

**EMPLOYMENT APPLICATION FORM – CONFIDENTIAL**

This application form has been designed to offer you the opportunity of giving the fullest information whilst enabling us to assess all candidates in a fair and objective manner. Please therefore make your application on this form. **CV’s will not be accepted for this post.**

By returning and signing this application form you consent to Kaleidoscope Plus Group using and keeping information about you or third parties, such as referees, relating to your application or future employment under the General Data Protection Regulations (GDPR).

Application forms should be emailed to [vacancies@kaleidoscopeplus.org.uk](mailto:vacancies@kaleidoscopeplus.org.uk) in a **Word Format.**

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| **PERSONAL DETAILS** | | | | |
| **Preferred title** | Choose an item. | **If other, please specify:** | | Click or tap here to enter text. |
| **Surname** | Click or tap here to enter text. | | **First Name(s)** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. | | | |
| **Phone Number** | Click or tap here to enter text. | | | |
| **Email Address** | Click or tap here to enter text. | | | |

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| **DECLARATION: TO THE BEST OF YOUR KNOWLEDGE** | |
| **Do you know or are you related to any employee or volunteer?** | Choose an item. |
| **Are you a user of the Kaleidoscope Plus Group’s services?** | Choose an item. |
| **Do you know or are you related to any service user in any way?** | Choose an item. |
| **If you answered yes to any of the above, please give details below:** | |
| Click or tap here to enter text. | |

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| **REFER A FRIEND SCHEME** |
| The Kaleidoscope Plus Group operates a refer a friend scheme. If referred by an existing employee, you will both receive £50 on the successful completion of your probationary period. |
| If applicable, provide the name of the employee who referred this vacancy to you: |
| Click or tap here to enter text. |

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| **Position applied for:** | Click or tap here to enter text. | |
| **Contract applied for:** | Choose an item. |  |
| **Are you a car driver with access to a vehicle for work purposes?** | Choose an item. | |
| **Do you speak other languages?** | **Please specify:**  Click or tap here to enter text. | |
| **Are you eligible to work in the UK?** | Choose an item. | |

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| **CURRENT OR MOST RECENT EMPLOYMENT** | |
| **Company Name** | Click or tap here to enter text. |
| **Nature of Business** | Click or tap here to enter text. |
| **Your Job Title** | Click or tap here to enter text. |
| **Your Salary** | Click or tap here to enter text. |
| **Date you started** | Click or tap here to enter text. |
| **Date you left (if applicable)** | Click or tap here to enter text. |
| **Reason you wish to leave (if applicable)** | Click or tap here to enter text. |
| **Notice period required** | Click or tap here to enter text. |
| **Brief description of your current duties** | |
| Click or tap here to enter text. | |

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| **PREVIOUS EMPLOYMENT** | |
| **Company Name** | Click or tap here to enter text. |
| **Your Job Title** | Click or tap here to enter text. |
| **Date you started** | Click or tap here to enter text. |
| **Date you left** | Click or tap here to enter text. |
| **Reason for leaving** | Click or tap here to enter text. |
| **Company Name** | Click or tap here to enter text. |
| **Your Job Title** | Click or tap here to enter text. |
| **Date you started** | Click or tap here to enter text. |
| **Date you left** | Click or tap here to enter text. |
| **Reason for leaving** | Click or tap here to enter text. |
| **Company Name** | Click or tap here to enter text. |
| **Your Job Title** | Click or tap here to enter text. |
| **Date you started** | Click or tap here to enter text. |
| **Date you left** | Click or tap here to enter text. |
| **Reason for leaving** | Click or tap here to enter text. |
| **Company Name** | Click or tap here to enter text. |
| **Your Job Title** | Click or tap here to enter text. |
| **Date you started** | Click or tap here to enter text. |
| **Date you left** | Click or tap here to enter text. |
| **Reason for leaving** | Click or tap here to enter text. |
| **Reasons for any gaps in employment** | |
| Click or tap here to enter text. | |

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| **QUALIFICATIONS** | | | |
| **Name of qualification** | **Name of school/ college/ university/ training provider** | **Date of completion** | **Level/ Grade** |
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| **PROFESSIONAL MEMBERSHIPS** | | |
| **Name of professional or technical association** | **Date of membership** | **Status** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **REFERENCES** | | | |
| **Please provide the contact details for at least two people we can contact to request references for you. References must cover the past three years of employment or education. All references must be provided on a company owned letterhead or from a company owned email address.** | | | |
| **Current or most recent employment reference** | | | |
| **Name of company** | Click or tap here to enter text. | | |
| **Name of person providing reference** | Click or tap here to enter text. | | |
| **Relationship to you** | Click or tap here to enter text. | | |
| **Telephone number** | Click or tap here to enter text. | | |
| **Email address (must be provided)** | Click or tap here to enter text. | | |
| **Are you happy for us to contact this reference prior to interview?** | | | Choose an item. |
| **2nd employment reference** | | | |
| **Name of company** | Click or tap here to enter text. | | |
| **Name of person providing reference** | Click or tap here to enter text. | | |
| **Relationship to you** | Click or tap here to enter text. | | |
| **Telephone number** | Click or tap here to enter text. | | |
| **Email address (must be provided)** | Click or tap here to enter text. | | |
| **Are you happy for us to contact this reference prior to interview?** | | | Choose an item. |
| **3rd reference** | | | |
| **Name of company** | Click or tap here to enter text. | | |
| **Name of person providing reference** | Click or tap here to enter text. | | |
| **Relationship to you** | Click or tap here to enter text. | | |
| **Telephone number** | Click or tap here to enter text. | | |
| **Email address (must be provided)** | Click or tap here to enter text. | | |
| **Are you happy for us to contact this reference prior to interview?** | | Choose an item. | |

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| **SUPPORTING STATEMENT** |
| **Please provide solid examples of how you have demonstrated the experience, knowledge and skills detailed on the person specification in your past employment, education or voluntary roles.** |
| **Experience** |
| Click or tap here to enter text. |
| **Knowledge** |
| Click or tap here to enter text. |
| **Skills** |
| Click or tap here to enter text. |
| **Personal Statement –Why do you feel you are the best fit for this role?** |
| Click or tap here to enter text. |

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| **CRIMINAL RECORD CHECKING** | | |
| **If you are applying to work in contact with service users, you are required by law to undergo an enhanced DBS check. Having a criminal record will not put you at a disadvantage unless the Kaleidoscope Plus Group considers your past conviction or caution to represent a risk to the organisation, its employees or its service users.**  **If you are applying to work with people under the age of 18, disabled, elderly or vulnerable people, the provisions of sector 4.2 (of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) do not apply to you. This means that you are not entitled to withhold information about certain convictions or cautions which, for other purposes, are ‘spent’ under the provision ACT.** | | |
| Have you any convictions or cautions or are you currently the subject of any criminal proceedings (for example charged or summonsed but not yet being dealt with) or any police investigation? Choose an item. | | |
| If you answered yes to the above, please provide details of any convictions, cautions or blind overs below: | | |
| **Date of offence** | **Details of offence** | **Sentence / Conviction details** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **SAFEGUARDING** | |
| Under the Independent Safeguarding Authority are you allowed to work with at risk or vulnerable people? | Choose an item. |

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| **DECLARATION** | | | |
| I declare that the information given in on this Employment Application Form and on the attached Personal Details form is true and correct. I understand that any appointment offered would be made on the basis of my application and interview and that any failure to disclose information, or any attempt to mislead may lead to disciplinary action and Kaleidoscope Plus Group terminating my employment without notice. I also understand that any offer of employment would be subject to a satisfactory probationary period, Criminal Records Check and two satisfactory written references.  In accordance with the Data Protection Act 2018, I hereby give my consent for the information I have provided in this application to be used for the purposes outlined only on this form and to be kept on record for a period of 6 months. | | | |
| **SIGNATURE:** | Click or tap here to enter text. | **DATE:** | Click or tap here to enter text. |



**EQUALITY & DIVERSITY MONITORING FORM**

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| **HOW YOUR RESPONSES WILL BE USED** |
| Kaleidoscope Plus Group is committed to creating an environment for staff, service users and partners that is free from all forms of discrimination and where diversity is embraced. We aim to do our very best in ensuring that staff and our service users are provided with a safe and secure environment in which they can thrive and develop, and where all aspects of their welfare are protected.  Collecting data with regard to applicants’ characteristics is not just a tick box for the Kaleidoscope Plus Group. We monitor and analyse the information we collect to identify any underlying trends; utilising this insight to design services and support that are tailored and responsive to need.  The information you provide will be anonymised by the HR department. This Equality and Diversity Monitoring Form and the Title, Forename and Surname given in the Personal Details will be removed from the application form before being forwarded on to the shortlisting panel. |

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| **ETHNIC BACKGROUND** | |
| **Which of the following best describes your ethnic background?**  **(Choose one of the below)** | |
| **White or White British** | Choose an item. |
| **Mixed** | Choose an item. |
| **Asian or Asian British** | Choose an item. |
| **Black or Black British** | Choose an item. |
| **If you answered other to any of the above, please describe your ethnic background here:**  Click or tap here to enter text. | |

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| **GENDER** |
| **Which of the following best describes your gender?** Choose an item. |
| **If you prefer to describe your gender with another term, please describe it here:**  Click or tap here to enter text. |

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| **TRANS STATUS** |
| **Do you consider yourself to be a Trans person?** Choose an item. |
| **If you prefer to describe your gender with another term, please describe it here:**  Click or tap here to enter text. |

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| **SEXUAL ORIENTATION** |
| **Which of the following best describes your sexual orientation?** Choose an item. |
| **If you prefer to describe your sexual orientation with another term, please describe it here:**  Click or tap here to enter text. |

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| **AGE** |
| **Which of the following categories contains your age?** Choose an item. |

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| **RELIGION OR BELIEF** |
| **Which of the following best describes your religion or belief?** Choose an item. |
| **If you answered other to the above, please describe it here:**  Click or tap here to enter text. |

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| **MARITAL STATUS** |
| **Which of the following best describes your marital status?** Choose an item. |
| **If you answered other to the above or would prefer to describe your marital status with another term, please describe it here:**  Click or tap here to enter text. |

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| **DISABILITY** |
| **The Equality Act 2010 defines a disability as a physical or mental impairment that has a ‘substantial’ and ‘long term’ negative effect on your ability to do normal activities.** |
| **Do you consider yourself to have a disability?** Choose an item. |
| **If you answered yes to the above, please describe your disability here:**  Click or tap here to enter text. |