**Lincoln City Foundation Application for Kickstart Scheme**

Thank you for considering a position at Lincoln City Foundation. Please complete this application form in full and return to recruitment@lincolncityfoundation.co.uk

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| **Section 1 – Vacancy Details** | |
| **Post Title** |  |

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| **Section 2 – Personal Details** | |
| **Surname** |  |
| **First Name(s)** |  |
| **Home Address** |  |
| **Post Code** |  |
| **Home Tel. No.** |  |
| **Mobile Tel. No.** |  |
| **Email** |  |
| **DWP ref** |  |

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| **Section 3 – Residency and Eligibility to work in the UK** | | | | |
| The sole purpose of this section is to establish your eligibility to work in the UK | | | | |
| **Do you have the legal right to work in the UK?** | **Yes** |  | **No** |  |
| **Provide details of your work permit / visa if applicable.** |  | | | |

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| **Section 4 – Driving License** | | | | |
| **Do you hold a current, full UK Driving License?** | **Yes** |  | **No** |  |
| **Details of current / pending penalty point endorsements** |  | | | |

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| **Section 5 – Employment Details** | | | | |
| **Name of Current / Most Recent Employer** |  | | | |
| **Job Title** |  | | | |
| **Dates of Employment** | **From** |  | **To** |  |
| **Reason for leaving** (if applicable) |  | | | |
| **Provide a summary of your main duties and responsibilities in this role** | | | | |
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| **Please provide details of any relevant previous employment to support your application** | | | | |
| **From** | **To** | **Name of Employer** | **Position Held** | **Summary of Responsibilities** |
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| **Section 6 – Personal Statement** |
| Please provide a personal statement explain what skills you have for the role you are applying for. |
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| **Section 7 – Reference** | |
| Please note: at least one of your references should be from your current/most recent employer.  Referees will be contacted at point of employment offer. | |
| **Referee One** | |
| **Full Name** |  |
| **Job Title** |  |
| **Employer / Company Name** |  |
| **Contact Tel. No.** |  |
| **Email Address** |  |
| **How long have you known this referee?** |  |
| **Known to you in what capacity?** |  |
| **Referee Two** | |
| **Full Name** |  |
| **Job Title** |  |
| **Employer / Company Name** |  |
| **Contact Tel. No.** |  |
| **Email Address** |  |
| **How long have you known this referee?** |  |
| **Known to you in what capacity?** |  |

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| **Section 8 – Declaration** | | | |
| The following section is to be completed by any persons involved with or applying to be part of Lincoln City Foundation. This form provides the Foundation with a signed declaration prior to undertaking an Enhanced DBS Check if successful in obtaining a position with the company. | | | |
| **Self-Declaration** | | | |
|  | | **Yes** | **No** |
| Have you been convicted of any offence or had a conviction, caution or bind over order, or is a prosecution pending related to children, any offence under the Sexual Offences Act, any offence involving violence of any nature or drug related offences  **NOTE:** you are advised that under the provisions of the Rehabilitations of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) order 1986 a person should declare ALL convictions including ‘spent’ convictions where working with children | |  |  |
| Are you a person known to any social services department as being an actual or potential risk to children? | |  |  |
| Have you ever been disqualified or prohibited from fostering children or had your rights or powers in respect of a child vested in or assumed by a Local Authority or had a child ordered to be removed from your care? | |  |  |
| Have you ever had a sanction imposed against you or been disciplined in any way for any matter relating to child abuse, sexual offences, violence or use of drugs? | |  |  |
| **If the answer to any of the above questions is Yes, you must supply full details with this form, marked Private and Confidential, to the Operations/HR Manager** | | | |
| **Important Information**   * I have read and understand the declaration form regarding the completion of this form * I hereby consent to the Foundation undertaking Disclosure & Barring Service and / or Social Services and other relevant third-party checks in connection with the self-declaration * I understand that information contained on this form, the results of police and social services checks and information supplied by third parties, will be recorded by the Foundation * I understand that incomplete or false information may lead to the job offer being declined * I understand that I must inform the Foundation immediately of any matter, relating to the questions above, during the term of engagement and that this information may lead to Lincoln City Foundation acting for reasons relating to Safeguarding and Welfare. | | | |
| **Signature** | | | |
| I declare that the information given in this application form is true and complete to the best of my knowledge and belief. I understand that if I have provided any false information or omitted relevant information, this may result in disqualification from the recruitment process or withdrawal of any offer of employment or disciplinary action being taken against me, including dismissal.  By emailing or sending this application to Lincoln City Foundation, I confirm my acceptance of the above declaration. | | | |
| **Signed\*** |  | | |
| \*you may be asked to provide an actual signature at interview | | |
| **Print Name** |  | | |
| **Date** |  | | |