



Please complete in black enclose a C.V. or additional these will not be considered.

pen. Do not documents as

All sections of the form must You may attach continuation necessary.

be completed. sheets if

necessary.						
This form is available	le, on request,	in large prir	nt, Braille, on ta _l	pe or in electror	nic format	
Post applied for:				Ref number:		
Please ensure you read the City of York Council's policy statement on the Recruitment of Ex Offenders, included in the 'How to apply' guidance, before submitting your application:						
I confirm I have read	d the Recruitm	ent of Ex O	ffenders policy	statement		
Personal De	etails					
Title *	Surname*					
Forename*			Forer	name 2		
Preferred name				revious rname		
National Insura	nce number					
Address De	tails					
Ho Name/Num	use lber					
St	reet					
Area			Town/City			
County			Postco	de		
Cou	ntry					
Contact Details Email:						

Our preferred method of contact is by
Email. Please provide an Email address
and a contact telephone number.

Tel. no:		

Employment history

- Please provide your full employment history starting with your present or most recent position.
- All periods of unemployment or gaps must be accounted for in the 'Gaps in Employment' section.
- If you do not have any previous employment history, please enter n/a.
- Use additional sheets to add further entries.

Current or	' last jol	b title		
Employm	ent star	t date		Employment end date
Со	mpany I	Name		
House	Name			
Numbe	/Street			
Area			То	own/City
County				Postcode
(Country			
Job details (please provide a brief description if the role)				

Reason for leaving						
1001119	'					
Salary or leaving						
J	lob Title (2)					
Employme	nt start date		Employm	nent end d	late	
Com	pany Name					
Hous	e Name					
Numbe	er/Street					
Area		Towr	n/City			
County			Postcode			
Country			S	Salary on leaving		
Brief Job						
details	5					
Reason for leaving						
J	lob Title (3)					
Employme	nt start date		Employm	nent end d	late	
Com	pany Name					
Hous	e Name					
Numbe	er/Street					
Area		Towr	n/City			

County		Postcode
Country		Salary on leaving
Brief Job details		
Reason for leaving		
Please use of	continuation sheet(s) for addi	tional jobs if necessary.
Please accou	nent history gaps int for any gaps, of three mo travel abroad with dates.	nths or more, in your employment history
Gap	o start date	Gap end date
Please give	details	
Gap	o start date	Gap end date
Please give	details	
Please use a	dditional sheets for additiona	al gaps if necessary.
PleasePlease	n and Qualifications provide details of qualification enter details from the most reations will be verified on app	
Place of le	earning	
Institutio	on type	
Qualification	on level	
	Subject	Grade Date

			Г	Т
Place of learning				
Institution type				
Qualification level				
	Subject		Grade	Date
Place of learning				
Institution type				
Qualification level				
	Subject		Grade	Date
Please use continuat	ion sheet(s) for addi	tional qualifications if nec	essary.	
Professional M	lemberships			
Please give details of applied for, stating yo	f any professional mour level of members	emberships that are relevel ship, the date obtained an embership or registration	d expiry	or renewal
Membership na	ime			
Membership le	evel			
Membership num	ber			
Start d	ate	Expiry da	ıte	
		• •		

ase enter de llication.	etails of any tr	aining unde	ertaken that y	you feel is re	elevant to yo	our

Supporting Information

- Please use the following section to address each point on the skills and knowledge section of the Job Description. You should provide information, examples and evidence to illustrate how you feel you meet the criteria for the job.
- The length of this statement should be no longer than one A4 page of text.

Poforonoco		

Please enter details of two referees who can provide a reference. One of the referees must be your present employer, or if you are unemployed, your most recent employer.

• As this position involves working with children or vulnerable adults any number of previous employers may be contacted, without seeking further permission from you, as part of the vetting process, in relation to your employment history. This includes vetting of internal candidates.

Reference 1		
Title	Surname	
Forename		Reference Type (delete as applicable) Employment/Character
Email add	ress	
Teleph	none	
Company N	Name	
Position in com	npany	
Number/S	Street	
Area		Town/City
County		Postcode
Cou	ıntry	
Reference 2		
Title	Surname	
Forename		Reference Type (delete as applicable) Employment/Character
Email add	ress	
Teleph	none	
Company I	Name	
Position in com	npany	
Number/S	Street	
Area		Town/City
County		Postcode
Cou	ntry	

Posts involving work which brings you in regular contact with children, vulnerable adults, people with disabilities and learning difficulties. are exempt from the provisions of the Rehabilitation of Offenders Act 1974 (ROA)

This means that you must disclose information about any spent or unspent convictions and cautions when applying for this post except where they are protected convictions and cautions as described in article 2A of the ROA 1974 (Exceptions) order 1975.

CYC will check information relating to prospective employees through the Disclosure & Barring Service (DBS). Having a criminal record will not necessarily prevent your employment.

Please see the 'How to apply' quidance for further information about what you need to

disclose to us.	ioo for further information about what you need to
	children? red from working with, or been included on a list of ldren, young people or vulnerable adults?
Yes No If yes please give details	
	ny proven/unproven investigation(s), complaints(s), young people or vulnerable adults, whether in a out privately?
	ns, reprimands or final warnings that are not 74 (Exceptions Order) 1975 (as amended in

Additional details

Guaranteed interview scheme We guarantee, under the 'Positive about Disabled People' scheme, an interview for all applicants with a disability who meet the minimum criteria on the job description.					
Are you a disabled person applying on that basis? Yes No					
Job share The City of York Council welcomes individuals to specified otherwise in the job advert). Please indicconsidered for a job share.		· ·			
Are you applying for this post on a job share basis	s? Yes	S No No			
(Job sharing is different to part time working – see the Ho	w to Ap	oply guidance for further information)			
please	ncil? yes	or do you have any substantial			
Applicant status For monitoring purposes please indicate if you are Council.	alread	dy an employee of City of York			
Yes No No					
(Work with York /City of York Trading workers, Exemployees are not considered CYC employees).	plore,	Be Independent and Veritau			

Availability for interview Please indicate any dates on which it would be impossible for you to attend an interview. Whilst the dates you provide will be taken into consideration, please note that it may not be possible to accommodate everyone's request when arranging interviews.				
Unavailable dates				
Eligibility to work in the UK Do you need permission to work in the	UK?			
Yes No No				
If your permission is limited, please provide full details of your immigration status, renewal dates and any other relevant information.				
How did you hear about this job?				
Internal advertising City of York Council jobs website Jobs fair Universal Jobmatch/Job centre Word of mouth Community Care School website		Linkedin Facebook Twitter National Apprentice Website NHS jobs Children's Social Work Matters		
Other – please give details				

Declaration

I declare that the information given in this form and in any accompanying documentation is true to the best of my knowledge and belief and give my permission for enquiries to be made to confirm qualifications, experience, dates of employment, right to work in the UK and for the release by other people or organisations of necessary information to verify the content.

I understand my application may be rejected and/or I may be dismissed following appointment if I have given any false or misleading information or have withheld any relevant details.

Signed				
Print name				
Date				
•	,	ntact you about your application, via the r purposes of the Recruitment & Selection		
Yes 🗌 No 🗌				
-	•	or feedback regarding the Recruitment & happy for us to do this.		
Yes No				
(See the 'How to apply' guidance for further information on the above consent questions)				

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Equal Opportunities Monitoring			
The following pages will be removed and will not be			
seen by those shortlisting or interviewing applicants.			

Equal Opportunities Monitoring (confidential)

City of York Council is committed to equality and aims to ensure that everyone who works or applies to work for us is treated fairly and is not subjected to unlawful discrimination on grounds of their sex, age, race, ethnic or national origins, marriage or civil partnership, pregnancy and maternity, gender reassignment, sexual orientation, religion or belief, family responsibility, disability or political beliefs. Applications are welcome from all sections of the community.

The information you provide will be treated as confidential and used only for monitoring purposes only. It is not used as part of the selection process and the recruitment panel do not have access to the sensitive information.

Thank you for helping us to continue to improve our policies and practices.			
Post applied for			
Ref number			
Gender: Male Female Prefer	not to say		
Do you identify yourself as trans? Yes	No ☐ Prefer not to say ☐		
Date of Birth:	Age:		
Nationality:			
Ethnic Origin: Prefer to not say			
White: British Irish Other White background Mixed Race: White and Black Caribbean	Asian or Asian British: Indian Pakistani Bangladeshi Other Mixed background Black or Black British:		
White and Black Caribbean White and Black African White and Asian Other Mixed background	Caribbean African Other Mixed background		

Other Ethnic Groups: Any other background Chinese or other ethnic group Chinese			
Equal Opportunities Monitoring (co	ntd)		
	,		
Disability Information:			
The Disability Discrimination Act 2010 states that so physical or mental impairment, which has a sustainable their ability to carry out normal day to day activiting guidance for further information.	able and long term adverse effect		
Oo you consider yourself to be disabled?			
☐ Yes ☐ No Prefer to not say ☐			
you tick "Yes" , please tick as many boxes below as apply:			
Physical impairment (such as using a wheelche using arms, legs etc)	air to get around and / or difficulty		
Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)			
Mental health condition (such as depression or	bipolar)		
Learning disability (such as Downs syndrome of buch as autism or one resulting from head-injury)	or dyslexia or cognitive impairment		
Long-standing illness or health condition (such chronic heart disease, or epilepsy)	ch as cancer, HIV, diabetes,		
Other			
f yes please give details			
Sexual orientation:			
Heterosexual / Straight Homosexual / Gay man Not specified	☐ Lesbian / Gay woman☐ Bisexual☐ Prefer not to say		

Equal Opportunities monitoring (contd) Marital status Married Partner Civil Partnership Single Divorced Separated Prefer not to say Widowed Religion Baha'i **Buddhist** Christian Hindu Jain **Jewish** Muslim Sikh No Religion Other Prefer not to say Carer responsibilities City of York Council values and embraces all people, regardless of any caring responsibilities that they may have, and strives to ensure that all people are treated with dignity and respect. A carer is defined as someone who looks after family, partner or friends in need of help because they are ill, frail or have a disability and that the help they provide is unpaid (except for Carers Allowance). Are you a carer for family/friends? Prefer not to say Yes No If yes please tick the appropriate box: Carer for: Elderly relative Friend Relative Young relative (under 18yrs)



