

**Application Form**

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| DATA PROTECTION NOTICE |
| Throughout this form we ask for some personal data about you. We’ll only use this data in line with data protection legislation and process your data for one or more of the following reasons permitted in law:* You have given us your consent
* We must process it to comply with our legal obligations

You’ll find more information on how we use your personal data in our privacy notice on our website. |

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| VACANCY INFORMATION |
| Application for the post of (please specify):What date are you available to begin a new post? Where did you first hear about this job? |

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| DISCLOSURE AND BARRING AND RECRUITMENT CHECKS |
| The Orchard Therapeutic Farm is legally obligated to process an enhanced Disclosure and Barring Service (DBS) check before making appointments to relevant posts.The DBS check will reveal both spent and unspent convictions, cautions, reprimands and final warnings, and any other information held by local police that’s considered relevant to the role. Any information that is“protected” under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 will not appear on a DBS certificate.For posts in regulated activity, the DBS check will include a barred list check.It is an offence to seek employment in regulated activity if you are on a barred list. |

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| We’ll use the DBS check to ensure we comply with the Childcare Disqualification Regulations. It is an offence to provide or manage childcare covered by these regulations if you are disqualified.Any data processed as part of the DBS check will be processed in accordance with data protection regulations and the Orchard Therapeutic Farms privacy notice.**Do you have a DBS certificate?:** ☐ Yes ☐ No Date of check:If you’ve lived or worked outside of the UK in the last 5 years, the Orchard Therapeutic Farm may require additional information in order to comply with ‘safer recruitment’ requirements. If you answer ‘yes’ to the question below, we may contact you for additional information in due course.**Have you lived or worked outside of the UK in the last 5 years?:** ☐ Yes ☐ NoAny job offer will be conditional on the satisfactory completion of the necessary pre-employment checks.Only applicants who have been shortlisted will be asked for a self-declaration of their criminal record or information that would make them unsuitable for the position.Any convictions that are self-disclosed or listed on a DBS check will be considered on a case-by-case basis. |

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| TIME SPENT LIVING AND/OR WORKING OVERSEAS |
| If you’ve lived and/or worked outside of the UK, the Orchard Therapeutic Farm must make any further checks it considers appropriate (in addition to the usual pre-employment checks).We’ll base the decision on whether this is necessary on individual circumstances, and factors such as:* The amount of information you disclose in the DBS check
* The length of time you’ve spent in or out of the UK
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| RIGHT TO WORK IN THE UK |
| The Orchard Therapeutic Farm will require you to provide evidence of your right to work in the UK in accordance with the Immigration, Asylum and Nationality Act 2006.By signing this application, you agree to provide such evidence when requested. |
| DECLARATION |
| I confirm the information on this form is true and I do not know of any reason why I should not be able to work with you people. |

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| Signed and dated |
| full Name: Sign:Date: |

# Instructions

Please complete all sections of this form using black ink or type.

The sections of this application form that include your personal details and equalities monitoring information will be detached prior to shortlisting. This is to ensure that your application is dealt with objectively.

Applications will only be accepted if this form is completed in full.

Please attach a minimum of two written references and the relevant DBS information.

# Personal details

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| PERSONAL DETAILS |
| **First name** |  |
| **Surname** |  |
| **Preferred title** |  |
| **Previous surnames** |  |
| **If you prefer to be called by a name other than the one listed above, please specify** |  |
| **National Insurance number** |  |

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| CONTACT DETAILS |
| **Address** |  |
| **Postcode** |  |
| **Home phone** |  |
| **Mobile phone** |  |
| **Email address** |  |

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| DISABILITY AND ACCESSIBILITY |

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| The Orchard Therapeutic Farm has committed to ensuring that applicants with disabilities or impairments receive equal opportunities and treatment.If you have a disability or impairment, and would like us to make adjustments or arrangements to assist if you are called for an interview, please state the arrangements you require: |

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| TEACHING POSITIONS: RIGHT TO WORK IN THE UK |
| Do you have the right to work in the UK?* Yes
* No
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| If yes, please state on what basis:* UK citizen
* EU settled status
* Skilled worker visa
* Graduate visa
* Youth mobility visa
* Other – please provide full details in the box below
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| TIME SPENT LIVING AND/OR WORKING OVERSEAS |
| Have you spent time living and/or working outside of the UK?* Yes
* No
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| If yes, please give details, including countries and relevant dates: |

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| RELATIONSHIP TO THE ORCHARD THERAPEUTIC FARM |
| Please list any personal relationships that exist between you and any of the following members of the Orchard Therapeutic Farm community:* Staff
* Pupils

If you have a relationship with anyone involved in Orchard Therapeutic Farm, this does not necessarily prevent them from acting as a referee for you. |
| **Name** | **Relationship** | **Role** |
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1. **Employment History**

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| **CURRENT EMPLOYMENT DETAILS**  |
| **Job title** | **Employer details (name, address, email and/or telephone)** | **Dates employed** | **Permanent or temporary** | **Part-time or full-time** | **Salary details** | **Description of responsibilities** |
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| PREVIOUS EMPLOYMENT |
| Please provide details of all previous employment since leaving school, including education and voluntary work. Include any gaps in employment and the reasons for them. List the most recent employment first. |
| **Job title** | **Name and address of employer** | **Dates employed** | **Description of responsibilities** | **Reason for leaving** |
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| EMPLOYMENT GAPS |
| Please provide details of any employment gaps since leaving school, and give the reasons for the gap. |
| **Start date** | **End date** | **Reason for employment gap** |
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1. **Education and training**

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| EDUCATION AND QUALIFICATIONS |
| Please provide details of your education from secondary school onwards. You’ll be required to produce evidence of qualifications. |
| **Dates attended (month and year)** | **Name and location of school/college/university** | **Qualifications gained (including grades, awarding body and date of award)** |
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| TRAINING AND PROFESSIONAL DEVELOPMENT |
| Please give details of training or professional development courses undertaken in the last 5 years that are relevant to your application |
| **Course dates** | **Length of course** | **Course title** | **Qualification obtained** | **Course provider** |
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| ADDITIONAL INFORMATION |
| Please provide any additional information relevant to this application. You may wish to discuss additional skills or relevant special interests. |
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| DRIVING LICENCE DETAILS |
| **Do you have a valid driving licence?** |  |

1. **Letter of application**

Please attach an accompanying letter explaining why you’re applying for this post and how your experience, training and personal qualities match the requirements of the role as set out in the job description and person specification.

Please include your surname and the title of the post you’re applying for as the file name for the attachment.

# References

Please give the names of 2 people who are able to comment on your suitability for this post. One must be your current or last employer. If you’ve not previously been employed, please provide details of another suitable referee.

The Orchard Therapeutic Farm reserves the right to seek any additional references we deem appropriate.

Please let your referees know that you’ve listed them as a referee, and to expect a request for a reference should you be shortlisted.

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| NAME | RELATIONSHIP TO YOU | ADDRESS AND POST CODE | CONTACT NUMBER | EMAIL ADDRESS | IS THIS YOUR CURRENT EMPLOYER? |
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If either of your referees knows you by a different name, please state:

If you don’t wish us to contact your referees without your prior agreement, please tick this box: ☐

# Equalities monitoring

We’re bound by the Public Sector Equality Duty to promote equality for everyone. To assess whether we’re meeting this duty, whether our policies are effective and whether we’re complying with relevant legislation, we need to know the information requested below.

This information **will not** be used during the selection process. It will be used for monitoring purposes only.

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| EQUALITIES MONITORING INFORMATION |
| **What is your date of birth?** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
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| **What is your sex?** | * Male
* Female
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| **What gender are you?** | * Male
* Female
* Other
* Prefer not to say
 |
| **Do you identify as the gender you were assigned at birth?** | * Yes
* No
* Prefer not to say
 |
| **How would you describe your ethnic origin?** |
| **White*** British
* Irish
* Gypsy or Irish Traveller
* Any other White background

**Asian or British Asian*** Bangladeshi
* Indian
* Pakistani
* Chinese
 | **Black or Black British*** African
* Caribbean
* Any other Black background

**Mixed*** White and Asian
* White and Black African
* White and Black Caribbean
* Any other mixed background
 | **Other Ethnic groups*** Arab
* Any other ethnic group
* Prefer not to say
 |
| **Which of the following best describes your sexual orientation?** |
| * Bisexual
* Heterosexual/straight
* Homosexual
 | * Other
* Prefer not to say
 |
| **What is your religion or belief?** |
| * Agnostic
* Atheist
* Buddhist
* Christian
 | * Jain
* Jewish
* Muslim
* No religion
 | * Other
* Pagan
* Sikh
* Prefer not to say
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| * Hindu
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| **Pregnancy and maternity** |
| Are you pregnant?* Yes
* No
* Prefer not to say
 | Have you given birth within the last 12 months?* Yes
* No
* Prefer not to say
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| **Are your day-to-day activities significantly limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?** |
| * Yes
* No
* Prefer not to say
 |
| **If you answered ‘yes’ to the question above, please state the type of impairment. Please tick all that apply. If none of the below categories applies, please mark ‘other’.** |
| * Physical impairment
* Sensory impairment
* Learning disability/difficulty
* Long-standing illness
* Mental health condition
* Developmental condition
* Other
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