



Thera Trust®

RECRUITING FOR (PLEASE TICK):



Thera Trust\*



Thera East Anglia



Thera East Midlands



Thera North

Members of the Thera Group of Companies

*...making a difference in people's lives*

## PRIVATE AND CONFIDENTIAL JOB APPLICATION FORM

Post and Location	Ref. No
How did you hear about this post?	

### PERSONAL DETAILS

(Block capitals please)

Surname		Title	
Forenames (in full)			
Home Address			
		Postcode	
Contact Details	Daytime telephone:		
	Is this your work number?	Yes	No
	May we contact you at work, with discretion?	Yes	No
	Home Telephone:		
	Mobile Telephone:		
	Email:		
Fax:			

### Data Protection Act

We monitor our recruitment, selection and other processes. Some of the information you provide on this form will be held and processed in paper and/or computer files as part of that monitoring. Information given by a successful candidate will become part of our personal confidential record.

## CAREER HISTORY

Present or last employer			
Name			
Address			
Nature of Business			
Position Held			
Main Duties and Responsibilities			
Period Employed	From mm/yy		To mm/yy
Annual Salary			Notice Period

Please list previous employment starting with the most recent (excluding the above). Include all work history including voluntary and unpaid work. Please indicate clearly any gaps in employment, and the reasons for these.

Name and address of employer and nature of business	Position held and main duties and responsibilities	Period of employment				Reason for leaving
		From		To		
		mm	yy	mm	yy	

## EDUCATION AND TRAINING HISTORY

Please attach photocopies of any further education certificates or professional qualifications

<b>GCSE / GCE AND A-LEVEL QUALIFICATIONS</b>		
Subject	Level and grade	Date obtained

<b>FURTHER EDUCATION DEGREES AND DIPLOMAS</b>		
Qualification	Awarding Body	Date obtained

<b>PROFESSIONAL QUALIFICATIONS</b>		
Qualification	How obtained	Date obtained

<b>MEMBERSHIP OF PROFESSIONAL ORGANISATIONS</b>		
Organisation	Membership Status	Since

<b>OTHER STUDIES</b> (any other relevant studies you have completed, or are currently undertaking)

<b>TRAINING</b>	
Course	Date Obtained

**STATEMENT OF APPLICATION**

Please use this space to explain why you are interested in the post and what you can bring to it. Try to relate your experience (paid or unpaid) to the person specification and/or competencies. Continue on separate sheets if necessary.

## GENERAL QUESTIONS & INFORMATION

Do you have a current full driving licence	Yes	No
Do you have access to a car for work	Yes	No

Are you entitled to work in the UK?	Yes	No
Do you have/require a work permit?	Yes	No
National Insurance Number		

How many days have you had off work due to sickness, during the last two years?  
Please give details of the dates, duration and cause/reason.

**Disability Discrimination Act 1995:**  
Please indicate any reasonable adjustments that you may need (due to any physical and/ or mental impairment) to the recruitment and selection process or to the job you are applying for.

**Disclosure:**  
All applicants are required to apply for a Standard or Enhanced Criminal Records Bureau Disclosure, including a check against the Protection of Vulnerable Adults list (if applicable) before their appointment is confirmed. **This check will include details of cautions, reprimands or final warnings, as well as convictions.**

I understand that I will be required to apply for a Standard or Enhanced level Disclosure, including a check against the Protection of Vulnerable Adults list (if applicable) and agree to present Thera Trust with the part completed Disclosure application to countersign and complete.

<b>Signature:</b>	<b>Date:</b>
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**Declaration of Criminal Offence(s):**  
All convictions current or "spent" including fines and driving convictions (not parking fines) must be declared. (A "spent" conviction means the specific period for rehabilitation as deemed by the courts has been achieved, and would therefore not be disclosed under the provision of the Rehabilitation & Offenders Act). However this post is considered exempt from the provisions of the Rehabilitation & Offenders Act concerning spent convictions. If you do not have any convictions please state "None". However, if you do not disclose ALL criminal records (including "spent" ones) and are appointed, summary dismissal may follow.

**Please note, Thera Trust will take Criminal records into account only where the conviction is relevant. Having a conviction, caution, warning or reprimand will NOT automatically bar you from employment. This will depend on the circumstances and background to your offence(s).**

Do you have/or have you ever had any Criminal Conviction(s), caution(s), warning(s) and/or reprimand(s).	YES	NO
If yes, please provide details:		
<b>Signature:</b>	<b>Date:</b>	

## REFERENCES

(Block Capitals Please)

Please give details of two references, at least one of whom should be your **current or last employer**. Referees should be relevant persons, such as a tutor from college or university or other previous employer in a social care setting. We will ask your referees for comments on your suitability for the post and details of your attendance, sickness and salary.

Name of referee			
Name of company			
Address			
		Postcode	
Contact	Telephone:		
	Fax:		
	E-mail:		
Please state in what capacity they know you (e.g. Line manager)			

Name of referee			
Name of company			
Address			
		Postcode	
Contact	Telephone:		
	Fax:		
	E-mail:		
Please state in what capacity they know you (e.g. Line manager)			

### Contacting referees

If you are invited to interview we will want to take up your references before the day of interview. Please confirm whether you are happy for us to do so.

Reference 1	Yes	No	Reference 2	Yes	No
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## RELATIONSHIPS

Are you related to someone who is, or has been, an employee, Director or Board Member of Thera Trust?  
Yes/No  
If yes, give details

## DECLARATION

**Any appointment offered will be on the basis of your application and interview. The employer reserves the right to terminate your employment, without notice, in the event that it is discovered that the information provided was not accurate in some material way.**

**I confirm that to the best of my knowledge, the information given on this form is true and correct and can be treated as part of my subsequent Contract of Employment.**

**I understand that the appointment may be subject to a satisfactory medical examination.**

<b>Signature:</b>	<b>Date:</b>
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## EQUAL OPPORTUNITIES MONITORING INFORMATION

Our policy is to ensure that no job applicant or employee receives less favourable treatment because of, or is disadvantaged by, any conditions that cannot be shown to be justifiable. To assist us in checking that this policy is carried out and for that purpose only, it would help if you would complete the following. You are under no obligation to complete this section. It will not affect your application in any way and will not be used when short listing candidates for interview.

<b>Name</b>	
<b>Post applied for</b>	
<b>Reference No.</b>	
<b>Location</b>	

**Where did you learn of this vacancy? (please tick)**

Newspaper Advertisement	<input type="checkbox"/>	<i>(Please give details of publication)</i>
Website	<input type="checkbox"/>	Job Centre <span style="float: right;"><input type="checkbox"/></span>
Internal	<input type="checkbox"/>	Radio <span style="float: right;"><input type="checkbox"/></span>
Leaflet	<input type="checkbox"/>	Other <i>(please state)</i> <span style="float: right;"><input type="checkbox"/></span>

**Which of the following best describes your ethnic origin? (please tick)**

<b>White</b>	British <span style="float: right;"><input type="checkbox"/></span>	<b>Black or Black British</b>	Caribbean <span style="float: right;"><input type="checkbox"/></span>
	Irish <span style="float: right;"><input type="checkbox"/></span>		African <span style="float: right;"><input type="checkbox"/></span>
	Any other White background <i>(please state here)</i> <span style="float: right;"><input type="checkbox"/></span>		Any other Black background <i>(please state here)</i> <span style="float: right;"><input type="checkbox"/></span>
<b>Asian or Asian British</b>	Indian <span style="float: right;"><input type="checkbox"/></span>	<b>Mixed</b>	White and Black Caribbean <span style="float: right;"><input type="checkbox"/></span>
	Pakistani <span style="float: right;"><input type="checkbox"/></span>		White and Black African <span style="float: right;"><input type="checkbox"/></span>
	Bangladeshi <span style="float: right;"><input type="checkbox"/></span>		White and Asian <span style="float: right;"><input type="checkbox"/></span>
	Any other Asian background <i>(please state here)</i> <span style="float: right;"><input type="checkbox"/></span>		Any other Mixed Background <i>(please state here)</i> <span style="float: right;"><input type="checkbox"/></span>
<b>Chinese or Chinese British</b>	Chinese <span style="float: right;"><input type="checkbox"/></span>	<b>Other</b>	<i>(Please state here)</i> <span style="float: right;"><input type="checkbox"/></span>
	Any other background <i>(please state here)</i> <span style="float: right;"><input type="checkbox"/></span>		

Gender	Male <span style="float: right;"><input type="checkbox"/></span>	Female <span style="float: right;"><input type="checkbox"/></span>
Date of Birth		
Do you consider yourself to be a disabled person*	Yes <span style="float: right;"><input type="checkbox"/></span>	No <span style="float: right;"><input type="checkbox"/></span>

*\* For purposes of this questionnaire, disability is defined as a physical or mental impairment which has substantial and long term adverse affect on a person's ability to carry out normal day activities.*

I agree that Thera Trust may use the information provided above for monitoring purposes

<b>Signed</b>	<b>Date</b>
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