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**Advanced CCA and Advanced ACA Application Form for Permanent, Independent or Voluntary Roles.**

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| * **Please note that ACCA & AACA follow Safer Recruitment Practices and therefore cannot accept CVs as an Application.** * Please complete **all sections** of this form as appropriate, and for ease of photocopying complete in **type** or **black ink** * **Where you are asked to select from a list of options, please place a ‘x’ in the relevant box** |

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| **Confidential Application for the Role Of:** |  |
| **Reference Number (for office use)** |  |

**PERSONAL DETAILS**

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| |  |  |  |  | | --- | --- | --- | --- | | Title |  | Surname |  |  |  |  | | --- | --- | | Forename(s) |  | | Home Tel No |  | | Day/Mobile No |  | | Date of birth |  | | NI Number |  | | Phone Number |  | |  | | | |  | | --- | | Full Postal Address |  |  |  | | --- | --- | |  | | |  | | |  | | |  | | |  | | | Postcode |  | | Email |  | |

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| **Please tell us the reason you are applying for a new role** |
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**EMPLOYMENT EXPERIENCE**

**Present (or most recent) employment**

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| |  |  | | --- | --- | | Employer |  | | Address |  | |  |  | |  |  | | |  |  |  | | --- | --- | --- | | Post held |  | | | Date appointed | |  | | Notice required | |  | |

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| **Please tell us about where you are currently working. Please describe your main duties and responsibilities. If you are no longer working please explain your reason for leaving.** |
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| **Safeguarding Statement** |
| AACA & ACCA are committed to the principles of Safer Recruitment Practices and our Safeguarding Policy for working with both Children and Adults. We prioritise the safety and welfare of Children and Vulnerable Adults we work with as we believe they are entitled to the highest level of protection.  We follow Safer Recruitment Practices to ensure that Staff, Independent Social Workers, Parenting Practitioners and Volunteers are suitable to work with Children and Vulnerable Adults and carry out regular audits of Social Work England where this applies, Enhanced DBS on the Update Service, Driving Licence Date, Car Insurance, Car Tax and MOT (where appropriate) |
| **Equality and Diversity Statement** |
| ACCA & AACA is committed to encouraging equality, diversity and inclusion among our workforce, and eliminating unlawful discrimination.  We aim to ensure our workforce are truly representative of all sections of society and for each employee to feel respected and able to give their best. We are committed to making Reasonable Adjustments or Flexible Working wherever this is appropriate. |

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| **Whistleblowing Statement** |
| ACCA & AACA believe every employee should have the chance to speak up anonymously when they feel we are not adhering to our corporate values. They should have a place to report misconduct, every report will be heard and acted on, and we will make improvements based on the results. |

# PREVIOUS ROLES/ EMPLOYMENT/ WORK EXPERIENCE/ VOLUNTEERING

Please list your previous employers, most recent first **and identifying any gaps in employment**.

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| --- | --- | --- | --- | --- |
| **From – to**  **mm/yy – mm/yy** | **Employer Name and Location** | **Job title & Salary** | **Reason for leaving** | **Outline of duties and responsibilities** |
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**EDUCATION / QUAIFICATIONS**

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| **Level** | **Subject** | **Institution Attended** | **FT/PT** | **Year Awarded** | **Grade/Class** | **Awarding Body** |
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**Please list any qualifications for which you are currently studying, and give the estimated date of completion**

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**Please list any professional bodies of which you are a member, stating type of membership and whether it is dependent on qualification or examination**

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**SUPPLEMENTARY INFORMATION**

Please provide a brief summary of how your skills and experience match the qualities referred to in the Person Specification. Please give details of any specialist knowledge, training or experience or any other additional information you may wish to give to show clearly how you meet the requirements of the role. Details of any voluntary work or leisure interests may also be applicable to the post for which you are applying.

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| **The Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 does not allow employees with access to children and young persons under the age of 18 years the right to withhold information regarding previous criminal convictions, including cautions, for any offence (not just those involving children) which for other purposes are ‘spent’ under the provisions of the Act. You must disclose in this section any previous convictions. All roles with ACCA & AACA require Enhanced DBS.**  **Failure to disclose any previous convictions (including cautions) could result in dismissal should it be subsequently discovered. Any information given either when returning this application form, or at interview will be entirely confidential and will be considered only in relation to this application** |

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| **Date** | **Type of Offence** | **Sentence/Fine Imposed** | **Comments** |
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| **Declaration** | |
| I declare that, to the best of my knowledge and belief, the information I have provided is true.  I understand that any false information or failure to disclose any criminal convictions will result, in the event of employment, in a disciplinary investigation, and may result in dismissal. | |
| Signed | Date |

**ELIGIBILITY TO WORK IN THE UK**

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| Right to Work |
| Do you have a legal right to work in the UK? Yes ☐ No ☐ |

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| |  |  | | --- | --- | | Nationality |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Do you require a work permit to work in the UK? |  | Yes |  | No |  | Unsure | | | If yes, do you currently have a work permit? |  | No |  | Yes |  | | Permit No. | |

**REFERENCES**

Please provide the names, address and occupations of two referees, one of whom must be your present or most recent employer who are willing to support your application.

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| --- | --- | --- |
| Name |  |  |
| Relationship to you |  |  |
| Job Title |  |  |
| Address |  |  |
| Telephone Number: |  |  |
| Email: |  |  |

**DECLARATION**

I confirm that the information provided on this form is correct and understand that any misrepresentation or omission may render me liable to summary dismissal if engaged. I understand that the information will be stored in manual and electronic files and is subject to the provisions of the Data Protection Act. I agree to information on this form being used by AACA & ACCA in accordance with the Act, for the purpose of selection and for diversity monitoring.

**Date completed**

**EQUALITY AND DIVERSITY MONITORING Form**

As part of our equal opportunities policy we request that you complete the following information. This information is used for monitoring purposes only. All information will be treated as confidential and will not be used when shortlisting or deciding whether an applicant is successful or unsuccessful in obtaining employment. The information you provide will help us to ensure that our recruitment procedures are fair by using us to identify and eliminate potential areas of discrimination.

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| **Sex and gender identity** | | |
| ☐ Female | ☐ Male | ☐ Prefer not to say |
| **Is the gender you identify with the same as your sex registered at birth?** | | |
| ☐ Yes | ☐ No | ☐ Prefer not to say |
| **If the gender you identify with is not the same as your sex registered at birth, please write in:** | | |

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| --- | --- | --- | --- |
| Age Range | | | |
| ☐ 16 – 24  ☐ 40 – 44  ☐ 60-64 | ☐ 25-29  ☐ 45-49  ☐ 65+ | ☐ 30-34  ☐ 50-54  ☐ Prefer not to say | ☐ 35-39  ☐ 55-59 |
| **What is your sexual orientation?** | | | |
| ☐ Heterosexual  ☐ Gay  ☐ Lesbian  ☐ Bisexual | | ☐ Asexual  ☐ Pansexual  ☐ Undecided  ☐ Prefer not to say  **If you prefer to use your own identity please write in:** | |

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| **Disability** |
| The Equality Act (2010) defines a disabled person as someone with a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.  Do you consider yourself to have such a disability?  Yes ☐ No ☐ Prefer not to say ☐  What is the effect or impact of your disability or health condition on your work? Please write in here:  The information in this form is for monitoring purposes only. If you believe you need a “reasonable adjustment”; then please discuss this with your manager or the manager running the recruitment / screening process if you are a job applicant. |
| **Carer Identification** |
| Do you identify yourself as a Carer: |
| Please identify and special requirements, reasonable adjustments or equipment which may assist you   1. in the recruitment process 2. to enable you to carry out the job |

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| **Ethnic Origin** | |
| **☐ Asian or Asian British – Bangladeshi**  ☐ Indian  ☐ Pakistani  ☐ Bangladeshi  ☐ Chinese  ☐ Prefer not to say  ☐ Any other Asian background please write in:  **White**  ☐ English  ☐ Welsh  ☐ Scottish  ☐ Northern Irish  ☐ Irish  ☐ Gypsy or Irish Traveller  ☐ Prefer not to say  **☐ Any other Ethnic Group**  ☐ Arab  ☐ Prefer not to say  ☐ Any other Ethnic Group please write in: | **Black, African, Caribbean or Black British**  ☐ African  ☐ Caribbean  ☐ Prefer not to say  ☐ Any other Black, African or Caribbean background please write in:  **Mixed or Multiple ethnic groups**  ☐ White and Black Caribbean  ☐ White and Black African  ☐ White and Asian  ☐ Prefer not to say  ☐ Any other Mixed or Multiple ethnic background, please write in: |

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| **Religion/Belief** | | | | |
| ☐ No religion or belief  ☐ Buddhist | ☐ Christian  ☐ Hindu | ☐ Jewish  ☐ Muslim | ☐ Sikh  ☐ Prefer not to say | ☐ |
| **If other religion or belief, please write in:** | | | | |