Staff Pack 1

- **1.** Staff Application Form (Page 2-8)
- 2. Staff DBS/ Information Form (Page 9)
- 3. Items to accompany this pack: HMRC Starter Checklist/ P45,



(Sebott Solutions Limited)

Staff Name:

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.D.O.B:....

Date Reviewed: 13/04/21

Staff DBS/ Information Form

Title:			Full Nam	ne:								
Nationality at Birth:			Have you changed yourJobNationality since birth:Title:									
National Insurance Number:						Phone Numbe	r:		<u>.</u>			
				Town Birth:	-	·			Countr of Birtl	•		
Surnar Birth	me at		······			ous Surn include date		hanged)				
Currer Addres												Date from- to:
Additie Addres		If previ	ous address i	s less tha	n 5 years	5						Date from- to:
Additional If previous address is less that Address: If previous address is less that			s less tha	n 5 years	5						Date from- to:	
Passpo	ort No:				Date of Issue:Date of Expiry:							
Driver	s					Date of			Date	-		
Licenc	e No:	lo:			Issue: Expiry:							
Reside	nce				Date of Date of							
Permit	t No:					Issue: Expiry:						
Bank N	Name:				Account Sort Code: Number:					:		
Any C	riminal	Record	ls/ Convic	tions:	•							
Please Give Details:												
]	Declar	ation for	DBS Che	<u>ck</u>				
			provided vingly ma	-								
Name:			Signa	nture:					Date:			
	I consent to the DBS providing an electronic result directly to the registered body that had submitted											
my application. I understand that an electronic result contains a message that indicates either the certificate is blank or to await certificate which will indicate that my certificate contains information												
in some cases the registered body may provide this information directly to my employer prior to me receiving my certificate.												
Name:	<u> </u>				Signa	ature:					Date:	
0	I agree to pay £75 for my DBS check to be performed on my behalf by Dot's Tots Day Nursery Limited. I will pay £75 alongside my application or I agree to have £75 deducted from my first											
			e delete as	•								J
Name:		<u> </u>		11	Signa	,					Date:	

Application Form

Global Social Care Services is committed to safeguarding and promoting the welfare of children and/or vulnerable adults and expects all staff and volunteers to share this commitment.

Please read the application form guidelines before you complete this form.

SECTION A	Job Details	
Job applied for:		
Location: (circle req	uired location)	
Job Reference Nur	nber:	

SECTION B	Personal	Information				
Surname:						
First Name:						
What title do you (Mr/Mrs/Miss/Ms		Date of Birth:				
Address (Including post coc	de):					
Telephone Numbe	er/s:					
Mobile Number/s:	:			NI No:		
Email Address: Thi may be used to cor		Email Address:				
during the recruitn process.	nent	Do You Smoke?	How m	any cigarettes a day?		
Emergency Contac	t Details:	Name:				
Phone Number:		Address:				
Relationship:		Email Address:				

SECTION C	Current or most recent I	Employment/Voluntary Work	
Name and address	of organisation:	Job held:	Current Salary/Pay Rate:
		Date of appointment:	Length of notice:
Brief summary of o	duties and responsibilities	5:	

SECT	ION	D	Edu	catio

Educational and Professional/Specialist Qualifications

Please list details relevant to this post, in chronological order. If short listed, you will be required to bring proof of these qualifications to interview. (Please use an additional sheet if necessary)

Name and address of School, College or University attended:	Qualifications: (for example NVQ, GCSE, A level, Degree)	Grade/Result received:

SECTION E	Training relevant to this post. (Please use an additional sheet if necessary)					
Name of Organisation:		Name of specialist training courses:	Result received:			

SECTION F	Employment Histo	ry					
You must list <u>all</u> e	s of your <u>full</u> employ employment, career l g secondary educatio	preaks, and p	periods of une	mployment, educa			
Organisation's name and address: Employment dates to nearest month Your role: Reason for leaving:							
		From:	To:				
Please give detail	s and reasons of any	gaps in wor	k history:				
SECTION G	Additional Informa	ation					

With this application form you will have received a person specification describing the skills and attributes we require for the job for which you are applying. Please take this opportunity to explain how you meet each of the requirements of the job. It will help the short listing process if you address each area of the person specification separately, preferably using sub-headings. Please provide examples to illustrate your knowledge, skills, and experience. (Please use an additional sheet if necessary)

SECTION H R	leferences					
Please give the names of two referees who can provide professional or educational references (not character). The first must be from your present or last employer/voluntary organisation, if applicable. The person you name must hold a managerial or personnel position in that organisation and have access to your records. If you do not give permission for your current employer to be contacted before interview, please provide us with an additional relevant referee to allow for two references to be available to the interviewing panel. Where you are not currently working with children or vulnerable adults but have done so in the past, you are required to nominate a referee from the organisation where you were most recently employed to work with children or vulnerable adults as one of your nominated referees. If you are recommended for appointment in these circumstances we will then seek to gain your current employer as a referee.						
•	the event that you are not currently employed we will require details from your last					
The referees provided will be asked if you have any live disciplinary offences and also about any 'time expired' disciplinary offences where they relate to children. They will also be asked if you have been subject to any child protection concerns, and if so, the outcome of any enquiry or disciplinary procedure.						
	PLEASE NOTE THAT Global Social Care Services reserves the right to ask you for permission to contact a referee rom any organisation you have been associated with. This can be in addition to, or instead of, the names you					

Referee from Pres	sent or Last Employer / Voluntary Organisati	on	
Referee Name:		Job Title:	
Address (includin	g postcode):		
Telephone Numb	er/s:		
Email Address:			
	erence being taken prior to any interview:	Yes	Νο
Second Referee fr	om Last Employer / Voluntary Organisation		
Referee Name:		Job Title:	
Address (includin	g postcode):		
Telephone Numb	er/s:		
Email Address:			
I agree to this refe	erence being taken prior to any interview:	Yes	Νο
Third Referee:			
Referee Name:		Job Title:	
Address (includin	g postcode):		
Telephone Numb	er/s:		
Email Address:			
I agree to this refe	erence being taken prior to any interview:	Yes	Νο

SEC		Further Information				
1.	 Are you subject to any legal restrictions in respect of your employment in the UK? You will be required to provide evidence of your eligibility to work in the UK and any information given may be checked with the Home Office or the Immigration Service. 					
2.		t to a sanction or have you been at any time barred from working with nerable adults by the DfES, OFSTED or been placed on List 99, ?	Yes 🗌 No 🗌			
lf y	ou have answe	red 'yes' to questions 1 or 2, please give details below:				
3.	1974'. You will convictions, pe cautions or rep	re applying for is exempt from the 'Rehabilitation of Offenders Act be required at interview stage to declare any unspent convictions, spent ending charges / current Police investigations, bind over's, warnings / primands. tand the above and agree to declare this information?	Yes 🗌 No 🗌			

SECTION J	Declaration
I declare that, to th supplied with it, is	e best of my knowledge and belief, the information given on this application form and correct.
	ny subsequent contract of employment with the Nursery will be made only on this basis, or deliberately omit any relevant information I could be dismissed.
Name/s:	
Signature:	Date:

Data Protection Act 1998: Assurance of Fair Processing: We will hold on computerised records the details you supply on this and related forms. This will allow us to provide pay, human resources and related services if we employ you. We may disclose these details to organisations or individuals with whom we consult regarding human resource related matters.

We will safeguard personal details and will not divulge them to any other individuals or organisations for any other purposes.

Monitoring Equality and Diversity in Employment

This section of the application form will be detached from your application form and will be used solely for monitoring purposes and for verification of identity; we will not make this information available to those involved in the selection process for the job you are applying for.

Global Social Care Services recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We have an Equal Opportunities Policy which aims to make sure that we treat everyone fairly. To help us monitor this Policy, please answer the questions below.

SECTION A											
Your full name:					Title:			Date o	of Birth:		
National Insurance Number:					Gender: (please specify)						
Other names you have been known by:											
Please state w	here yo	ou saw	this	post adverti	sed:						
SECTION B											
a) Ethnic Clas	sificatio	n Whi	ch of	f the followin	g gro	ups do y	ou feel b	est de	escribes you	r ethni	c origin?
Asian/Asian British	Indian			Pakistani		Banglac	leshi		Other Asiar background please spec	ł,	
Black/Black British	Caribbe	ean		African		Any othe backgro			Please specify background		
Chinese or other	Chinese	5		Any other Ethnic group				Please specify Ethnic Group			
Mixed	White a Black Caribbe			White and Black African		White a	nd Asian		Other Mixed background, please specify		
White	British			Irish		Any othe backgro			Please specify background		
b) Disability T has a substan		-					•	• •			airment which activities'.
Do you consid Discriminatio	•			•			-		Yes		No 🗌
If you have a		-	-	-			-				
Are there any	/ arrang	ement	s tha	at may be reo	quire	d to be i	nade sho	uld ye	ou be invite	d for ir	nterview?
We will try to can compete c Declaration: I consider mys	on equal	terms	with	n non-disable	ed peo	ople.					
Interview Scho Name:		-		-	gnatu				Date:	-	

c) Sexual Orie	entation: Which of the	following do you feel bes	t desc	ribes your sexual orientation?		
Lesbian	Gay Man	Bisexual		Heterosexual		
d) Religion/Faith/Belief: Which of the following groups do you feel best describes your						
Buddhist	Christian	Hindu		Jewish		
Muslim	Sikh	No Religion		Other please specify		
d) General Inf Have you cor If so, for wha	nsulted a doctor in the	last 2 years? Yes /	No			
Are you in good health? Yes / No How many days work have you lost through sickness in the past twelve months? NB: We may check this information.						
Is there any v If yes, please	work you cannot do fo give details.	r health reasons?	Yes	/ No		
following que absence on c	estion? The Company a hildcare/activity progr	ims for employees to hav	e mini any m	ase provide a written response to the mum sickness due to the effect of eet its sickness absence targets, what		

Any false declaration of disability to obtain an interview will invalidate any contract of employment.

Reference Authorisation Form

I have applied for employment with Global Social Care Services and have provided information about my previous employment. I authorise Global Social Care Services to conduct a reference check with my present and/or previous employer(s).

My signature below authorises my former or current employers and references to release information regarding my employment record with their organisations and to provide any additional information that may be necessary for my application for employment with Global Social Care Services.

Position:
Name:
Signature:
Date: