



Lambs House

Autism - a unique approach

EDUCATION & THERAPY CENTRE FOR CHILDREN WITH AUTISM

Buxton Road, Buglawton, Congleton, Cheshire CW12 2DT.

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Email: Enquiries@lambs-group.co.uk Website: www.lambs-group.co.uk

Application for Employment

(Please ensure that all sections of this form are completed in either ink or typed.)

Application for the post of:	
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Personal Details

Surname:	
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Forenames:	
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Home Address:

Home Telephone Number: <i>(or a number on which you can be easily contacted)</i>	
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Work Telephone Number: <i>(if you can be contacted there)</i>	
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Employment Details

Present (or most recent) Job Title:	
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Name and address of Employer:

Post held and brief outline of your duties:

Date of Appointment:		Annual Salary:	
Notice period required:			

Previous Appointments *(Please note that we are required by legislation to gain a full career history for all applicants. No appointments can be made without it. Please continue on a separate sheet if necessary. Please give details of any gaps in your employment history)*

Dates From:	To:	Employers Name and Address	Post Held <i>(with grade if appropriate)</i>	Reason For Leaving

Will the post applied for be your main job? (Yes/No)

If No please give details

If successful, will you have other paid employment? (Yes/No)

If Yes please give details

Education and Qualifications

(Please give as much detail as possible, start with the most recent and continue on a separate sheet if necessary)

Dates From:	To:	Name of Institution	Qualification Gained	Subject	Grade/Class

Training

(for example Short Courses, Vocational and Professional Courses, please continue on a separate sheet if necessary)

Date:	Name of Institution	Title and Nature of Course

Membership of Professional Institutions/Societies

Admission Date	Name of Institution	Class of Membership	By Examination (Y/N)
If you are a qualified teacher please declare your DfES number:			

Details of Leisure Activities (This section is not compulsory)

<i>Please give details of your principal leisure interests, including any voluntary work which you may undertake</i>

Do you possess a full, current, UK Driving Licence?	
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Your Health

Please give details of any absences in the last five years. Please indicate the duration and reason for absence:

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The Disability Discrimination Act 1995 defines disability and disabled person to refer to any **person having a physical or mental impairment which has a substantial and long term effect on his/her ability to carry out normal day to day activities.**

Under this definition do you consider yourself to be disabled?

If **Yes** please specify the nature of the disability here:

Please note that all applicants offered employment will have to provide evidence from their GP to confirm that he/she is in good and reasonable health required to fulfil the duties of the post. Details will be sent to you with any offer of employment.

Please note that smoking is not permitted within the Centre's buildings or whilst on duty outside.

Details of Convictions for Any Offence

Rehabilitation of Offenders Act 1974

"The post for which application is made is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975". It must be brought to your attention the fact that the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendments) Order 1986 prohibits persons from regarding their convictions as 'spent' in certain circumstances. The effect of the Order is that **you must declare all previous convictions, cautions and bindings over** in connection for employment in a post, which would involve regular contact with children or young people under the age of 18 years.

Failure to disclose convictions in these circumstances is itself regarded as misconduct, which can lead to action being taken under Regulation 10.

All applicants offered employment will be required to undergo an enhanced Criminal Records Bureau check, details of which will be sent with any offer of interview.

Have you been convicted by a court for an offence? (Yes/No) _____

If **Yes** Please give details below:

Date	Place and Description of Court Offence with which charged	Result

Referees

Please give details of two people who would be prepared to act as a referee on your behalf. One of these should be your present or most recent employer, who, if you prefer, will not be contacted until a firm offer of employment has been made. However, *all* appointments are subject to satisfactory written references. If you have not been employed before please give the details of someone responsible who knows you well, but not a relative.

1 st Referee	2 nd Referee
May we contact before Interview?	May we contact before Interview?

Personal Statement

Please make a statement about your reasons for applying. Note that applications are unlikely to be considered if this section is left blank without good reason. Continue on a separate sheet if necessary.

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Signatures

I declare that I have read this form in full and all the information given is, to the best of my knowledge, true. I declare that I have answered all questions fully and not omitted information that is asked for. I understand that all appointments are subject to CRB disclosure, a Health Check and written references, all of which must be satisfactory. I understand that any information later shown to have been deliberately misleading or untrue (including by omission) could lead to internal disciplinary procedures and/or termination of a contract of employment.

Signed _____ Date _____

Data Protection Act 1998

I hereby give consent for personal information provided as part of this application to be held on computer or other relevant filing systems in accordance with the Data Protection Act 1998

Signed _____ Date _____

Please be advised that all information on unsuccessful applicants will be destroyed after the selection process is completed. All successful applicants will have their information stored in a personnel file which will be kept for the minimum time (according to legal guidelines) after any termination of employment.

For Office Use Only		
Date Received	Interview Offered	References sent
CRB forms sent	CRB forms received	Reference 1 Received
Health forms sent	Health forms Received	Reference 2 Received
Notes:		