



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

All sections of the form must be completed. You may attach continuation sheets if necessary.

This form is available, on request, in large print, Braille, on tape or in electronic format

Post applied for:			Ref num	ber:	
Offenders, include	ed in the 'How to ead the Recruitm	apply' guidance	policy statement or , before submitting ers policy statemer	your ap	
Personal D	Jetalis				
Title *	Surname*				
Forename	*		Forename 2		
Preferred name			Previous surname		
National Insur					
-					
H Name/Nu	louse mber				
S	Street				
Area		Tov	vn/City		
County			Postcode		
Co	untry				
Contact De Our preferred mei Email. Please pro	hod 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.

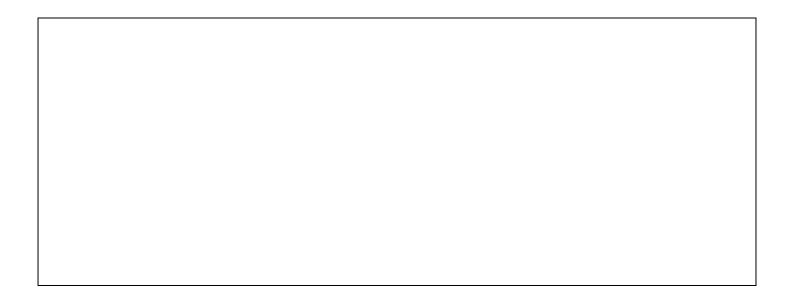
Current or	last job title	
Employm	ent start date Employment end date	
Co	mpany Name	
House	Name	
Number	/Street	
Area	Town/City	
County	Postcode	
C	Country	
Job details (please provide a brief description if the role)		
Reason for leaving		

Salary o leavin				
	Job Title (2)			
Employme	ent start date		Employment end date	
Cor	mpany Name [
Hou	se Name			
Numb	er/Street			
Area		Т	Town/City	
County			Postcode	
Country			Salary on leaving	
Brief Jo detail				
Reason fo				
	Job Title (3)			
Employme	ent start date		Employment end date	
Cor	mpany Name [
Hou	se Name			
Numb	er/Street			
Area		Т	Town/City	
County			Postcode	
Country			Salary on leaving	
Brief Jo detail				

Reason for leaving				
	tion sheet(s) for add	itional jobs if necessary.		
Employment h	istory gaps			
Please account for an including any travel a		nths or more, in your emp	oloyment	history
Gap start d	late	Gap end da	te	
Please give details				
Gap start d	ate	Gap end da	te	
Please give details				
Please use additiona -	I sheets for additiona	al gaps if necessary.		
Education and			ation	
 Please enter de 	•	ons relevant to this applicate recent to the earliest. pointment.	ation.	
Place of learning				
Institution type				
Qualification level				
	Subject		Grade	Date
Place of learning				
Institution type				
Qualification level				
	Subject		Grade	Date

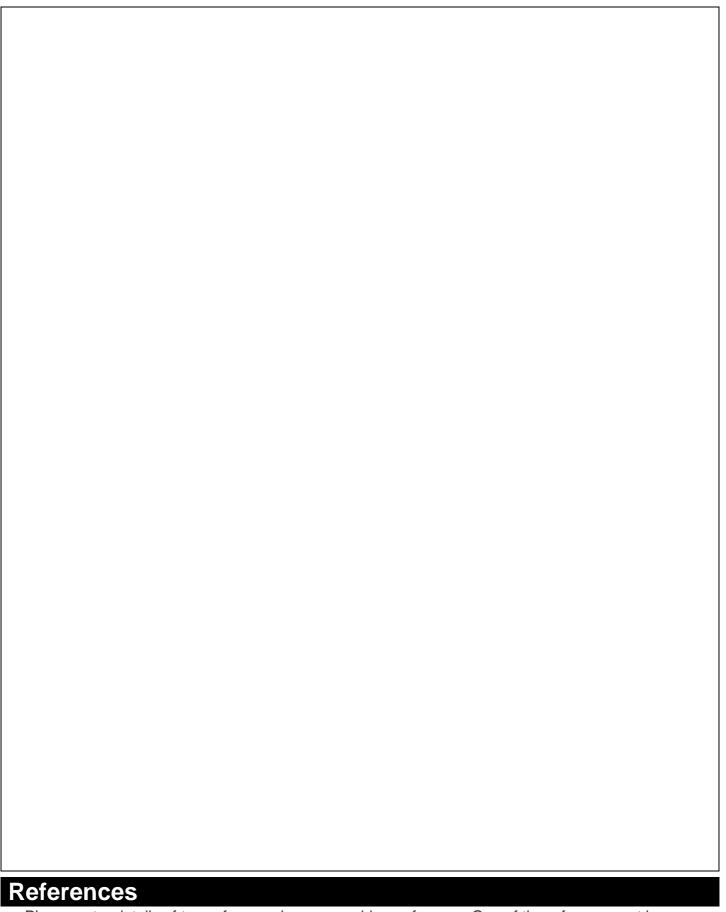
Diago of Isomaina				
Place of learning				
Institution type				
Qualification level				
	Subject		Grade	Date
Professional M Please give details of	emberships any professional me	emberships that are relevely, the date obtained an	ant to the	•
		embership or registration		or renewar
Membership na	me			
Membership le	evel			
Membership num	ber			
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.



- 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 i		
Title	Surname	
Forename		Reference Type (delete as applicable) Employment/Character
Email address		
Telephone		
Company Name	е	
Position in company	у	
Number/Stree	et	
Area	Tov	wn/City
County		Postcode
Country		
Reference 2		
Title S	Surname	
Forename		Reference Type (delete as applicable) Employment/Character
Email address		
Telephone		
Company Name	е	
Position in compan	y	
Number/Stree	et	
Area	To	wn/City
County		Postcode
Country		

Declarations of criminal records, cautions and convictions

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' guidance for further information about what you need to disclose to us.

	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?
Yes No lf yes please give details	
·	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 that basis? Ye	es No No
Job share The City of York Council welcomes individuals to apply specified otherwise in the job advert). Please indicate considered for a job share.	•
Are you applying for this post on a job share basis? Y	es No No
(Job sharing is different to part time working – see the How to	Apply guidance for further information)
Relationship with the council Are you related to any employee of City of York Council connection with any employee of City of York Council	
Yes No If yes please give details	
Applicant status	
For monitoring purposes please indicate if you are alre Council.	eady an employee of City of York
Yes No No	
(Work with York /City of York Trading workers, Explore employees are not considered CYC employees).	e, Be Independent and Veritau

Availability for interview

Please indicate any dates on which it would be impossible for you to attend an interview. Whilst the dates you provide will be taken into consideration, please note

interviews.			
Unavailable dates			
Eligibility to work in the UK Do you need permission to work in the UK	JK?		
Yes 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		Linkedin Facebook Twitter National Apprentice Website NHS jobs Children's Social Work Matters	
Other – please give details			

that it may not be possible to accommodate everyone's request when arranging

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			
		ntact you about your application r purposes of the Recruitment	
Yes 🗌 No 🗌			
-	,	or feedback regarding the Rec e happy for us to do this.	cruitment &
(See the 'How to apply' gu	uidance for further informat	tion on the above consent question	s)

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: **Asian or Asian British: British** Indian Pakistani Irish Other White background Bangladeshi Other Mixed background Mixed Race: White and Black Caribbean **Black or Black British:** Caribbean White and Black African White and Asian African Other Mixed background Other Mixed background Other Ethnic Groups: Any other background

Chinese or other ethnic group Chinese

Equal Opportunities Monitoring (contd)

Disability Information:
The Disability Discrimination Act 2010 states that someone is disabled if they have a 'physical or mental impairment, which has a sustainable and long term adverse effect on their ability to carry out normal day to day activities'. Please see 'How to apply' guidance for further information.
Do you consider yourself to be disabled?
☐ Yes ☐ No Prefer to not say ☐
If 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 or dyslexia or cognitive impairmen such as autism or one resulting from head-injury)
Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
☐ Other
If yes please give details
Sexual orientation:
 ☐ Heterosexual / Straight ☐ Homosexual / Gay man ☐ Not specified ☐ Lesbian / Gay woman ☐ Bisexual ☐ Prefer not to say

Equal Opportunities monitoring (contd) Marital status Married Partner Civil Partnership Single Separated Divorced Widowed Prefer not to say 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? Yes No Prefer not to say

Friend

Young relative (under 18yrs)

If yes please tick the appropriate box:

Carer for:

Elderly relative

Relative