

SKOOL IS OUT LTD

11 Barclay Terrace
EDINBURGH
EH10 4HP



Tel: (0131) 659 7771 Email: info@skoolisout.com

APPLICATION FOR EMPLOYMENT

Please complete ALL relevant sections for your application to be considered.

1. PERSONAL DETAILS

Full Name	
Address	
Post Code	

Contact Telephone No.	
Email address	
Mobile Telephone No.	

PVG Scheme Membership No.:		Date of Joining -
SSSC Membership No.		Date of Joining -
SSSC Registration Conditions:		

OFFICE USE ONLY:-	
Ref No:	
Date Sent	
Date Application Form Returned	
Monitoring Form	
Criminal Convictions Form	

2. Post applied for: -	Childcare Manager		
How did you hear about this Post?	<input type="checkbox"/> Skool Is Out Website	<input type="checkbox"/> Job Centre	<input type="checkbox"/> Gumtree
<input type="checkbox"/> Edinburgh College	<input type="checkbox"/> Play Scotland	<input type="checkbox"/> Internal Advert	<input type="checkbox"/> Indeed.co.uk
<input type="checkbox"/> Student/Graduate Website	<input type="checkbox"/> Scottish Out of School Care Network (SOSCN)	<input type="checkbox"/> S1 Jobs	<input type="checkbox"/> Other Please State:

3. PRESENT or MOST RECENT EMPLOYER (if applicable):			
Employers Name			
Address			
Position Held			
Date Appointed		Notice Period	
Date Left		Salary Scale	£
Main Responsibilities and Duties			

Disciplinary Action

Please detail any relevant information below relating to dismissal, investigation, sanctions, referrals etc.:

4. PREVIOUS EMPLOYMENT (Include any voluntary work experience and any periods of unemployment/gaps in your employment history. Please continue overleaf if necessary.)

Previous Employers Name & Address	Job Title and Start and Finish Dates	Main Duties and Responsibilities including Reason for Leaving
1.		
2.		
3.		
4.		
5.		

If you have had more than 5 previous relevant jobs, please complete on a separate piece of paper.

5. Further/Higher Education and Academic Attainments

College/University	Qualification/Title	Main Subjects Studied	Course Finish date

Current Professional Membership

Class/Grade of Membership	Institution	How Awarded	Date Awarded

Any previous or outstanding Fitness to Practise outcomes or investigations (include details and date):

Other Relevant Training (e.g. Child Protection, First Aid , Food Hygiene, Moving & Handling etc.)

Course Name/Subject	Provider	Certificate Yes/No	Duration	Date

6. EQUALITY ACT 2010

As a Disability Confident Employer, and in accordance with the Equality Act (2010) and our own Equal Opportunities policy, Skool Is Out Ltd. welcomes applications from every individual, regardless of age, sex, race, disability, marital status, sexual orientation, religious background or gender. We will offer an interview to all applicants who meet the minimum essential criteria of the job.

The Equality Act 2010 makes it unlawful for any employer to discriminate against any protected characteristics in the field of employment.

If you have a disability or impairment which is covered by the Equality Act (2010) and you require Skool Is Out Ltd to make reasonable *adjustment for the interview stage*, please answer the following question. Otherwise you do not need to tell us of any disability or impairment you may have. This information will not count against you, but will help us consider ways in which we can reasonably accommodate your needs.

If you have a disability, are there any adjustments which require to be made at the interview stage, e.g. wheelchair access, sign language interpreter, additional support etc.?

7. REFERENCES

Please provide the names of two referees who will supply a written reference for you. One of these should be your current or most recent employer. If no employer reference is available we will accept a personal reference from another professional. (We prefer UK based referees only.)

NAME:	
ADDRESS:	
PHONE:	
EMAIL:	
JOB TITLE:	
IN WHAT CAPACITY DO YOU KNOW THIS PERSON?	
HOW LONG HAVE YOU KNOWN THIS PERSON?	

NAME:	
ADDRESS:	
PHONE:	
EMAIL:	
JOB TITLE:	
IN WHAT CAPACITY DO YOU KNOW THIS PERSON?	
HOW LONG HAVE YOU KNOWN THIS PERSON?	

8. FURTHER INFORMATION IN SUPPORT OF YOUR APPLICATION

(please use additional sheets if necessary)

Previous Experience.

Describe your skills, abilities, achievements and responsibilities relevant to the post:

Implementing Frameworks into Practice

Please detail your understanding of key childcare frameworks in Scotland and provide examples of how you integrate this into practice:

Personnel Management and Leadership

Please outline your experiences of personnel management and leadership, specific to the position.

9. DECLARATION

I certify that the above is true and correct to the best of my knowledge, and that any irregularities or false information may result in my application being rejected or the termination of my employment if I am appointed to the post.

If you are emailing this form and you are shortlisted for interview, you will be required to sign a hard copy of this form before the interview takes place.

Signature:-

Date:-

DATA PROTECTION: Information collected, handled, processed and retained during the recruitment and selection process is subject to the Data Protection Act 2018. Information gathered during this process will be used only for the purposes of recruitment and selection and will not be passed on to other parties. Anonymous information may be held, once the selection process is complete, for statistical and historical reporting purposes. Information may also be held as part of an employment record for successful applicants.

CONFIDENTIAL MONITORING QUESTIONNAIRE

Skool Is Out Ltd is committed to achieving equality of opportunities. The organisation will not discriminate on the basis of: disability, special needs, colour, ethnic origin, nationality, gender, sexuality, marital status, age, political affiliation, religious beliefs, trade union membership or activity, responsibility for dependents or employment status. Any information entered on this form is confidential and not seen by our selection panel. It will be used to monitor our recruitment and selection process.

Post Title	
Date Of Birth	
Marital Status	

GENDER (which of the following best describes your gender):

Male <input type="checkbox"/>	Female <input type="checkbox"/>
Trans <input type="checkbox"/>	Other <input type="checkbox"/>

ETHNIC ORIGIN (These categories were used in the most recent census)

White	<input type="checkbox"/> Scottish <input type="checkbox"/> Other British <input type="checkbox"/> Irish <input type="checkbox"/> Other white background, please state:
Mixed	<input type="checkbox"/> Any mixed background, please state:
Asian, Asian Scottish or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian background, please state
Black, Black Scottish or Black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other black background, please state:
Gypsy/Traveller	<input type="checkbox"/> Gypsy/Traveller
Other Ethnic Background	<input type="checkbox"/> Other ethnic background, please state:

DISABILITY

It is recognised that disabled people are not only those whose disability is immediately apparent (e.g. blind people or those in wheelchairs) but also those whose disability is not immediately obvious (e.g. heart trouble, mental illness or diabetes).

Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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EMPLOYMENT STATUS + PATTERN

Which of the following applies to you at the present time?	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Short Term Unemployed < 6 Months <input type="checkbox"/> Long Term Unemployed > 6 Months <input type="checkbox"/> Re-entering workforce <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student
If currently Employed please complete:-	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (am) <input type="checkbox"/> Part Time (pm) <input type="checkbox"/> Weekends <input type="checkbox"/> Various

DISCRIMINATION: Tick boxes which apply if you experienced discrimination/encountered difficulties during this application.

<input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Ethnicity <input type="checkbox"/> Gender <input type="checkbox"/> Sexual orientation
N.B. If you feel you've been discriminated against or encountered difficulties please use the back of this form to share your comments on how we can improve our recruitment and selection process.

Signature:	Date:
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CRIMINAL RECORD DECLARATION FORM

Full Name	
Address	

The Rehabilitation of Offenders Act 1974 allows some criminal convictions to become 'spent' or ignored after a fixed period.

For the purposes of applying for this role, you are required to declare convictions even if they are spent. It is important that you tell us about any police or court decisions, of any nature, taken against you in any country.

Please enter details about your criminal offences and alternatives to prosecution, either in the UK or abroad.

1. Have you ever been convicted of a criminal offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been charged by the police or Procurator Fiscal with an offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there a criminal court case pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Within or outside Scotland, have you ever received an alternative to prosecution such as those listed below?	<input type="checkbox"/> Yes <input type="checkbox"/> No

- Fixed Penalty in relation to a road traffic matter (including endorsement of your driving licence)
- Procurator Fiscal warning
- Mediation and/or reparation
- Diversion
- Received a caution

- Been bound over
- Received a reprimand or final warning
- Compensation offer
- Conditional caution
- Had any other police or court decision taken against you including a police warning

5. Have you ever been, or are you currently subject to the orders stated below?

Disqualified from Working with Children List (DWCL)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protection of Vulnerable Groups (Scotland) Act 2007 – Adult's List	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protection of Vulnerable Groups (Scotland) Act 2007 – Children's List	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protection of Vulnerable Adults (POVA) List	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protection of Children Act (POCA) list	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 142 of the Education Act (2000) (formerly List 99)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual Offenders Register	<input type="checkbox"/> Yes <input type="checkbox"/> No
Risk of Sexual Harm Order (RSHO)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anti-Social Behaviour Order (ASBO)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any child been removed, temporarily or permanently, from your care as a result of child protection proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered 'Yes' to any of the above questions please give a brief summary of the incident/s, including Offence Date, Police Station, Court or Other, Sanction applied and Offence Type:-

(If you require more space, please continue on the reverse of this sheet.)

DECLARATION: *I certify that the above information is true and correct to the best of my knowledge, and that any irregularities or false information may result in my application being rejected or the termination of my employment if I am appointed to the post.*

Signature:	Date:
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DATA PROTECTION: The information collected on this form will be held in the strictest confidence. It will be handled, processed and destroyed in accordance with the Data Protection Act 2018.