

THE MAGDALEN & LASHER CHARITY
OLD HASTINGS HOUSE CIO
HIGH STREET, HASTINGS, EAST SUSSEX TN34 3ET

01424 452643 – HOME MANAGER 01424 452642 – ADMINISTRATOR 01424 452640 – CARE TEAM

STAFF APPLICATION FORM



Charitable Incorporated Organisation No. 1158933

Position applied for:

Date you are available to take up employment:

Prepared to work: Full Time Part Time Bank

1. PERSONAL DETAILS

Title: Surname: First Name:

Address:
Postcode:

Home Tel No: Mobile No:

E-mail address:

Do you need a work permit to work in the UK? Yes No

Do you have a clean UK driving licence? Yes No

Do you have any disability or condition which may affect your ability to do the work? Yes No

If 'Yes' please provide more information:

Are you related to anyone working at Old Hastings House? Yes No

If 'Yes' please state in what capacity:

If offered this position will you continue to work in any other capacity? Yes No

If 'Yes' please give details:

2. EDUCATION / QUALIFICATIONS

University, College, School or Other	Course studied & qualification achieved

Please list below any other relevant Educational, Vocational or Training Qualifications:-

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3. EMPLOYMENT HISTORY

Please give details of all previous employment starting with the most recent first. You must give details of all jobs since leaving further education. Please continue on a separate sheet if necessary:-

Employer	Position held & description of duties	Dates (to & from) & Reason for leaving

Please account for any gaps in your employment history over the past ten years:-

4. INFORMATION IN SUPPORT OF YOUR APPLICATION

Please use the space below to write in your own words why you should be considered for the position. Please continue on a separate sheet of paper if necessary.

5. CONVICTIONS / DISQUALIFICATIONS

We would draw your attention to the following statement:-

Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986

“Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986. Applicants are therefore not entitled to withhold information when asked about convictions which for other purposes are 'spent' under the provisions of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the company.”

Please provide details below if you have been convicted of a criminal offence or been the subject of a conditional discharge or probation order. (Past criminal proceedings are not necessarily an obstacle to taking up a post. This occurs only where the offences/s is/are deemed relevant. Any details will be discussed with you should you be the successful candidate based on your supporting statement and interview.)

To ensure the safety of our residents a criminal record (DBS) check must be completed for all positions together with a check against the Protection of Vulnerable Adults (POVA) list. A criminal record will not necessarily be a bar to obtaining a position at Old Hastings House. If a check is returned and reveals any information, this will be discussed with the applicant and the Manager will make a decision as to whether the offer of employment should be withdrawn.

‘I understand that making false statement regarding offences may make me liable to prosecution for obtaining pecuniary advantage by false pretences. I accept that I may be asked for a copy of my police record and I am happy to do so if required.’

Please signify your understanding of this statement by signing here:-

6. REFERENCES

Please provide details for two referees – one should be your present or last employer. Family members are not permitted. We may telephone your referees before writing to them.

May we take up references before interview?

Yes No

Referee 1

Name

Address

Tel No

E-mail

Relationship to you

Referee 2

Name

Address

Tel No

E-mail

Relationship to you

DECLARATION

I confirm that the above statements are true and correct and understand that any misrepresentation will invalidate my application and, if employed, could lead to dismissal. I am prepared to undergo a medical examination if required and confirm that to the best of my knowledge there are no medical reasons which would prevent me from undertaking the duties of the post.

Signed: _____ Date: _____