

**APPLICATION FORM**

**FREELANCE STAFF**

**CONFIDENTIAL APPLICATION FORM (FREELANCE)**

**The information on this form will be treated in confidence. Any offer of employment will be subject to DBS checks and, where appropriate, documentary evidence showing your entitlement to work in the UK.**

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| **Personal Details** |
| Name:     Previous Name(s):      Address:           Date of Birth:      Home Telephone No:      Mobile Telephone No:      E-Mail:       |

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| **Emergency contact details** |
| Please provide emergency contact details (next of kin, partner, etc).Name:      Telephone No:       |

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| **Medical details** |
| Please use this space to inform us of any important medical details that a doctor treating you in an emergency may need to be aware of (allergies, medication, etc)      |

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| **Referees** |
| Please supply the names and contact details of at least two referees who can comment on your suitability for this position. One should be your current (or most recent) employer. (**Note:** If you are not currently working with children, young people and/or vulnerable adults but have done so in the past the second referee should be the employer by whom you were most recently employed in work with children, young people and/or vulnerable adults. References will not be accepted from relatives, or persons who only know you as a friend.) |
| Name:       Position:      In what capacity do you know the referee:      Name of organisation:      Address:      Telephone No.      Email:       |
| Name:       Position:      In what capacity do you know the referee:      Name of organisation:      Address:           Telephone No.      Email:       |

Please note that we will contact these referees and seek references **before** we can offer you a position. Also, in relation to work with children, young people and vulnerable adults we will seek information about any past disciplinary issues relating to children, young people and vulnerable adults and/or safeguarding concerns that you may have been subject to. If you have any concerns please contact the Director on 0161 275 3047 to discuss.

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| **For persons who are not British or EU nationals** |
| If you have any conditions related to your employment please give full details      |

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| **Personal Declaration** |
| The position for which you are applying involves contact with children, young people and vulnerable adults and is exempt from the Rehabilitation of Offenders Act 1974 and all subsequent amendments (England and Wales). For these positions you are not entitled to withhold information about police cautions, “bind-overs” or any criminal convictions including any that would otherwise be considered “spent” under the Act.Have you ever been convicted of any offence or “bound-over” or given a caution YES/NO      If yes, please give details on a separate sheet and attach it to this form in a sealed envelope marked “Confidential Disclosure”.I understand that if my application is successful I will be required to obtain a DBS Clearance at the appropriate level. |

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| **Declaration – please read carefully** |
| For the purposes of the Data Protection Act 1998, I consent to the information contained in this form, and any information received by or on behalf of TiPP relating to the subject matter of this form, being processed by them in the administering the recruitment process.I declare that the information I have given on this form is complete and accurate and that I am not banned or disqualified from working with children, young people and/or vulnerable adults nor subject to any sanctions on my employment imposed by The Disclosure and Barring Service, the Secretary of State or a regulatory body. I understand that to knowingly give false information, or to omit any relevant information, could result in the withdrawal of any offer of appointment, or my dismissal at any time in the future, and possible criminal prosecution.Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      Print Name:      An electronic signature is acceptable. |