

**Application Form**

PERSONAL DETAILS

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| TITLE (e.g. Mr., Mrs, Ms, Dr):  |  | ADDRESS:  |
| FORENAME:  |  |   |
| SURNAME:  |  |   |
| PREVIOUS SURNAME(S):  |  | POSTCODE:  |
| MOBILE TEL NO:  |  | E-MAIL ADDRESS:  |
| HOME TEL NO:  |  | MARITAL STATUS: DOB:  |
| OTHER TEL NO(S):  |  | NATIONALITY:  |
| LANGUAGES YOU ARE FLUENT IN:  |  | ETHNIC BACKGROUND:  |
|   |  |   |

EMERGENCY CONTACT

PROFESSIONAL DETAILS

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| --- | --- | --- |
| FULL NAME:  |  | ADDRESS:  |
| CONTACT NUMBER:  |  |   |
| RELATIONSHIP TO YOU:  |  | POSTCODE:  |
|   |  |   |

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| --- | --- | --- |
| POSITION APPLIED FOR:  |  | ARE YOU ELIGIBLE TO WORK IN THE UK?:  |
| SOCIAL WORK ENGLAND/REGULATORY MEMBERSHIP REGISTRATION NO: |  | NATIONAL INSURANCE NO:  |
|   |  |

 ***Please note, to undertake work through WillisPalmer you need to be registered as a limited company, or set up through a UK based umbrella company.***

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| LIMITED / UMBRELLA COMPANY NAME:  |  | REGISTRATION NO:  |
| REGISTERED ADDRESS:  |  |   |
|   |  |  |
| POSTCODE:  |  |  |
|  |  |  |

PROFESSIONAL REGISTRATIONS

Registration Expiry Date

Membership / Registration No

Professional Society / Union

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GENERAL INFORMATION

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|  DO YOU WISH TO WORK FULL TIME?  |  |  IF NO, HOW MANY HOURS PER WEEK?  |
|  CAN YOU WORK OUTSIDE OF NORMAL OFFICE HOURS? |  |  PREFERRED GEOGRAPHICAL LOCATION? |
|   |  |   |
|  WHEN ARE YOU AVAILABLE FROM?  |  |  HOW DID YOU HEAR ABOUT WILLISPALMER?  |
|   |  |   |
|  DO YOU HOLD A FULL CLEAN DRIVING LICENCE? |  |  DO YOU HAVE ACCESS TO A CAR?  |
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ADDITIONAL INFORMATION

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| **Please can you indicate how you intend to prioritise independent work for WillisPalmer alongside existing commitments.****Please tell us what you consider your key skills and strengths to be.**  |

KEY SKILLS

KEY SKILLS

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| **Please tell us how you feel your skills, knowledge and experience will meet the requirements of the type of work****that you are looking to undertake (continue on a separate sheet if needed).**  |

PERSONAL STATEMENT

REFEREE CONTACTS

**If you are employed, please give the names of two work referees. First work referee is required to be your current employer, the second referee is to be your previous employer. Both referees are required to be your line manager.**

**If you are self-employed, please provide the details of referees who have commissioned work to you in the last 12 months.**

**If you are currently working for an agency, please supply references for your last work assignment and the details of the agency.**

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| --- | --- | --- |
| 1. NAME:
 |  | ADDRESS:  |
| JOB TITLE:  |  |   |
|  NAME OF ORGANISATION:  |  | POSTCODE:  |
| TELEPHONE NUMBER:  |  |  E-MAIL ADDRESS:  |
|  OCCUPATION & CAPACITY IN WHICH REFEREE KNOWS YOU: |  |  FULL DATES WORKED (FROM & TO):  |
|   |  |   |
| 1. NAME:
 |  | ADDRESS:  |
| JOB TITLE:  |  |   |
|  NAME OF ORGANISATION:  |  | POSTCODE:  |
| TELEPHONE NUMBER:  |  |  E-MAIL ADDRESS:  |
|  OCCUPATION & CAPACITY IN WHICH REFEREE KNOWS YOU: |  |  FULL DATES WORKED (FROM & TO):  |
|   |  |   |

***\*Please note, WillisPalmer will not contact either referee until after your attendance at the recruitment event.\****

**WillisPalmer reserves the right to seek a reference from any previous employer / commissioner.**

OTHER EMPLOYMENT INFORMATION

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| **HAVE YOU EVER HAD DISCIPLINARY ACTION TAKEN AGAINST YOU?**  |
| **ARE YOU AT PRESENT THE SUBJECT OF DISCIPLINARY ACTION?**  |
| **HAVE YOU EVER BEEN THE SUBJECT OF AN INVESTIGATION BY YOUR REGULATORY BODY?**  |
| **IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE PROVIDE DETAILED INFORMATION HERE:**  |
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REHABILITATION OF OFFENDERS ACT 1974

**Posts entailing contact with children are exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975.**

**Applicants are therefore not entitled to withhold information about convictions which for other purposes are “spent” under the provisions of the Act.**

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| DO YOU HAVE ANY CONVICTIONS, CAUTIONS, REPRIMANDS OR FINAL WARNINGS THAT ARE NOT “PROTECTED” AS DEFINED BY THE REHABILITATION OF OFFENDERS ACT 1974 (EXEMPTIONS) ORDER  1975 (AS AMENDED 2013) |
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| ARE YOU AT PRESENT THE SUBJECT OF CRIMINAL CHARGES?  |

***If you answered yes to the above question, please provide full details on a separate sheet.***

**The amendments to the Exemptions Order 1975 (2013) provide that certain spent convictions and cautions are ‘protected’ and are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure & Barring Service website.**

**Any hearings or convictions pending which could result in criminal prosecution should be brought to the attention of the director. Failure to do so may result in termination of the contract if subsequently considered to be relevant to registration.**

DECLARATION

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|   |   | **I GIVE WILLISPALMER PERMISSION TO LIAISE DIRECTLY WITH MY UMBRELLA COMPANY (IF APPLICABLE)** |   |
|   |  |  |   |
|   |   | **I GIVE WILLISPALMER PERMISSION TO INVESTIGATE ALL REFERENCES AND TO SECURE ADDITIONAL INFORMATION ABOUT ME IF WORK RELATED** |   |
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|   |  |  |   |
|   |   | **IT IS UNDERSTOOD AND AGREED THAT ANY MISREPRESENTATION BY ME ON THIS APPLICATION FORM WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION AND / OR TERMINATION OF CONTRACT** |   |
|   |  |   |
|   |  |  |   |
|   |   | **I UNDERSTAND THAT ANY INFORMATION GIVEN ON THIS FORM MAY BE HELD ON COMPUTER AND BE SUBJECT TO THE DATA PROTECTION ACT 2018** |   |
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|   |  |  |   |
|   |  | **I AM HAPPY TO BE KEPT UP TO DATE WITH WILLISPALMER NEWS BY E-MAIL** |   |
|   |  |  |   |
|   |  | **IF I AM SUCCESSFUL IN MY APPLICATION WITH WILLISPALMER, I AM HAPPY FOR MY CONTACT DETAILS TO BE SHARED WITH PARTIES (IF REQUESTED) WHEN WORK IS AGREED** |   |
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|   |  |  |   |
|   |  | **I ACKNOWLEDGE THAT MY PERSONAL DETAILS WILL BE STORED AND HANDLED BY WILLISPALMER IN ACCORDANCE WITH OUR PRIVACY POLICY WHICH CAN BE FOUND** [**HERE**](https://www.willispalmer.com/privacy-policy/)**.**  |   |
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|   |   |   |   |

YOUR SIGNATURE

|  |  |  |
| --- | --- | --- |
| **SIGNATURE:**  |  |  |
| **PRINT NAME:**  |  |  |
| **DATE:**  |  |  |