**Dedham Therapy Farm CIC**

**Application form**

## **Your details**

Name:

Date of birth:

Address:

Postcode:

Phone:

Email:

## **Education and training**

Please give details below of your education and training:

|  |  |  |
| --- | --- | --- |
| **Setting/Provider** | **Qualification** | **Dates to and From** |
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## **Employment history**

### **Your current or most recent employer**

Name of employer:

Address:

Postcode:

Job title:

Pay:

Length of time with employer:

Reason for leaving:

Duties:

|  |
| --- |
|  |

### **Previous employers**

Please tell us about other jobs you have done and about the skills you used or learned in those jobs.

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| --- | --- | --- |
| **Company** | **Position Held** | **Dates employed** |
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## **Supporting statement**

Please tell us why you applied for this job and why you think you are the best person for the job.

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## **Interview arrangements and availability**

If you have a disability, please tell us if there are any reasonable adjustments, we can make to help you in your application or with our recruitment process.

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Are there any dates when you will not be available for interview?

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|  |

When can you start working for us?

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| --- |
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## **Right to work in the UK**

Do you need a work permit to work in the UK? **Yes / No**

## **References**

Dedham Therapy Farm CIC follows safer recruitment guidelines to ensure the safety of children and vulnerable adults accessing their service.

You are required to supply the names and contact details of at least two people who we can ask to give you a reference. They must fulfil the following criteria.

* One must be your current/most recent employer.
* They will be required to confirm for your suitability to work with children and vulnerable adults.
* They must have the authority to provide you with a reference within the company.
* They cannot be a friend or relative.

We may ask them before an employment offer is made. We will not ask your current employer until we get your permission.

### **Referee 1**

Name:

Organisation:

Position:

Phone number:

Email address:

### **Referee 2**

Name:

Organisation:

Position:

Phone number:

Email address:

**Further references (If applicable)**

Name:

Organisation:

Position:

Phone number:

Email address:

## **Declaration**

I confirm that to the best of my knowledge the information I have provided on this form is correct and I accept that providing deliberately false information could result in my dismissal.

I acknowledge that Dedham Therapy Farm utilise my personal data within their systems.  I understand that it collects, processes and retains data securely, on paper and electronically in support of my therapy sessions.

I confirm the organisations right to such data for legitimate purposes when obtained in a lawful, fair and transparent manner

I am aware that my personal data is retained confidentially, with strictly restricted access and only for as long as necessary.

I understand that Dedham Therapy Farm are required to follow safer recruitment guidelines. Any job offer is subject to a criminal record check and suitable references.

**Name:**

**Signature:**

**Date:**

**Self Disclosure**

|  |  |  |
| --- | --- | --- |
| Have you ever been known to any Children’s Services department or Police as being a risk or potential risk to children? |  | Yes/No |
| If yes, please provide further information: |  |  |
| Have you been the subject of any investigation and/or sanction by any organisation or body due to concerns about your behaviour towards children? |  | Yes/No |
| If yes, please provide further information and include details of the outcome: |  |  |
| Have you ever been the subject of disciplinary sanctions or been asked to leave employment or voluntary activity due to inappropriate behaviour towards children? |  | Yes/No |
| If yes, please provide further information: |  |  |
| Do you have any unspent convictions or conditional cautions? |  | Yes/No |
| Do you have any spent adult cautions (simple or conditional) or convictions that are not ‘protected’ as defined by either: • the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended in England, Scotland and Wales • or the Rehabilitation of Offenders (Northern Ireland) Order 1978 as amended in Northern Ireland? |  | Yes/No |
| Do you have any overseas convictions? |  | Yes/No |
| If yes, please provide further information: |  |  |
| Confirmation of declaration (tick box below) |  |  |
| I agree that the information provided here may be processed in connection with recruitment purposes and I understand that an offer of employment may be withdrawn or disciplinary action may be taken if information is not disclosed by me and subsequently come to the organisation’s attention. |  |[ ]
| In accordance with the organisation’s procedures if required I agree to provide a valid criminal record certificate and consent to the organisation clarifying any information provided on the disclosure with the agencies providing it. |  |[ ]
| I agree to inform the organisation within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children or young people. |  |[ ]
| I understand that the information contained on this form, the results of the DBS check and information supplied by third parties may be supplied by the organisation to other persons or organisations in circumstances where this is considered necessary to safeguard children. |  |[ ]
| **Signature:** |  |  |
| **Print:** |  |  |
| **Date:** |  |  |