



iMap Centre Limited Unit 4a,
Barrowmore Estate,
Barnhouse Lane, Great Barrow,
Chester, CH3 7JA

Tel: 01829741869

Application for Employment

(Please ensure that all sections of this form are completed in either ink or typed)

Application for the post of:	
Where did you see this position advertised?	

Personal Details:

Current Surname:	
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Forenames:	
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Former Name(s):	
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Date of Birth:		National Insurance Number:	
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(Please note that, due to Ofsted recruitment legislation, we are unable to accept applications for positions on the Residential Team from anyone under the age of 22 years at the iMap Centre)

Home Address:

Home Telephone Number: <i>(or a number on which you can be easily contacted)</i>	
Work Telephone Number: <i>(if you can be contacted there)</i>	

Employment Details:

Present (or most recent) Job Title:	
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Name and address of Employer:
Period of Notice required:

Post held and brief outline of your duties:

Date of Appointment:		Annual Salary:	
Date and reason for leaving <i>(if applicable)</i>			

Previous Appointments *(Please note that we are required by legislation to gain a full career history, including any voluntary work undertaken, for all applicants, commencing from the end of Secondary Education. No appointments can be made without it. Please continue on a separate sheet if necessary. Please give details of any gaps in your employment history)*

Dates From:	To:	Employers Name and Address	Post Held <i>(with grade if appropriate)</i>	Reason For Leaving

Will the post applied for be your main job? (Yes/No)
If No please give details
If successful, will you have other paid employment? (Yes/No)
If Yes please give details

Education and Qualifications:

(Please give as much detail as possible, start with the most recent and continue on a separate sheet if necessary)

Dates From:	To:	Name of Institution	Qualification Gained	Subject	Grade/Class

Training:

(for example, Short Courses, Vocational and Professional Courses. Please continue on a separate sheet if necessary)

Date	Name of Institution	Title and Nature of Course

Professional Registrations and Membership of Professional Institutions/Societies:

Admission Date	Name of Professional Body	Class of Membership	By Examination (Y/N)
<i>If you are a qualified teacher, nurse or social worker, please declare your DCSF/GTC Number or Registration PIN:</i>			

Details of Leisure Activities:

(This section is not compulsory)

Please give details of your principal leisure interests, including any voluntary work which you may undertake

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Personal Statement:

Please make a statement about your reasons for applying. Note that applications are unlikely to be considered if this section is left blank without good reason. Continue on a separate sheet if necessary

Referees:

Please give details of two people who would be prepared to act as a referee on your behalf. One of these **must** be your present or most recent employer, who, if you prefer, will not be contacted until a firm offer of employment has been made.

However, *all* appointments are subject to satisfactory written references. If you have not been employed before, please give the details of someone responsible who knows you well. Referees should not be a relative or close friend.

Please note that references may be taken up for short listed candidates before interview unless you indicate otherwise

1 st Referee (Employer Reference)	2 nd Referee
Name:	Name:
Address:	Address:
Telephone No:	Telephone No:
May we contact before Interview?	May we contact before Interview?
Do you consent to the iMap Centre seeking information from your referees regarding your sickness and absence history and involvement in Disciplinary/Grievance actions?	Yes/No

Safer Recruitment to Protect the Vulnerable:

Safeguarding Statement:

We are committed to safeguarding and promoting the welfare of children and an Enhanced Disclosure from CRB is required for this position.

Details of Cautions/Convictions for Any Offence:

Rehabilitation of Offenders Act 1974 "The post for which application is made is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975". It must be brought to your attention the fact that the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendments) Order 1986 prohibits persons from regarding their convictions as 'spent' in certain circumstances. The effect of the Order is that you must declare all previous convictions, cautions and bindings over in connection for employment in a post, which would involve regular contact with children or young people under the age of 18 years.

Failure to disclose convictions in these circumstances is itself regarded as misconduct, which can lead to action being taken under Regulation 10. However, having a criminal conviction will not necessarily preclude you from being offered a position within the iMap Centre. This will depend on the nature of the position and the circumstances and background of your offence. A copy of our Policy on the recruitment of Ex-Offenders is available on request.

Have you ever been subject to a criminal conviction, caution, reprimand or final warning (including any which you may otherwise consider to be 'spent') ?	YES/NO
If YES , please give details on a separate sheet and attach in a sealed envelope marked confidential	
Are there any criminal proceedings pending against you?	YES/NO
Have you ever been included on the ISA Children's/Vulnerable Adults' Barred Lists?	YES/NO
Have you ever been the subject of an investigation by a professional body	YES/NO

General Information:

Do you possess a full, current, UK Driving Licence?	
Details of any convictions on Licence	

Do you require a Work Permit to take up employment within the UK? (If Yes , please note that you will be required to bring along the relevant documents to interview)	YES/NO
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Please give details of any family/close relationship to any iMap Centre employee	
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Signatures:

I declare that I have read this form in full and all the information given is, to the best of my knowledge, true. I declare that I have answered all questions fully and not omitted information that is asked for. I understand that all appointments are subject to CRB disclosure, a Health Check and written references, all of which must be satisfactory. I understand that any information later shown to have been deliberately misleading or untrue (including by omission) could lead to internal disciplinary procedures and/or termination of a contract of employment.

Signed _____ Date _____

Data Protection Act 1998

I hereby give consent for personal information provided as part of this application to be held on computer or other relevant filing systems in accordance with the Data Protection Act 1998

Signed _____ Date _____

Please be advised that all information on unsuccessful applicants will be destroyed after the selection process is completed. All successful applicants will have their information stored in a personnel file which will be kept for the minimum time (according to legal guidelines) after any termination of employment.

For Office Use Only

Date Received	
Interview Offered	
Reference Sent	
Reference 1 Received	
Reference 2 Received	
CRB Forms Sent	
CRB Forms Received	
Notes:	