



**PERSONAL AND CONFIDENTIAL**

## APPLICATION FORM

### BAND 7 or BAND 6 Community Paediatric Physiotherapist

Information for Applicants:		
Please complete this form in <b>black ink</b> or <b>type</b> in the spaces provided. If you need more space than is provided, please continue on an additional sheet of paper.		
Please return your completed form to:	<a href="mailto:office@childrensneurophysio.co.uk">office@childrensneurophysio.co.uk</a>	Ref. No. <i>(Office Use Only)</i>
The deadline for receipt of completed applications is:	N/A	

Details of Post Applied For:	
Job Title	
Location	College near Guildford, Surrey
Please confirm the date you would be able to start work, if successful	

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Personal Details:			
Title		First Name(s)	
Surname		Date of Birth <sup>1</sup>	
If you have previously been known by another name, please specify:			
Address			
Contact Details	Please only include contact numbers or email addresses that you are happy for us to use.		
	Daytime Contact Number:		
	Evening Contact Number:		
	Mobile Number (if different):		
	Email Address:		
National Insurance Number			
HPCP Number			
CSP Number			
Are you an NHS Professional returning to practice?		YES	NO
		If yes, please confirm when you last practiced and your hours of work:	
Do you currently have the right to work in the UK?		YES	
		If no, please specify your circumstances below:	
Please supply details of any work permit currently held including number, validity and expiry date.			

<sup>1</sup> Children's Neuro Physio complies with the Equality Act 2010 and does not discriminate against job applicants on the grounds of age. Date of birth and other key dates are requested of applicants to meet the recommendations of statutory guidance Safeguarding Children, Vulnerable Adults and Safer Recruitment; these are used for identification purposes and to verify that a full education and employment history has been provided.

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Do you have a valid driving licence for the UK?	YES	NO	Please specify the vehicle categories for which you hold a licence:
Do you have access to a vehicle which can be used for work purposes?	YES	No	If you have penalty points, please state the Endorsement Offence Codes and the date of issue:

**Education and Qualifications:**

Please also include any **relevant** professional qualifications.

Name of Institution (e.g. School, College or University)	Dates Attended		Courses/Subjects Taken and Examinations Results or Award
	From (Month/Year)	To (Month/Year)	

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**Professional Development:**

Please give details of any courses undertaken which you have not already detailed and which you consider to be **relevant** to this application.

Course Title	Course Provider	Dates Attended		Award (if any)
		From (Month/Year)	To (Month/Year)	

**Details of Present or Most Recent Employment:**

Post Held (include hours worked)	
Responsibilities Held	

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Dates Employed From and To (Month/Year)			
Name and Address			
Name of Local Authority (If Applicable)		Type of Position/Company/Speciality (Community, Acute NHS/Private/ etc)	
Salary Details	Scale, e.g. Band:		Salary Point:
	Alternatively, please quote annual salary if you are/were not on national pay scales (if part-time, specify the FTE):		£
	Total annual salary (if you are part-time, specify FTE):	£	
Reason for leaving (if applicable)			

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**Previous Employment:**

Please give details of **all previous employment** you have undertaken, starting with the most recent. Details of employment undertaken outside of physiotherapy, and any other gaps in employment, should be recorded on page 7. Please use a continuation sheet if necessary.

Employer Details			Post Details			Dates Employed and Reason for Leaving			
1.	Name:		Title of Post:			From (Month/Year):			
						To (Month/Year):			
	Responsibilities Held								
Reason for Leaving									
2.	Name:		Title of Post:			From (Month/Year):			
						To (Month/Year):			
	Responsibilities Held								
Reason for Leaving									



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3.	Name:	Title of Post:	From (Month/Year):
			To (Month/Year):
	Responsibilities Held		
Reason for Leaving			
4.	Name:	Title of Post:	From (Month/Year):
			To (Month/Year):
	Responsibilities Held		
Reason for Leaving			

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**Other Employment:**

Please give details of any **other periods of employment** you have undertaken which you have not included on page 5/6, starting with the most recent. Any gaps in your employment and/or training and education history will be explored with you if you are called for interview. Please use a continuation sheet if necessary.

Employer's Name and Address	Dates Employed From and To (Month/Year)	Position Held	Salary and Benefits	Reason for Leaving

**Periods When Not Working:**

Please give details below of any voluntary work you have not detailed elsewhere in your employment history, or reasons for other periods of time when you have not been employed since leaving secondary education.

Date From (Month/Year)	Date To (Month/Year)	Reason





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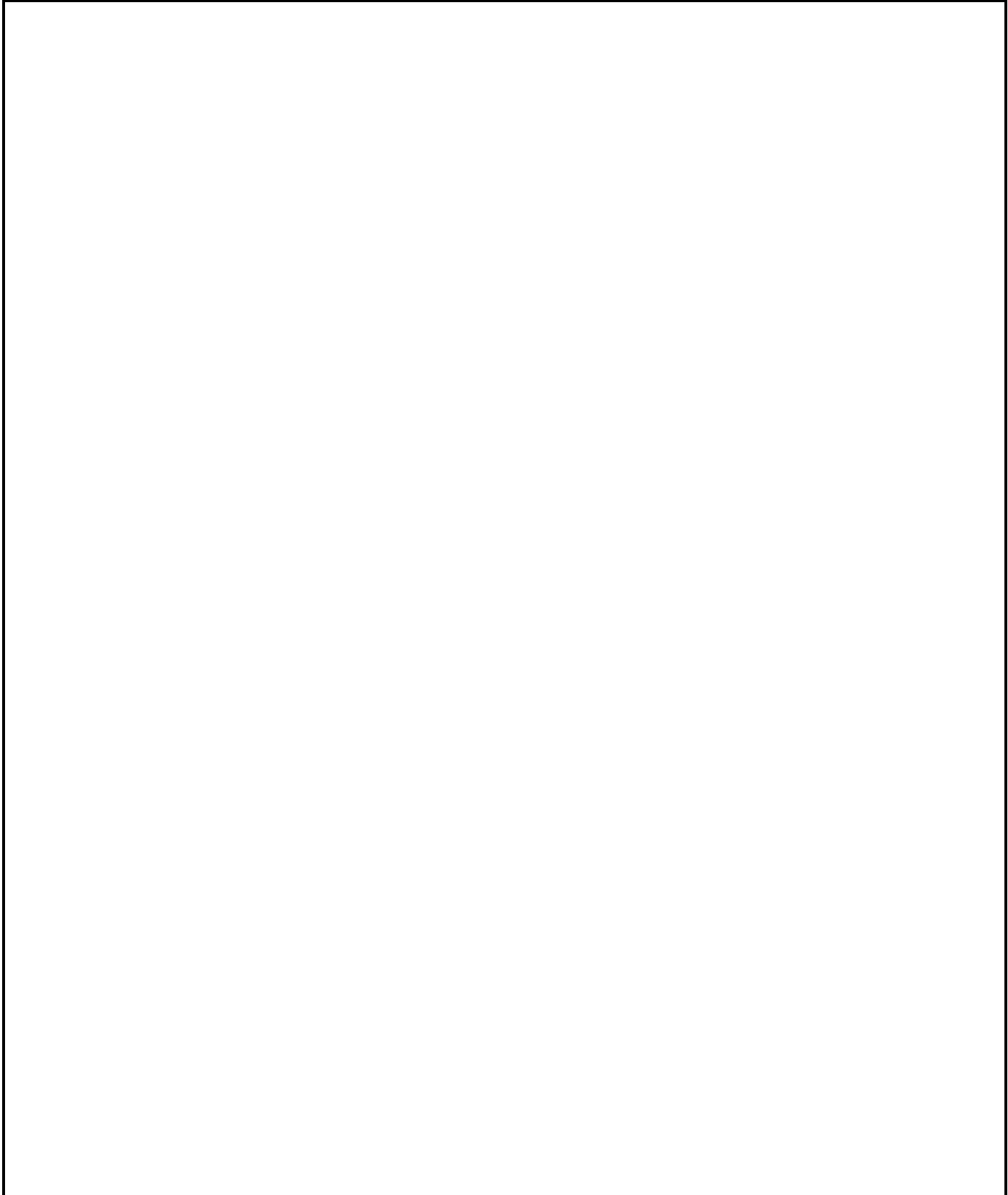
**Statement of Application:**

You are invited to provide further information in support of your application. Please make full use of this section and continue on additional sheets if necessary. Please refer to the personal specification and advert for the post and include:

- The reasons why you are applying for this post;
- The personal qualities and experience that you feel are relevant to your suitability for the post;
- Key responsibilities and achievements in your present or most recent job which are relevant to this application;
- Details of any relevant interests or activities.



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**Referees:**

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- References will only be sought for shortlisted candidates.
- The first referee provided **must** be your present or most recent employer. If you are not currently working with children or vulnerable adults but have done so in the past, your second referee **must** be that employer.
- Your present employer will be asked about any disciplinary offences relating to children or young adults (whether current or time expired), whether you have been the subject of any substantiated child protection concerns and, if so, the outcome of these investigations. If you are not currently working with children or young adults but have done so previously, these issues will be raised with your former employer.
- Please do not name relatives or people acting solely in their capacity as friends as referees.
- **Other previous employers may also be approached for information, to verify details on your application form, such as particular experience or qualifications.**

Referee 1 Can the referee be approached prior to interview? Please delete as appropriate YES/NO		Referee 2 Can the referee be approached prior to interview? Please delete as appropriate YES/NO	
Title (Miss/Mr etc)		Title (Miss/Mr etc)	
Name		Name	
Occupation		Occupation	
Address		Address	
Tel. Number		Tel. Number	
Fax Number		Fax Number	
Email Address		Email Address	
In what capacity do you know the referee?		In what capacity do you know the referee?	



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**Reasonable Adjustments to the Shortlisting Process:**

Children’s Neuro Physio welcomes applications from disabled people. Please indicate in the box below if there is anything that we need to do, or take into consideration, to ensure that the shortlisting process is fair in relation to a disability.

Candidates who are invited for interview will be asked in the invitation letter if they require any adjustments to be made to the interview or other selection activities.

**Declarations:**

This post is **exempt from the Rehabilitation of Offenders Act 1974**. If you are appointed you will be required to undertake an Enhanced Disclosure & Barring Service (DBS) check (previously known as a CRB check). You are required to declare any unspent convictions, cautions, warnings and bind-overs you may have, regardless of how long ago they occurred, as well as any pending criminal proceedings or current police investigations. Having a criminal record will not necessarily prevent you from taking up appointment; this will depend on the nature of the offence(s) and their relevance to the post you are applying for. However, should you **not** declare any of the above and this is subsequently revealed, e.g. through the DBS check, then this may place your appointment in jeopardy.

*Important changes to the law on the disclosure of criminal records information mean that a prospective employer can only ask you to disclose any unspent cautions, convictions, warnings or bindovers, that are not "protected" under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013). New filtering rules have also been introduced, although these rules do not apply for individuals who have two or more convictions. Guidance and criteria on the filtering rules can be found at the Disclosure and Barring Service website at: <https://www.gov.uk/government/publications/filtering-rules-for-criminal-record-check-certificates>. Also, because positions in health care are considered to be 'excepted', when your certificate is issued it may contain information on spent convictions that the DBS decides your employer needs to take into account in order to ensure the protection of vulnerable groups, including children and young adults. In addition, some specific offences will never be removed from a DBS certificate, such as serious sexual and violent offences. You can view this specified list of offences at: <https://www.gov.uk/government/publications/dbs-list-of-offences-that-will-never-be-filtered-from-a-criminal-record-check>.*

Further guidance on what convictions you must declare and a policy on recruiting ex-offenders are available from the director.

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<b>Please answer the following questions:</b>			
Do you have any unspent convictions, cautions, warnings or bind-overs that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) <b>and/or</b> are you the subject of a current police investigation or have criminal proceedings pending against you?		YES/NO	
Are you on the Children's Barred List (previously List 99 and PoCA list) or have you ever been disqualified from working with children or been subject to any sanctions imposed by a regulatory body (e.g. HPCP, CSP)?		YES/NO	
<p><b>It is a criminal offence for barred individuals to seek, or to undertake, work with children.</b> If you have answered 'YES' to either of the above, please provide <b>further details on a separate sheet in a sealed envelope marked 'CONFIDENTIAL'.</b></p>			
Are you currently registered with the DBS Update Service ( <i>service only available from 17.06.13</i> )?			YES/NO
If YES, please provide the information below. If NO, please proceed to the next section.			
DBS Registration Number		Annual Registration Renewal Date	
Level of check obtained at point of registration? ( <i>select one</i> )		STANDARD / ENHANCED	
Which workforce was your check requested for at point of registration? ( <i>select one</i> )		CHILDREN / ADULT / ADULT & CHILDREN / OTHER	
<p><b>Declaration:</b> By signing this application form and providing the information above I understand that I am authorising Children's Neuro Physio to consult the DBS Update Service in the context of its recruitment and safeguarding procedures and agree to provide the relevant disclosure certificate to facilitate this process.</p>			
Are you currently the subject of a fitness to practice investigation or proceedings by a licensing or regulatory body in the UK or in any other country?			YES/NO
Have you been removed from the register or have conditions been made on your registration by a fitness to practice committee or the licensing or regulatory body in the UK or in any other country?			YES/NO



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<b>Declaration of Relationships:</b>	
Are you related to, or do you have a close personal relationship with a director or employee of Children's Neuro Physio:	YES / NO
If YES, please provide below his/her name and role, and state your relationship:	

<p>I declare that the information I have given on this form is correct. I understand that providing false or misleading information is an offence which could result in my application being rejected, or, in the event of employment being obtained, may result in disciplinary action being taken, up to and including summary dismissal. It could also result in a referral to the police. I understand that my application form will be retained on file for a period of six months (or transferred to my personnel file in the event that my application is successful) and give my consent for the personal data supplied to be used for the purposes of recruitment and selection.</p>			
Signature of Applicant		Date	
<p>If you have submitted your application electronically, you will be asked to sign your application form in the event that you are shortlisted and called for interview.</p>			
<p><b>Thank you for your application. Please enclose a stamped addressed envelope if you require acknowledgement of its receipt. Otherwise, in the interest of public economy, only shortlisted applicants will receive further notification.</b></p> <p><b>Retention of Application Forms:</b> It is the company's policy to retain all application forms for unsuccessful applicants for a period of six months, after which time they are securely destroyed. If another suitable vacancy arises during that period which we think might suit your skills and experience, we may contact you to make you aware of the vacancy. If you <b>do not</b> wish us to use your application form in this way, please tick this box <input type="checkbox"/></p>			