



### 3 Employment history

Please detail your full employment history, identifying the reasons for any gaps. Continue on a separate sheet if necessary.

Name and address of your current/most recent employer

Position

Salary details

Start date

Finish date  
(if applicable)

Notice Period

Please give a brief summary of your duties and responsibilities

What is your reason(s) for leaving your current employment?

Please note down any previous employment in the table below

Employer	Post	Dates from and to	Salary	Reason for leaving



## 5 References

Please give details of two persons from whom references may be obtained. One must be your current or most recent employer and be in a managerial or supervisory role above you. The other referee should ideally be a previous employer or alternatively a professional contact who must have known you for a minimum of 2 years and be able to comment upon your suitability for the post. Friends or relatives will not be accepted as referees. In the absence of previous employment experience a reference from your last place of full-time education will be a suitable alternative. The organisation reserves the right to speak to other previous employers if this is felt relevant.

### First referee (previous/most recent employer)

Name and position

Company

Address

Tel (mobile, home, work incl ext)

### Second referee

Name & Company

Address

Tel (mobile, home, work incl ext)

## 6 Additional information

Have you ever been subject to formal disciplinary action in any previous employment? Yes No (circle which applies)

If Yes, please provide details on a separate sheet and submit in an envelope marked 'Confidential'.

Are you in good health? Yes No (circle which applies)

How many sick days did you take in the last 2 years?

### Criminal convictions

Please list any cautions or convictions you have ever received (or which are pending), including dates and details\*

Date	Conviction/caution	Details

\* Rehabilitation of Offenders Act 1994 (Exemptions Order 1975). If the post is exempt from the Rehabilitation of Offenders Act 1974 an enhanced CRB (Criminal Records Bureau) check will therefore be carried out before employment can commence.

Asylum and Immigration Act. It is a criminal offence to employ a person who is subject to immigration control, unless they have documentation which permits them to work in the UK. You should therefore be aware that we will make checks to ensure that you are eligible to work in the UK.

## 7 Declaration

I declare that, to the best of my knowledge and belief, all statements contained in this form are correct and I understand that, should I conceal any material fact, I will, if engaged, be liable to the termination of my contract of employment with such notice as may be appropriate.

Signed

Print name

Date

## 8 Equal opportunities monitoring form

Fostering Solutions is committed to being an equal opportunities employer. Completion of this form is on a voluntary basis, but we would request that you do complete it in order to help us monitor our Equal Opportunities (EO) policy.

The information on this form will be processed to review the Agency's EO policy, with a view to ensuring it is fully and effectively implemented. Where possible, this information will be processed anonymously, and will at all times be processed in accordance with the current data protection rules.

### Section 1: General information

Post applied for

Date

### Section 2: Personal details

Are you...? (tick all that apply)

Female

Male

What is your age group? (circle)

16-24

25-29

30-39

40-49

50-59

60 or over

Do you have caring responsibility for dependants?

Yes

No

(circle which applies)

If yes, are your dependents...?

Child(ren)

Spouse/Partner

Relative

Other

If 'Other' please provide details

### Section 3: Disabilities

Do you consider yourself to have a disability?

Yes

No

(circle which applies)

Please note: The Disability Discrimination Act defines a disability as any physical or medical impairment which has, or would have (if the person was not receiving treatment), a substantial and long term (i.e. more than 12 months) adverse effect on a person's ability to carry out normal activities. You may still be considered to be disabled under the terms of the Act if you are not currently adversely affected, but it is deemed that the impairment is likely to recur. The definition can include diabetes, depression, etc, and is much broader than previous definitions.

### Section 4: Religion

What is your religion?

Prefer not to say

### Section 5: Ethnic origin

Please circle the appropriate letter A to E, then tick one box within that section to indicate your cultural background. Please specify if necessary

A: Asian, Asian British

Indian

Pakistani

Bangladeshi

Other Asian background:

B: Black, Black British

Caribbean

African

Other Black background:

C: Mixed

White & Black Caribbean

White & Black African

White and Asian

Any other Mixed background:

D: White

British

Irish

European

Any other White background:

E: Other

Any other background:

### Section 6: Sexual orientation/assignment

Do you consider yourself to be...?

Bisexual

Transgender

Heterosexual

Homosexual  
(gay, lesbian)

Prefer not to say

Thank you for taking the time to complete this questionnaire. When we receive your application, we will detach it and keep it separate from the rest of the application form.