Application Form



Beaufort Education and Care welcomes applications from all, irrespective of disability, gender, sexual orientation, marital status, family responsibility, age, race, colour, ethnic origin, nationality (subject to work permit where required), trade union membership and activity, political or religious beliefs.

Please note:

- All sections to be completed in black (handwritten or typed), using block letters.
- · Attach additional sheets where necessary.

Role applied for:	F	ull Time	Part Time
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Section 1:

	Personal Details			
Surname				
Forename(s)				
Preferred Title (Prof/Dr/Miss/Ms/Mrs/Mr)				
Current Address				
Postcode				
Telephone Numbers	Home			
	Work			
	Mobile			
Email				
National Insurance Number (NINO)				

Please tick the relevant box below:

Do you have a current DBS?	YES	NO
Are you a member of the DBS update service?	YES	NO
Do you hold a current full driving licence?	YES	NO
Do you have access to your own vehicle?	YES	NO
Do you hold a current UK Passport?	YES	NO

International Applicants

Please confirm if you currently have one of the below Visa's to allow you to reside and work within the UK:

معدما	tick the	relevant	hov	halow	,.
Piease	TICK ITTE	reievani	1)()X	$D \in I \cap W$	Ι.

Internation	nal Annlicants			
internation	iai Applicants			
Expiry date of current visa				
Please provide your UK Right to Work Share Code				
e & Social Med	lia Background Checks			
	dren and vulnerable young people within our care, we are nd Social Media Background Check.			
Only public information will be viewed as part of our Online and Social Media Background Checks, and any protected characteristics will not form part of our decision when completing Online and Social Media Background Checks.				
Please provide your profile or handle name for the below Social Media sites:				
Profile Name / Handle Name				
	te & Social Med ote the welfare of chil carry out an Online a be viewed as part of will not form part of Backgro your profile or handle			

Please sign below to confirm your acceptance of Beaufort Education and Care completing Online and Social Media Background Checks:

Name	
Sign	
Date	

X (formally known as Twitter)

Tik Tok

LinkedIn

Other

Address History

Please provide your address history for the past 5 years; full addresses and dates are required for your DBS application. (Please continue using an additional sheet if required).

Date From	Date To	Full Address	Post Code

Previous Names				
Have you ever used a different FORENAME? (Please tick)	YES	NO		
	Date From	Date To	Name	
If you have answered Yes, please provide details for all fore- name changes.				
Have you ever used a different SURNAME? (Please tick)	YES	NO		
	Date From	Date To	Name	
If you have answered Yes, please provide details for all sur- name changes.				

Section 2:

	Education				
Name of Institution	Dates attended	Qualification(s)	Grade		

Other Training

Please provide details of training you have had which is relevant to the job for which you are applying.

Year attended	Length of course	Name of provider	Subject

Section 3:

Employment History

Due to the nature of the work that Beaufort Education and Care provides, we are required to establish a full record of previous employment.

Please can you list all employers with contact details, start and end dates. Any employment gaps must be detailed and fully accounted for. You may continue using a separate sheet if necessary.

NB: The day, month, and year of employment and/or gaps in employment is a regulatory requirement.

Name & contact details of Employer	Start & End Dates (Date, Month & Year)	Brief description of duties	Reason for leaving / current salary

Employment History				
Name & contact details of Employer	Start & End Dates (Date, Month & Year)	Brief description of duties	Reason for leaving / current salary	

Section 4:

Reference Details

Please provide contact details below of (at least) two referees covering the last 5 years of your employment history. One referee must be your current or most recent employer, and additional referee details must be provided for any additional roles within Childcare or the Health & Social Care Industry covering the last 10 years of employment (if applicable).

Referee's must be from the head of the organisation or HR Department, not a supervisor or work-based colleague, and email addresses provided must be from an official and not a personal email address.

	First Re	eference: Cu	rrent or last	employer		
Organisation Name						
Name						
Job Title						
Address						
Telephone Number						
Email						
Capacity in which known						
May we contact prior to interview? (Please tick)	YES	NO				
	Second Refe	rence: Addit	ional previo	us employm	ent	
Organisation Name						
Organisation Name						
Organisation Name Name						
Organisation Name Name Job Title						
Organisation Name Name Job Title						
Organisation Name Name Job Title						
Organisation Name Name Job Title Address						
Organisation Name Name Job Title Address Telephone Number						

Reference Details						
	Third Refe	erence: Addi	tional previous	employment		
Organisation Name						
Name						
Job Title						
Address						
Telephone Number						
Email						
Capacity in which known						
May we contact prior to interview? (Please tick)	YES	NO				
	Fourth Ref	ference: Addi	itional previou	s employmen	t	
Organisation Name						
Name						
Job Title						
Address						
Telephone Number						
Email						
Capacity in which known						
May we contact prior to interview? (Please tick)	YES	NO				

Beaufort Care group will contact referees following your interview if we would like to pursue your application.

Section 5:

Rehabilitation of Offences Act 1974 (Exceptions Order 1975)

Beaufort Education and Care are willing to consider individuals who may have previous convictions however the post you are applying for is to work with children and young people and as such is exempt from the Rehabilitation of Offenders Act. This means that all convictions, cautions 'spent' or 'unspent', pending court cases or any Police enquiries undertaken following allegations made against you MUST be disclosed. Failure to disclose such information could result in subsequent dismissal or disciplinary action if you were appointed.

I hereby disclose that I DO / DO NOT have any convictions, cautions, pending Court Cases or Police enquiries and sign here below to confirm this statement. (Please tick below)

I DO		I DO NOT	
Applicants with any convictions, cautions or pending court cases or Police enquiries should attach details to this application using the form provided.			
Applicant Signature			
Date			

Section 6:

Any Other Information		
Is there any other information you wish to supply which is relevant to the post for which you are applying. e.g. voluntary or unpaid work, clubs or societies to which you belong?		

Section 7:

Any Other Information	
A person specification was included in the information sent to you which details the knowledge, skills and attributes required for this position. Please give details along with examples, which demonstrate your knowledge, skills, and attributes relevant to the position and explain how and where these were gained. Please continue on a separate sheet if necessary.	

Section 8:

Declaration

I declare that all the information on this Application Form and any other documents relating to this appointment is, to the best of my knowledge and belief, true and correct. I understand that any false statement may give cause for dismissal should I be employed.

NB: Applications submitted by email are deemed to have accepted the terms of the declaration given above.

Applicant Signature	
Date	

Please return your completed application form to HR@Beaufort-Care.co.uk

To contact us about your application, please contact Human Resources on 01202 055980

Where did you see this job advertised?			
Where did you see this job advertised?			
If you were recommended by an existing team member, please confirm their name.			

Declaration of Criminal Convictions Information



Declaration of Criminal Convictions Information

This form must be completed by all applicants. The information disclosed on this form will not be kept with your application form during the application process.

Policy statement on recruiting applicants with criminal records

This post is exempt from the Rehabilitation of Offenders Act 1974 and therefore applicants are required to declare any convictions, cautions, reprimands and final warnings that are not protected (i.e. that are not filtered out) as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013).

For further information on filtering please refer to Nacro guidance and the DBS website.

We recognise the contribution that ex-offenders can make as employees and volunteers and welcome applications from them. A person's criminal record will not, in itself, debar that person from being appointed to this post. Suitable applicants will not be refused posts because of offences which are not relevant to, and do not place them at or make them a risk in, the role for which they are applying.

All cases will be examined on an individual basis and will take the following into consideration:

- Whether the conviction is relevant to the position applied for.
- The seriousness of any offence revealed.
- The age of the applicant at the time of the offence(s).
- The length of time since the offence(s) occurred.
- Whether the applicant has a pattern of offending behaviour.
- The circumstances surrounding the offence(s) and the explanation(s) offered by the person concerned.
- Whether the applicant's circumstances have changed since the offending behaviour

It is important that applicants understand that failure to disclose all unspent convictions could result in disciplinary proceedings or dismissal. Further advice and guidance on disclosing a criminal record can be obtained from Nacro.

Criminal Record Declaration Form				
Surname				
Forename				
This post is not exempt from the Rehabilitation of Offenders Act 1974. Do you have any convictions, cautions, reprimands, or final warnings which are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?			•	
Please tick approp	oriate a	nswer:		
YES			NO	
If you have ar	nswer	ed yes, you now have two	options on how to disclose	e your criminal record.
Option 1		Please provide details of yo	ur criminal record in the space	ce below:
Option 2		cross on the line below and	d under a separate cover pro attach the details in an envel rked CONFIDENTIAL and stat	ope stapled to this form.
I have attached details of my conviction separately. (Please mark with an X if appropriate):				
		Decl	aration	
		•	rm is correct. I understand rom being offered this role	
Applicant Signatu	ıre			

Date

Equality and Diversity Monitoring Form



Beaufort Education and Care wants to meet the aims and commitments set out in its equality and diversity policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes.

Please return the completed form along with your application to hr@beaufort-care.co.uk

Forename	
Surname	
Date	

Gender

Please tick the appropriate box

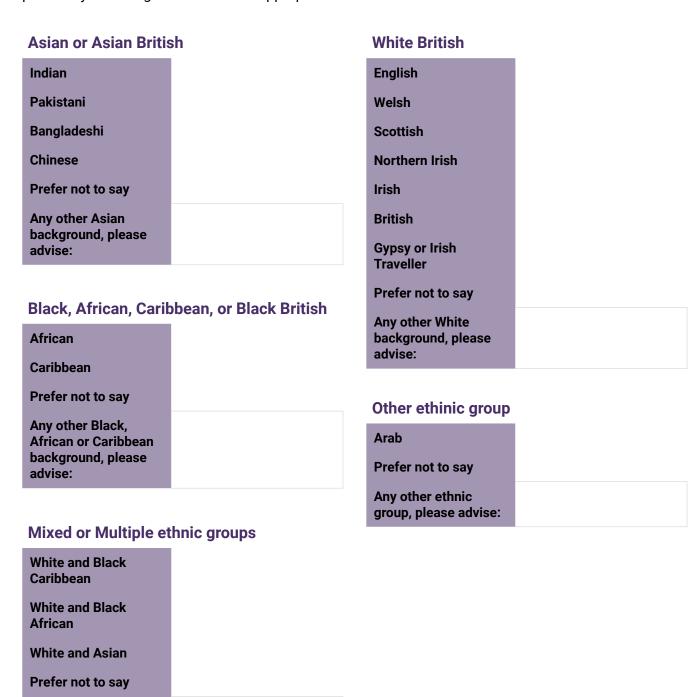
Male	If you prefer to use your own gender identity, please advise:				
Female	genuer identity, piease advise.				
Intersex	Please tick the appropriate box				
Non-Binary	Is the gender you identify with, the same as your gender	YES	NO	Prefer not	
Prefer not to say	registered at birth?			to say	

Age				
Please tick the appropriate box				
16-24	25-29			
30-34	35-39			
40-44	45-49			
50-54	55-59			
60-64	65+			
Prefer not to say				

	What is your s	exual orientation?
Please tick the appropriate I	рох	
Heterosexual	Gay	
Lesbian	Bisexual	
Asexual	Pansexual	
Undecided	Prefer not to say	
If you prefer to use gender identity, pleas		
	Disability or F	lealth Conditions
Do you consider yourself	to have a disability or health	condition?
Yes N	o Prefer not to s	ау
What is the effect or imp	act of your disability or healt	h condition on your work?
	is for monitoring purposes only	If you believe you need a 'reasonable adjustment' please notify
the HR team in confidence.		
	Religior	and Belief
Please tick the appropriate I	юх	
No religion or belief	Jewish	
Buddhist	Muslim	
Christian	Sikh	
Hindu	Prefer not to say	
Any other religion or		

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box:



Which country were you born:

Any other Mixed or Multiple ethnic background, please

advise:

^{*}Once you've completed the application form, please save a copy and return it by email to hr@beaufort-care.co.uk