

Educational and Professional Qualifications

| Secondary School | From - to | Please give a brief guide to examinations passed |
|--------------------|-----------|--|
| | | |
| | | |
| | | |
| | | |
| College/University | From - to | Qualifications gained |
| | | |
| | | |
| | | |
| | | |

Training

Please indicate [✓] if you have any of the following qualifications or training:

| | | | |
|--|--------------------------|--|--------------------------|
| NVQ 2/3 in Health & Social Care or equivalent | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> |
| Learning Disability Awareness | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> |
| Safeguarding Adults / POVA | <input type="checkbox"/> | Mental Health | <input type="checkbox"/> |
| Safeguarding Children / POCA | <input type="checkbox"/> | Mental Capacity Act & DoLS | <input type="checkbox"/> |
| Emergency First Aid | <input type="checkbox"/> | Autism / Aspergers Awareness | <input type="checkbox"/> |
| Medication / drug Administration | <input type="checkbox"/> | Managing Challenging Behaviour | <input type="checkbox"/> |
| Moving & Handling | <input type="checkbox"/> | Makaton | <input type="checkbox"/> |
| Health & Safety | <input type="checkbox"/> | Equality, Diversity & Inclusion | <input type="checkbox"/> |
| Fire Safety | <input type="checkbox"/> | Person Centred Care | <input type="checkbox"/> |

Any other qualifications obtained or courses attended:

General experience and further information

Please use this section to tell us how you meet the requirements set out in the job description and why this position is of interest to you.

Continue on a separate sheet if required

References

Please give the names and addresses of at least two referees to cover the previous five years, one of whom must be your current or most recent employer, tutor or employment advisor etc. A character reference will only be accepted from one referee.

References may be taken up for all short-listed candidates. If you do not wish us to contact your referees in advance of interview please tick the relevant box.

| Name | Address | Position |
|------|---------|----------|
| | | |

| | | | |
|-----------------|----------------|------|------|
| May we contact? | Yes [] No [] | Tel: | Fax: |
|-----------------|----------------|------|------|

| Name | Address | Position |
|------|---------|----------|
| | | |

| | | | |
|-----------------|----------------|------|------|
| May we contact? | Yes [] No [] | Tel: | Fax: |
|-----------------|----------------|------|------|

| Name | Address | Position |
|------|---------|----------|
| | | |

| | | | |
|-----------------|----------------|------|------|
| May we contact? | Yes [] No [] | Tel: | Fax: |
|-----------------|----------------|------|------|

Basingstoke Mencap Services

Right to work in the United Kingdom

Basingstoke Mencap has a legal responsibility to ensure that all its employees have the legal right to live and work in the UK.

Are you eligible to live and work in the UK Yes [] No []

If you are made an offer of employment, this will be subject to us verifying that you are eligible to work in the UK before you start work.

National Insurance Number /...../...../...../.....

DBS

All positions involving contact with the Charity’s service users will require an Enhanced check with the Disclosure & Barring Service. Possession of a criminal record will not necessarily prohibit an offer of employment, but you are asked to disclose on a separate sheet all previous convictions (including those deemed spent) under the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 Schedule I Part II Paragraph 12.

Do you have a criminal conviction? Yes [] No []

If yes, please provide details separately in a sealed envelope. This will only be considered if you are selected for appointment.

Health Record

In the past twelve months, please state the number of day’s absence from work due to sickness:

.....

DECLARATION

If it is discovered that any of the information in your application is false or if you have concealed any fact concerning your eligibility for the post, we will not proceed with your application. If you have already been appointed to the post when such a discovery is made, you may be liable to summary dismissal.

I declare that the information provided on this application form (and any attachments enclosed) is a true and accurate record.

Signature

Date



Basingstoke Mencap Services

Equal Opportunities Monitoring Form.

Completion of this form is not obligatory.
Information obtained is held separately from your application and is used for monitoring purposes only.

- | | | |
|---------------------------------|----------------------------------|-------------------------|
| 1. GENDER | 2. MARITAL STATUS | 3. DATE OF BIRTH |
| <input type="checkbox"/> Female | <input type="checkbox"/> Single | |
| <input type="checkbox"/> Male | <input type="checkbox"/> Married | |

4. **DISABILITY**

Do you consider yourself to be disabled? **Yes []** **No []**

If yes, please give brief details:

.....

.....

.....

Do you have any needs that require special provision?

| | | |
|----------------------------|----------------|---------------|
| For interview arrangements | Yes [] | No [] |
| Ongoing support in the job | Yes [] | No [] |

5. **ETHNIC ORIGIN**

These groupings are in line with the 2001 census. I describe my ethnic origin as:

- | | | |
|--|---|--|
| ASIAN OR ASIAN BRITISH <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other | BLACK OR BLACK BRITISH <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other | CHINESE OR OTHER ETHNIC GROUP <input type="checkbox"/> Chinese <input type="checkbox"/> Other |
| WHITE <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other | MIXED ETHNICITY <input type="checkbox"/> Please specify | OTHER <input type="checkbox"/> Please specify |