Ref No.



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| **Position Applied For****& Location:** |  |
| **Name:** |  |
| **Date of Application:** |  |
| **Please return to:HR DepartmentSpark of Genius Trojan House****Phoenix Business Park****Pegasus Avenue****PaisleyTel: 0141 587 2710****Email:** **humanresources@sparkofgenius.com**  |

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| **PART 1 - PERSONAL DETAILS**  |
| Surname:  |  First Name(s):  |
| Are you now, have you ever been, or were you at birth known by a different name? Please give details.Address: Post Code:  |
| Telephone Numbers Home: Mobile:  |
| Email Address:  |

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| **PART 2 - PRESENT OR MOST RECENT EMPLOYER** |
| Present or previous employer*If unemployed please state dates* |  |
| Address |  |
|  |  Post Code |  |
| Telephone |  |  Salary |  £ |
| Position held |  |  Full Time/Part Time |  |
| Date started |  | Notice Period or leave date  |  |
| Key responsibilities of post and main achievements:  |
| Reason for leaving/Wishing to Leave:  |
| **PART 2 CONTD…** |
| Present or previous employer |  |
| Address |  |
|  |  Post Code |  |
| Telephone |  |  Salary |  £ |
| Position held |  |  Full Time/Part Time |  |
| Date started |  |  Leave Date  |  |
| Key responsibilities of post and main achievements:  |
| Reason for leaving/Wishing to Leave:  |

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| PART 3 – FULL EMPLOYMENT HISTORY (including any voluntary work, periods of training/education and accounting for any gaps in employment history – please provide explanations for any employment gaps) |
| Name & Address of Employer | Start Date | End Date | Job Title & Main Duties | Reason for Leaving |
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(If necessary please continue on a separate sheet of paper)

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| **PART 4 - SCHOOL EDUCATION** |
| Qualifications/Level | Subject | Grade | Year |
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| PART 5 - FURTHER EDUCATION |
| University or College | Degree or Qualification | Course Start Date | Course End Date |
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| **PART 6 - MEMBERSHIP/REGISTRATION OF PROFESSIONAL BODIES** |
| Current Professional Body | Registration No.  | Conditions Affecting Registration | Year Gained  | Expiry Date |
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|  |  |  |  |  |
| **Please give details of ANY FORMER registration with any professional bodies** |
| Professional Body  | Registration No | Conditions Affecting Registration | Year Gained  | Expiry Date | Reasons for ceasing to be registered |
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| **PART 7 –OTHER INFORMATION** |
| **(A)** Are you a driver? | YES 🖵 NO 🖵 |
| **(B)** Do you have DBS check? (If yes, please provide the record number, date, and category if no, we will require a satisfactory DBS check completed by Spark of Genius before commencing employment or satisfactory records via the update service.) | YES 🖵 NO 🖵 Number: Category: Issue date: Role sought for: |
| **(B) continued** Have you completed the registration and induction with the Children’s Workforce Development Council and received certificate  |
| **(C)** Are you currently subscribed to the DBS update service? If yes, please tick yes if you give permission for Spark of Genius North East to complete a status checkPlease note DBS update number: |
| **(D)** Are you in any way connected to an existing Sparkof Genius employee or anyone else who may be connected withSpark of Genius in anyway? Please give their details and relationship; | YES 🖵NO 🖵 |
| **(E) Where did you hear about this vacancy?** *(eg: Job centre, recruitment site, Spark of Genius website, Recruitment Day, Radio, Existing employee etc)* |

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| **PLEASE USE THIS SPACE TO PROVIDE A WRITTEN STATEMENT IN SUPPORT OF YOUR APPLICATION, FOCUSING PARTICULARLY ON ANY SKILLS INCLUDING TRANSFERABLE SKILLS/EXPERIENCES/QUALITIES THAT YOU CAN OFFER OUR ORGANIZATION AND THE YOUNG PEOPLE THAT WE CARE FOR AND/OR EDUCATE.** |
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# TO MEET PERSON SPECIFICATIO

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| **PART 10 - REFERENCES – We will seek 3 references at the short listing stage. If you have been employed in a relevant sector (eg Care, Education, Vulnerable Groups), please provide these reference details prior to details for references out with these sectors with exception of your most recent employers. If you have worked abroad, please provide a reference for time worked abroad. Spark of Genius reserves the right to contact any previous employer to verify information regarding your employment to ensure the safe guarding of the young people in our care.**  |
|  | **Most Recent/ALL Current EMPLOYERS must be listed as references** | **Previous employer****(relevant sector as 1st option)** | **Previous employer****(relevant sector as 1st option)** |
| Name: *(Person must still be employed by Company)* |  |  |  |
| Referees Job title:*(You must have reported to person at time you were employed)* |  |  |  |
| Dates you were employed here:  |  |  |  |
| Business Nameand Business Address including postcode |  |  |  |
| Telephone:  |  |  |  |
| **Business** E-Mail:  |  |  |  |
| Contact:  | YES 🖵 NO 🖵 | YES 🖵 NO 🖵 | YES 🖵 NO 🖵 |



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|  **PART 11 - DECLARATION** |

* I certify that, to the best of my knowledge, all the statements made above are true and accurate and, in particular, that I have not omitted any facts which may have a bearing on my application.
* I give explicit consent that the information given on this form may be stored and processed in accordance to the Data Protection Act 1998.
* I hereby give permission for Spark of Genius (Training) Limited to take any necessary approach with regards to attaining a reference of my employment, professional history, and/or academic history and verify other information I have provided. Where applicable this may involve contacting my previous and or any current employers/associations (not only those given as referees if it is deemed there are more appropriate references or we require more information) including if applicable Job Centre Plus, Department for Work and Pensions, School or College. Any such information obtained will be used strictly with regard to the attached application in order to seek satisfactory clearance in line with the Safer Recruitment Policy.
* I am aware that providing false information could result in my application being rejected or may lead to summary dismissal if I am selected for a position within Spark of Genius. If I am registered with any professional body Spark of Genius will inform them that I have provided false information on my application form.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_