

# SEBOTT SOLUTIONS LIMITED

## GLOBAL SOCIAL CARE SERVICES

### Staff Pack 1

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**Staff Name:**.....**D.O.B:**.....

# SEBOTT SOLUTIONS LIMITED

## GLOBAL SOCIAL CARE SERVICES

### 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 required location)	
Job Reference Number:	

SECTION B	Personal Information
Surname:	
First Name:	
What title do you use? (Mr/Mrs/Miss/Ms/Dr):	Date of Birth:
Address (Including post code):	
Telephone Number/s:	
Mobile Number/s:	NI No:
<b>Email Address:</b> This address may be used to contact you during the recruitment process.	<b>Email Address:</b>  <b>Do You Smoke?</b> <b>How many cigarettes a day?</b>
<b>Emergency Contact Details:</b>	<b>Name:</b>
<b>Phone Number:</b>	<b>Address:</b>
<b>Relationship:</b>	<b>Email Address:</b>

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

SECTION D		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)	A	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 History	
Please give details of your <u>full</u> employment history in date order starting with the most recent.			

**You must list all employment, career breaks, and periods of unemployment, education and voluntary work since leaving secondary education; without any gaps. (Please use an additional sheet if necessary)**

Organisation's name and address:	Employment dates to nearest month		Your role:	Reason for leaving:
	From:	To:		

**Please give details and reasons of any gaps in work history:**

<b>SECTION G</b>	<b>Additional Information</b>
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**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)**

<b>SECTION H</b>	<b>References</b>
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**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.  
**If you are unable to provide your employer's details for reference purposes at that time your application will not be pursued further. In the event that you are not currently employed we will require details from your last employer.**  
 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 from any organisation you have been associated with. This can be in addition to, or instead of, the names you supply.**

<b>Referee from Present or Last Employer / Voluntary Organisation</b>	
<b>Referee Name:</b>	<b>Job Title:</b>
<b>Address (including postcode):</b>	
<b>Telephone Number/s:</b>	
<b>Email Address:</b>	
<b>I agree to this reference being taken prior to any interview:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Second Referee from Last Employer / Voluntary Organisation</b>	
<b>Referee Name:</b>	<b>Job Title:</b>
<b>Address (including postcode):</b>	
<b>Telephone Number/s:</b>	
<b>Email Address:</b>	
<b>I agree to this reference being taken prior to any interview:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Third Referee:</b>	
<b>Referee Name:</b>	<b>Job Title:</b>
<b>Address (including postcode):</b>	
<b>Telephone Number/s:</b>	
<b>Email Address:</b>	
<b>I agree to this reference being taken prior to any interview:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION I	Further Information	
	<p><b>1.</b> 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.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p><b>2.</b> Are you subject to a sanction or have you been at any time barred from working with children or vulnerable adults by the DfES, OFSTED or been placed on List 99, POVA or PoCA?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>If you have answered 'yes' to questions 1 or 2, please give details below:</b></p>		
	<p><b>3.</b> The post you are applying for is exempt from the 'Rehabilitation of Offenders Act 1974'. You will be required at interview stage to declare any unspent convictions, spent convictions, pending charges / current Police investigations, bind over's, warnings / cautions or reprimands.</p> <p>Do you understand the above and agree to declare this information?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

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

**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.

<b>SECTION A</b>		
<b>Your full name:</b>	<b>Title:</b>	<b>Date of Birth:</b>
<b>National Insurance Number:</b>	<b>Gender: (please specify)</b>	
<b>Other names you have been known by:</b>		
<b>Please state where you saw this post advertised:</b>		

<b>SECTION B</b>							
<b>a) Ethnic Classification</b> Which of the following groups do you feel best describes your ethnic origin?							
<b>Asian/Asian British</b>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other Asian background, please specify
<b>Black/Black British</b>	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>	Please specify background
<b>Chinese or other</b>	Chinese	<input type="checkbox"/>	Any other Ethnic group			<input type="checkbox"/>	Please specify Ethnic Group
<b>Mixed</b>	White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Other Mixed background, please specify
<b>White</b>	British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Any other Mixed background	<input type="checkbox"/>	Please specify background
<b>b) Disability</b> The Disability Discrimination Act defines disability as 'a physical or mental impairment which has a substantial and long term effect on the person's ability to carry out normal day to day activities'.							
<b>Do you consider yourself to have a disability under the Disability Discrimination Act 1995?</b> (Please select Yes/No as appropriate)						<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>If you have answered 'yes' please give details of your disability:</b>							
<b>Are there any arrangements that may be required to be made should you be invited for interview?</b>							
We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.							
<b>Declaration:</b>							
<b>I consider myself to have a disability as defined above and I would like to apply under the Guaranteed Interview Scheme:</b>							
<b>Name:</b>		<b>Signature:</b>			<b>Date:</b>		

<b>c) Sexual Orientation:</b> Which of the following do you feel best describes your sexual orientation?							
Lesbian	<input type="checkbox"/>	Gay Man	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>
<b>d) Religion/Faith/Belief:</b> Which of the following groups do you feel best describes your							
Buddhist	<input type="checkbox"/>	Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	No Religion	<input type="checkbox"/>	Other please specify	

<b>d) General Information:</b>	
Have you consulted a doctor in the last 2 years?    Yes / No	
If so, for what reason?	
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 work you cannot do for health reasons?    Yes / No	
If yes, please give details.	
To assist in the recruitment process for this position, would you please provide a written response to the following question? The Company aims for employees to have minimum sickness due to the effect of absence on childcare/activity programmes. To help the company meet its sickness absence targets, what measures will you take to keep your absences to a minimum?	

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

**Please return your completed application form to:  
Registered Manager – Hoskins Community Centre, 108 Hoskins Close,  
London E16 3RU**

**SEBOTT SOLUTIONS LIMITED**  
**GLOBAL SOCIAL CARE SERVICES**  
**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:.....

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## GLOBAL SOCIAL CARE SERVICES

### Staff DBS/ Information Form

<b>Title:</b>		<b>Full Name:</b>			
<b>Nationality at Birth:</b>			<b>Have you changed your Nationality since birth:</b>		<b>Job Title:</b>
<b>National Insurance Number:</b>			<b>Phone Number:</b>		
<b>Date of Birth:</b>		<b>Town of Birth:</b>		<b>Country of Birth:</b>	
<b>Surname at Birth</b>			<b>Previous Surnames :</b> (Please include date when this changed)		
<b>Current Address:</b>					<b>Date from-to:</b>
<b>Additional Address:</b>	If previous address is less than 5 years				<b>Date from-to:</b>
<b>Additional Address:</b>	If previous address is less than 5 years				<b>Date from-to:</b>
<b>Passport No:</b>		<b>Date of Issue:</b>		<b>Date of Expiry:</b>	
<b>Drivers Licence No:</b>		<b>Date of Issue:</b>		<b>Date of Expiry:</b>	
<b>Residence Permit No:</b>		<b>Date of Issue:</b>		<b>Date of Expiry:</b>	
<b>Bank Name:</b>		<b>Account Number:</b>		<b>Sort Code:</b>	
<b>Any Criminal Records/ Convictions:</b>					
<b>Please Give Details:</b>					
<b><u>Declaration for DBS Check</u></b>					
I confirm that I have provided complete and true information in support of this application and understand that knowingly making a false statement for this purpose is a criminal offence					
<b>Name:</b>		<b>Signature:</b>		<b>Date:</b>	
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.					
<b>Name:</b>		<b>Signature:</b>		<b>Date:</b>	
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 £80 deducted from my first month's salary (please delete as appropriate)					
<b>Name:</b>		<b>Signature:</b>		<b>Date:</b>	

# SEBOTT SOLUTIONS LIMITED

## GLOBAL SOCIAL CARE SERVICES

### Staff Payroll Form

#### Employee Details

- Title: \_\_\_\_\_
- First Name(s): \_\_\_\_\_
- Middle Name(s): \_\_\_\_\_
- Surname: \_\_\_\_\_
- Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- National Insurance Number: \_\_\_\_\_
- Full Address: \_\_\_\_\_
- Postcode: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

#### Employment Information

- Current Job Title: \_\_\_\_\_
- Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Age at Next Birthday: \_\_\_\_\_
- Current/ Starting Hourly Rate: £ \_\_\_\_\_

#### Reason for Pay Change:

- New Employee
- National Minimum Wage increase
- Age change affecting pay rate
- Completion of 1<sup>st</sup> Year of Apprenticeship
- Other (please specify): \_\_\_\_\_

#### Employee Account Details:

Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Sort Code: \_\_\_\_\_

#### Employee Confirmation:

I acknowledge and understand that my hourly rate will change as stated above.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Management: Please note that staff completing this form will need to be issued a new contract.**

New Job Title: \_\_\_\_\_ New Contract Start Date: \_\_\_\_\_

Weekly Hours \_\_\_\_\_ New Hourly Rate: \_\_\_\_\_

Note: Please ensure all information is filled out accurately and submitted to management with one months' notice to ensure information can be shared with the payroll and accounting team to ensure this is actioned appropriately to avoid errors with staff pay.