**Application Form**

**Thank you for choosing Lanbeth Resolutions Limited!**

**Our application form has been made as easy as possible to complete; however, should you have any issues please contact us and we’ll guide you through. Once you have completed the form please have it uploaded and attach all documents as required and send to our email: info@lanbethresolutions.co.uk. We’ll be in touch to schedule an interview with you.**

**About You**

|  |  |
| --- | --- |
| Title |  |
| First Name |  |
| Middle Name |  |
| Last Name |  |
| Previous Names if any |  |
| Gender |  |
| Date of Birth |  |
| National Insurance Number |  |
| Home Phone No |  |
| Mobile Number |  |
| Email address |  |
| Home Address |  |
| Post Code |  |

**Proof of Address**

Please send as attachment any two of the items stating your full name and current home address

**Documents we will accept**

* Utility bill (gas, electric, satellite television, landline phone bill) issued within the last three months
* Local authority council tax bill for the current council tax year
* Bank, Building Society or Credit Union statement or passbook dated within the last three months
* Original mortgage statement from a recognised lender issued for the last full year
* Solicitors letter within the last three months confirming recent house purchase or land registry confirmation of address
* Council or housing association rent card or tenancy agreement for the current year
* HMRC correspondence within the current financial year (e.g. P45 / P60, self-assessment letter, tax demand, etc.)
* Do you have any Dependents? (Children) (yes or No):
* Where did you hear about us? :
* How long have you worked in Health / Social Care? :
* Which of the Following Health / Social Care Settings have you worked in?Please you may select from the list hereunder:

a

b

c d

1. PICU & Acute Psychiatric Hospital Units

2. Child & Adolescent (CAMHS) Mental Health Services

3. Secure Forensic Psychiatric Hospital Units

4. High Dependency Psychiatric Hospital Units (HDUs)

5. Long-Term Mental Health Rehabilitation Hospital Units

6. Brain Injury / Neuro Rehabilitation Hospital Units

7. Eating Disorders

8. Personality Disorders

9. Substance Misuse

10. Learning / Intellectual Disabilities

11. Autistic Spectrum Disorders

12. Epilepsy and Related Disabilities

13. Physical Disabilities

14. Residential Homes

15. Supported Living Services

16. Day Centres

17. Children’s Homes

18. Specialist Schools / Education Facilities

19. Community Outreach Services

20. Drug & Alcohol Services

21. Family Support Services

22. Homeless Services (e.g. Shelters, Hostels)

23 Ex-Offender Services

24 Refuges (domestic violence)

**Position Applied for:**

**Equal Opportunities Monitoring Form**

Lanbeth Resolutions Ltd appoints employees on merit, and does not discriminate, act unfairly or unlawfully in recruitment or employment process. We believe that our workforce should reflect local and wider community.

All information provided will be treated as confidential and will be used solely by the Lanbeth Resolutions Ltd for the purposes of equal opportunities monitoring to assist us in ensuring that people are selected, promoted and treated on the basis of their abilities. This monitoring form does not form part of your application or the short listing process and will be detached on receipt and stored separately.

|  |  |
| --- | --- |
| **What is your Ethnic Group?**  |  Tick as appropriate:  White Dual Heritage Asian or Asian British Black or Black British Prefer not to say |
| **Other Ethnic Groups:** |  |
| **Next of Kin** |  |
| First Name |  |
| Last Name |  |
| Relationship |  |
| Phone  |  |

### Right to Work in the UK

Nationality:

Do you have any Right to Work in the UK restrictions? (Yes/No):

Do you have a visa or permit? (Yes/No):

**Employment / Training / Education History**

|  |  |
| --- | --- |
| Position Held / Status |  |
| Organisation / School |  |
| Date from  |  |
| Date to |  |
| Brief description of your duties and responsibilities.  |  |
| Position Held / Status |  |
| Organisation / School |  |
| Date from  |  |
| Date to |  |
| Brief description of your duties and responsibilities.  |  |
| Position Held / Status |  |
| Organisation / School |  |
| Date from  |  |
| Date to |  |
| Brief description of your duties and responsibilities.  |  |
| Position Held / Status |  |
| Organisation / School |  |
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| Date to |  |
| Brief description of your duties and responsibilities.  |  |
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| Organisation / School |  |
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| Date to |  |
| Brief description of your duties and responsibilities.  |  |
| Position Held / Status |  |
| Organisation / School |  |
| Date from  |  |
| Date to |  |
| Brief description of your duties and responsibilities.  |  |

### Higher Education

### Please attach proof of any relevant higher education / qualifications (e.g. Nursing Degree Certificate, Psychology Degree or NVQs in Social Care etc.)

### References

Please provide details of two people from whom we can obtain references covering the past three years, starting with your most recent employment.

Please inform your referee that you are putting their name forward, and check that the e-mail address and phone number you are providing are correct.

If during the past 3 years you have not been in employment, please provide details of someone who can provider a character reference (e.g. a teacher or tutor). A character reference must not be from a relative or someone who has a financial arrangement with you.

|  |  |
| --- | --- |
| Referee 1  |  |
| Name |  |
| Company  |  |
| Job Title  |  |
| Phone |  |
| Email address |  |
| Work Reference (Yes/No) |  |
| Was this referee your line manager? (Yes/No) |  |
| If ‘Yes’ please give dates |  |
| Start Date |  |
| End Date |  |
| Referee 2  |  |
| Name |  |
| Company  |  |
| Job Title  |  |
| Phone |  |
| Email address |  |
| Work Reference (Yes/No) |  |
| Was this referee your line manager? (Yes/No) |  |
| If ‘Yes’ please give dates |  |
| Start Date |  |
| End Date |  |

### I ………………………………………………………………… confirm that the above references cover the last 3 years and I have checked that the referees are prepared to provide references to Lanbeth Resolutions Ltd.

**Disclosure and Barring Service**

All candidates will be required to have an enhanced DBS unless registered with the Update service

**Have you had a DBS check? (Yes/No):**

**Type of Disclosure (Standard/Enhanced)**

**DBS Issued Date,**

**Reference Number**

**Are you on the Update Service (Yes/No):**

*Please attach Copy of DBS Certificate*

**Rehabilitation of Offenders**

All posts involving direct contact with vulnerable children or adults are exempt from the Rehabilitation of Offenders Act 1974. The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are "protected". These are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.

**Have you ever been convicted of a criminal offence which is not 'protected'? (Yes/No):**

If you have answered yes, please supply full details of all convictions:

If your application is successful, this information will be checked against information received from the Disclosure and Barring Service before your appointment is confirmed.

**Protection of Children and Vulnerable Adults Declaration**

Has any Social Service Department or Police Service ever conducted an enquiry or investigation into any allegations or concerns that you may pose an actual or potential risk to children or vulnerable adults? (Yes / No):

Have you ever been convicted of any offence relating to children or vulnerable adults? (Yes / No):

Have you ever been the subject of any disciplinary procedure or been asked to leave employment or voluntary activity due to inappropriate behaviour towards a child or vulnerable adult? (Yes / No):

If yes to any of these questions please give details below.

Signature: (type your name as signature)

Date:

**Training**

Mandatory Care Training (Yes / No)

PMVA (Prevention and Management of Violence and Aggression) (Yes / No):

Safeguarding Level 3 (Adults & Children) (Yes / No):

Immediate Life Support (Yes / No):

I ………………………………………............................... understand that I must at all times, avoid moving and handling any person or object which may put my physical health or the clients well-being at risk required , I understand that I must at all times, avoid moving and handling any person or object which may put my physical health or the clients well-being at risk is required.

**Health Declaration**

Do you have any illness/impairment/disability (physical or psychological) which may affect your work? , Do you have any illness/impairment/disability (physical or psychological) which may affect your work? ( Yes/No):

Do you have any illness/impairment/disability (physical or psychological) which may affect your work? (Yes/No):

 Have you ever had any illness/impairment/disability which may have been caused or made worse by your work (Yes/No):

Are you having, or waiting for treatment (including medication) or investigations at present? (Yes/No):

If your answer is yes, please provide further details of the condition, treatment and dates

Do you think you may need any adjustments or assistance to help you to do the job? (Yes/No):

##### **Immunisation**

(Type Yes or No)

Rubella Yes / No

Tetanus Yes / No

Tuberculosis Yes / No

Hep B Yes / No

Polio Yes / No

**Covid-19 Risk Assessment**

During the current COVID-19 pandemic, we are required to check if you have any underlying conditions or identified risk factor(s) that may put you at increased risk in the workplace.

**Do you have a shielding letter, shielding condition or vulnerable condition? (Yes/No)**

**Liver Disease** (Yes/No)

**Organ Transplant** (Yes/No)

**English Language Competency**

Lanbeth Resolutions Ltd is legally obliged to ensure our support workers have the required level of English language competency to deliver adequate support for our young people.

Are you a British Citizen / UK VISA Holder / national from a majority English speaking country? (Yes/No)

#### Bank Details

Will you be working as 'Pay As You Earn' or paid through a Umbrella Company?  (PAYE / Umbrella)

Sort Code: ………………………………………………….

Account Number: ………………………………………….

I authorise Lanbeth Resolutions Ltd to pay my weekly earnings directly into the bank or building society whose details I have given above. I confirm that I will notify Lanbeth Resolutions Ltd in writing of any changes of these details.

##### **Terms of Engagement – Your Contract with Lanbeth Resolutions** **Ltd.**

I agree to Lanbeth Resolutions Ltd Terms of Engagement for:

Full Name: ……………………………….

Date: ………………………………………

**Working Time Regulations**

The Working Time Regulations 1998 state that you are unable to work in excess of an average of 48 hours per week (calculated over a 17 week period) unless agreed with Lanbeth Resolutions that this limit should not apply.

Lanbeth Resolutions wishes to have an agreement with you, which will apply until terminated by notice whereby:

1. The average 48 hour work limit will not apply to you.
2. This agreement may be terminated by yourself by giving Lanbeth Resolutions Ltd 7 days written notice.

If you accept this proposal please sign below by typing your name.

Full Name: ………………………………………………….

**Your Personal Data**

Lanbeth Resolutions provides work-finding services to its clients and work-seekers. We must process personal data (including sensitive personal data) so that we can provide these services – in doing so, we act as a data controller. We process your personal data in accordance with data protection laws. These laws require us to give you a Privacy Statement to explain how we manage your personal data.

I ………………………………………………………………. consent to my personal data being processed by Lanbeth Resolutions Ltd.

**Final Declaration**

I ………………………………………………… confirm that the information given within this form is true and accurate and I understand that failure to disclose any relevant information or providing false or inaccurate information may be regarded as a breach of any subsequent contract Lanbeth Resolutions Ltd, resulting in disciplinary action and / or dismissal.

I …………………………………………………. understand that my registration with Lanbeth Resolutions Ltd is subject to the completion of background checks, including satisfactory references and an enhanced DBS check.

Signature ………………………………………

Declaration Date: ……………………………..

# Thank you for taking the time to complete our Application Form!

##### **Before you send as attachment to our email, please check that you have completed all the required sections, attach all required documents, and read and understood the Professional Codes, our Terms of Engagement and signed the declaration.**