



Application Form

Beaufort Education and Care welcomes applications from all, irrespective of disability, gender, sexual orientation, marital status, family responsibility, age, race, colour, ethnic origin, nationality (subject to work permit where required), trade union membership and activity, political or religious beliefs.

Please note:

- All sections to be completed in black (handwritten or typed), using block letters.
- Attach additional sheets where necessary.

Section 1:

Personal Details	
Surname	
Forename(s)	
Preferred Title <small>(Prof/Dr/Miss/Ms/Mrs/Mr)</small>	
Current Address	
Postcode	
Telephone Numbers	Home
	Work
	Mobile
Email	
National Insurance Number (NINO)	

Please tick the relevant box below:

Do you have a current DBS?	YES	NO
Are you a member of the DBS update service?	YES	NO
Do you hold a current full driving licence?	YES	NO
Do you have access to your own vehicle?	YES	NO
Do you hold a current UK Passport?	YES	NO

Address History

Please provide your address history for the past 5 years; full addresses and dates are required for your DBS application. (Please continue using an additional sheet if required).

Date From	Date To	Full Address	Post Code

Previous Names

**Have you ever used a different FORENAME?
(Please tick)**

YES

NO

Date From

Date To

Name

If you have answered Yes, please provide details for all fore-name changes.

**Have you ever used a different SURNAME?
(Please tick)**

YES

NO

Date From

Date To

Name

If you have answered Yes, please provide details for all fore-name changes.

Section 2:

Education			
Name of Institution	Dates attended	Qualification(s)	Grade

Other Training

Please provide details of training you have had which is relevant to the job for which you are applying.

Year attended	Length of course	Name of provider	Subject

Section 3:

Employment History

Due to the nature of the work that Beaufort Education and Care provides, we are required to establish a full record of previous employment.

Please can you list all employers with contact details, start and end dates. Any employment gaps must be detailed and fully accounted for. You may continue using a separate sheet if necessary.

NB: The day, month, and year of employment and/or gaps in employment is a regulatory requirement.

Name & contact details of Employer	Start & End Dates (Date, Month & Year)	Brief description of duties	Reason for leaving / current salary

Employment History

Name & contact details of Employer	Start & End Dates (Date, Month & Year)	Brief description of duties	Reason for leaving / current salary

Section 4:

Reference Details

Please supply the names and addresses of two professional references, one of which should be your current or last employer

First Reference: Current or last employer

Organisation Name	
Name	
Job Title	
Address	
Telephone Number	
Email	
Capacity in which known	
May we contact prior to interview? (Please tick)	YES NO

Second Reference: Additional previous employment

Organisation Name	
Name	
Job Title	
Address	
Telephone Number	
Email	
Capacity in which known	
May we contact prior to interview? (Please tick)	YES NO

Beaufort Care group will contact referees following your interview if we would like to pursue your application.

Section 5:

Rehabilitation of Offences Act 1974 (Exceptions Order 1975)

Beaufort Education and Care are willing to consider individuals who may have previous convictions however the post you are applying for is to work with children and young people and as such is exempt from the Rehabilitation of Offenders Act. This means that **all convictions, cautions 'spent' or 'unspent', pending court cases or any Police enquiries undertaken following allegations made against you MUST** be disclosed. Failure to disclose such information could result in subsequent dismissal or disciplinary action if you were appointed.

I hereby disclose that I DO / DO NOT have any convictions, cautions, pending Court Cases or Police enquires and sign here below to confirm this statement. (Please tick below)

I DO

I DO NOT

Applicants with any convictions, cautions or pending court cases or Police enquiries should attach details to this application using the form provided.

Applicant Signature

Date

Section 6:

Any Other Information

Is there any other information you wish to supply which is relevant to the post for which you are applying. e.g. voluntary or unpaid work, clubs or societies to which you belong?

Section 7:

Any Other Information

A person specification was included in the information sent to you which details the knowledge, skills and attributes required for this position. Please give details along with examples, which demonstrate your knowledge, skills, and attributes relevant to the position and explain how and where these were gained. Please continue on a separate sheet if necessary.

Section 8:

Declaration

I declare that all the information on this Application Form and any other documents relating to this appointment is, to the best of my knowledge and belief, true and correct. I understand that any false statement may give cause for dismissal should I be employed.

NB: Applications submitted by email are deemed to have accepted the terms of the declaration given above.

Applicant Signature

Date

Please return your completed application form to HR@Beaufort-Care.co.uk

To contact us about your application, please contact Human Resources on 01202 055980

Where did you see this job advertised?

Where did you see this job advertised?

If you were recommended by an existing team member, please confirm their name.



Declaration of Criminal Convictions Information

Declaration of Criminal Convictions Information

This form must be completed by all applicants. The information disclosed on this form will not be kept with your application form during the application process.

Policy statement on recruiting applicants with criminal records

This post is exempt from the Rehabilitation of Offenders Act 1974 and therefore applicants are required to declare any convictions, cautions, reprimands and final warnings that are not protected (i.e. that are not filtered out) as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013).

For further information on filtering please refer to [Nacro guidance](#) and the [DBS website](#).

We recognise the contribution that ex-offenders can make as employees and volunteers and welcome applications from them. A person's criminal record will not, in itself, debar that person from being appointed to this post. Suitable applicants will not be refused posts because of offences which are not relevant to, and do not place them at or make them a risk in, the role for which they are applying.

All cases will be examined on an individual basis and will take the following into consideration:

- Whether the conviction is relevant to the position applied for.
- The seriousness of any offence revealed.
- The age of the applicant at the time of the offence(s).
- The length of time since the offence(s) occurred.
- Whether the applicant has a pattern of offending behaviour.
- The circumstances surrounding the offence(s) and the explanation(s) offered by the person concerned.
- Whether the applicant's circumstances have changed since the offending behaviour

It is important that applicants understand that failure to disclose all unspent convictions could result in disciplinary proceedings or dismissal. Further advice and guidance on disclosing a criminal record can be obtained from [Nacro](#).

Criminal Record Declaration Form

Surname

Forename

This post is not exempt from the Rehabilitation of Offenders Act 1974.

Do you have any convictions, cautions, reprimands, or final warnings which are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?

Please tick appropriate answer:

YES

NO

If you have answered yes, you now have two options on how to disclose your criminal record.

Option 1

Please provide details of your criminal record in the space below:

Option 2

You can disclose your record under a separate cover provided that you mark a cross on the line below and attach the details in an envelope stapled to this form. The envelope should be marked CONFIDENTIAL and state your name and the details of the post.

I have attached details of my conviction separately.
(Please mark with an X if appropriate):

Declaration

I declare that the information provided on this form is correct. I understand that the declaration of a criminal record will not necessarily prevent me from being offered this role at *Beaufort Care Group*

Applicant Signature

Date

Equality and Diversity Monitoring Form



Beaufort Education and Care wants to meet the aims and commitments set out in its equality and diversity policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes.

Please return the completed form along with your application to hr@beaufort-care.co.uk

Forename	
Surname	
Date	

Gender

Please tick the appropriate box

Male	If you prefer to use your own gender identity, please advise:			
Female				
Intersex	Please tick the appropriate box			
Non-Binary	Is the gender you identify with, the same as your gender registered at birth?	YES	NO	Prefer not to say
Prefer not to say				

Age

Please tick the appropriate box

16-24	25-29
30-34	35-39
40-44	45-49
50-54	55-59
60-64	65+
Prefer not to say	

What is your sexual orientation?

Please tick the appropriate box

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Gay
<input type="checkbox"/> Lesbian	<input type="checkbox"/> Bisexual
<input type="checkbox"/> Asexual	<input type="checkbox"/> Pansexual
<input type="checkbox"/> Undecided	<input type="checkbox"/> Prefer not to say

If you prefer to use your own gender identity, please advise:

Disability or Health Conditions

Do you consider yourself to have a disability or health condition?

Yes No Prefer not to say

What is the effect or impact of your disability or health condition on your work?

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

Religion and Belief

Please tick the appropriate box

<input type="checkbox"/> No religion or belief	<input type="checkbox"/> Jewish
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Muslim
<input type="checkbox"/> Christian	<input type="checkbox"/> Sikh
<input type="checkbox"/> Hindu	<input type="checkbox"/> Prefer not to say

Any other religion or belief, please advise:

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box:

Asian or Asian British

Indian
Pakistani
Bangladeshi
Chinese
Prefer not to say
Any other Asian background, please advise:

Asian or Asian British

English
Welsh
Scottish
Northern Irish
Irish
British
Gypsy or Irish Traveller
Prefer not to say
Any other White background, please advise:

Black, African, Caribbean, or Black British

African
Caribbean
Prefer not to say
Any other Black, African or Caribbean background, please advise:

Other ethnic group

Arab
Prefer not to say
Any other ethnic group, please advise:

Mixed or Multiple ethnic groups

White and Black Caribbean
White and Black African
White and Asian
Prefer not to say
Any other Mixed or Multiple ethnic background, please advise:

Which country were you born:

*Once you've completed the application form, please save a copy and return it by email to hr@beaufort-care.co.uk