.	employment history
Gap	start date Gap end	d date
Please give	details	
Gap	start date Gap end	d date
Please give	details	
Please use ac	lditional sheets for additional gaps if necessary.	
<ul><li>Please p</li><li>Please e</li></ul>	n and Qualifications provide details of qualifications relevant to this appenter details from the most recent to the earliest. Actions will be verified on appointment.	plication.
Place of le	arning	
Institutio	n type	
Qualificatio	n level	
	Subject	Grade Date
Place of le	arning	

				-
Institution type				
Qualification level				
	Subject		Grade	Date
Place of learning				
Institution type				
Qualification level				
	Subject		Grade	Date
Please use continuat	ion sheet(s) for addi	tional qualifications if nec	essary.	
Professional M	lemberships			
Please give details of	f any professional m	emberships that are relev		•
		hip, the date obtained an embership or registration		
Membership na	ame			
Membership le				
Membership num				
•		Ei.		
Start d	ate	Expiry da	ite	

Training
Please enter details of any training undertaken that you feel is relevant to your application.



## **Supporting Information**

- Please use the following section to address each point on the skills and knowledge section of the Job Description. You should provide information, examples and evidence to illustrate how you feel you meet the criteria for the job.
- The length of this statement should be no longer than one A4 page of text.

Poforonoco		

Please enter details of two referees who can provide a reference. One of the referees must be your present employer, or if you are unemployed, your most recent employer.

• As this position involves working with children or vulnerable adults any number of previous employers may be contacted, without seeking further permission from you, as part of the vetting process, in relation to your employment history. This includes vetting of internal candidates.

Reference 1		
Title	Surname	
Forename		Reference Type (delete as applicable) Employment/Character
Email add	ress	
Teleph	none	
Company N	Name	
Position in com	npany	
Number/S	Street	
Area		Town/City
County		Postcode
Cou	ıntry	
Reference 2		
Title	Surname	
Forename		Reference Type (delete as applicable) Employment/Character
Email add	ress	
Teleph	none	
Company I	Name	
Position in com	npany	
Number/S	Street	
Area		Town/City
County		Postcode
Cou	ntry	

Posts involving work which brings you in regular contact with children, vulnerable adults, people with disabilities and learning difficulties. are exempt from the provisions of the Rehabilitation of Offenders Act 1974 (ROA)

This means that you must disclose information about any spent or unspent convictions and cautions when applying for this post *except* where they are protected convictions and cautions as described in article 2A of the ROA 1974 (Exceptions) order 1975.

CYC will check information relating to prospective employees through the Disclosure & Barring Service (DBS). Having a criminal record will not necessarily prevent your employment.

Please see the 'How to apply' guidar disclose to us.	nce for further information about what you need to
	children? red from working with, or been included on a list of ildren, young people or vulnerable adults?
Yes No If yes please give details	
•	ny proven/unproven investigation(s), complaints(s), young people or vulnerable adults, whether in a out privately?
protected as defined by the ROA 19 2013)?	ns, reprimands or final warnings that are not 74 (Exceptions Order) 1975 (as amended in
Yes No If yes please give details	

# Additional details

Guaranteed interview scheme We guarantee, under the 'Positive about Disabled People' scheme, an interview for all applicants with a disability who meet the minimum criteria on the job description.			
Are you a disabled person applying on the	at basis? Ye	s No No	
Job share The City of York Council welcomes individe specified otherwise in the job advert). Plea considered for a job share.		·	
Are you applying for this post on a job sha	are basis? Y	es 🗌 No 🗌	
(Job sharing is different to part time working – se	ee the How to	Apply guidance for further information)	
Relationship with the council Are you related to any employee of City of connection with any employee of City of Yes No			
Applicant status For monitoring purposes please indicate if Council.	you are alre	ady an employee of City of York	
Yes No No			
(Work with York /City of York Trading work employees are not considered CYC emplo	•	e, Be Independent and Veritau	

Availability for interview Please indicate any dates on which it winterview. Whilst the dates you provide that it may not be possible to accommon interviews.	will be	taken into consideration, please r	
Unavailable dates			
Eligibility to work in the UK  Do you need permission to work in the	UK?		
Yes No No			
If your permission is limited, please provide full details of your immigration status, renewal dates and any other relevant information.			
How did you hear about this job?			
Internal advertising City of York Council jobs website Jobs fair Universal Jobmatch/Job centre Word of mouth Community Care School website  Other – please give details		Linkedin Facebook Twitter National Apprentice Website NHS jobs Children's Social Work Matters	

## **Declaration**

I declare that the information given in this form and in any accompanying documentation is true to the best of my knowledge and belief and give my permission for enquiries to be made to confirm qualifications, experience, dates of employment, right to work in the UK and for the release by other people or organisations of necessary information to verify the content.

I understand my application may be rejected and/or I may be dismissed following appointment if I have given any false or misleading information or have withheld any relevant details.

Signed		
Print name		
Date		
details provided on your process.		ntact you about your application, via the purposes of the Recruitment & Selection
Yes		
•	,	or feedback regarding the Recruitment & happy for us to do this.
Yes 🗌 No 🗌		
(See the 'How to apply' gu	uidance for further informat	tion on the above consent questions)

Equal Opportunities Monitoring
The following pages will be removed and will not be
seen by those shortlisting or interviewing applicants.

## **Equal Opportunities Monitoring (confidential)**

City of York Council is committed to equality and aims to ensure that everyone who works or applies to work for us is treated fairly and is not subjected to unlawful discrimination on grounds of their sex, age, race, ethnic or national origins, marriage or civil partnership, pregnancy and maternity, gender reassignment, sexual orientation, religion or belief, family responsibility, disability or political beliefs. Applications are welcome from all sections of the community.

The information you provide will be treated as confidential and used only for monitoring purposes only. It is not used as part of the selection process and the recruitment panel do not have access to the sensitive information.

Thank you for helping us to continue to improve our policies and practices.		
Post applied for		
Ref number		
Gender: Male  Female  Prefer	not to say	
Do you identify yourself as trans? Yes	No ☐ Prefer not to say ☐	
Date of Birth:	Age:	
Nationality:		
Ethnic Origin:  Prefer to not say		
White:    British   Irish   Other White background  Mixed Race:   White and Black Caribbean	Asian or Asian British:   Indian   Pakistani   Bangladeshi   Other Mixed background   Black or Black British:	
White and Black Caribbean  White and Black African  White and Asian  Other Mixed background	Caribbean African Other Mixed background	

Other Ethnic Groups:  Any other background Chinese or other ethnic group Chinese		
<b>Equal Opportunities Monitoring (co</b>	ntd)	
	,	
Disability Information:		
The Disability Discrimination Act 2010 states that so physical or mental impairment, which has a sustainable their ability to carry out normal day to day activiting guidance for further information.	able and long term adverse effect	
Oo you consider yourself to be disabled?		
☐ Yes ☐ No Prefer to not say ☐		
f you tick "Yes" , please tick as many boxes below as apply:		
Physical impairment (such as using a wheelchair to get around and / or difficulty using arms, legs etc)		
Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)		
Mental health condition (such as depression or	bipolar)	
Learning disability (such as Downs syndrome of buch as autism or one resulting from head-injury)	or dyslexia or cognitive impairment	
Long-standing illness or health condition (such chronic heart disease, or epilepsy)	ch as cancer, HIV, diabetes,	
Other		
f yes please give details		
Sexual orientation:		
Heterosexual / Straight Homosexual / Gay man Not specified	<ul><li>☐ Lesbian / Gay woman</li><li>☐ Bisexual</li><li>☐ Prefer not to say</li></ul>	

### **Equal Opportunities monitoring (contd) Marital status** Married Partner Civil Partnership Single Divorced Separated Prefer not to say Widowed Religion Baha'i **Buddhist** Christian Hindu Jain **Jewish** Muslim Sikh No Religion Other Prefer not to say Carer responsibilities City of York Council values and embraces all people, regardless of any caring responsibilities that they may have, and strives to ensure that all people are treated with dignity and respect. A carer is defined as someone who looks after family, partner or friends in need of help because they are ill, frail or have a disability and that the help they provide is unpaid (except for Carers Allowance). Are you a carer for family/friends? Prefer not to say Yes No If yes please tick the appropriate box: Carer for: Elderly relative Friend Relative Young relative (under 18yrs)



