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# ASD Unique Services LLP

# Application Form

## To note

* Please send your completed application to [recruitment@asduniqueservices.co.uk](mailto:recruitment@asduniqueservices.co.uk)
* If you have any questions about the application form such as why we are asking certain questions, please feel free to contact us at [recruitment@asduniqueservices.co.uk](mailto:recruitment@asduniqueservices.co.uk) or on any of our social medias.

## Contact and General Information

Name –Full legal name.

Name you prefer to be called –Leave blank if you are fine to be called by your legal name.

Position applied for –Full name of role from the job description.

How did you hear about us? –Google, Facebook etc.

Address –Please include full address and postcode.

Phone number one –This is the number we will try to contact you on first.

Phone number two –Leave blank if you have only one number.

Email address –youremailaddress@provider.net

National Insurance Number –Please layout your NSI as is on your legal documents.

Are you over 18? **– ☐ Yes ☐ No**

## Experience

* Please keep in mind at the interview stage we will require evidence of any further education qualifications.
* Because of the nature of the work involved, this post is exempt from the provisions of the Rehabilitation of Offenders Act. Your entitlement to withhold any information which for other purposes is “spent” does not therefore apply. In the event that this disclosure is found to be false any offer of employment will be terminated immediately. Any information disclosed on this application will be treated as strictly confidential.

Please tick the below statements that apply to you.

|  |  |
| --- | --- |
| **I have experience working with challenging behaviors and complex needs.** | ☐ |
| **I have worked with adults or children with learning difficulties.** | ☐ |
| **I have experience in the field of working with adults or children with Autism.** | ☐ |
| **I have completed Autism specific training.** | ☐ |
| **I enjoy working with challenging behaviour and complex needs.** | ☐ |
| **I would prefer not to work with challenging behaviour and complex needs.** | ☐ |
| **I have completed MDS training** | ☐ |
| **I am available to do sleep-ins if necessary** | ☐ |
| **I have completed the Care Certificate** | ☐ |

Please fill in the below table with details of any qualifications and education.

|  |  |  |
| --- | --- | --- |
| **Type of qualification** | **Establishment** | **Year gained** |
|  |  |  |
|  |  |  |
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|  |  |  |

Please fill in the below table with all employment since leaving School. Please also explain any gaps in employment. List all information with the most recent first, specifying month and year.

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Company name and address** | **Job title** | **Reason for leaving** |
|  |  |  |  |
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Current employer name and address –Please input full name and address here, or leave blank if it does not apply.

Position held and responsibilities –Some detail here would be great. Again, leave blank if it does not apply.

If offered this position, do you intend to work for any other organization? – **☐ Yes ☐ No**

Would you be willing to complete a D.B.S Check? – **☐ Yes ☐ No**

Individuals who have previously obtained a DBS check must be subscribed to the DBS Tracking Service (see [**www.gov.uk/dbs**](http://www.gov.uk/dbs)). Are you subscribed to this service? – **☐ Yes ☐ No**

## References

* Please state two referees in the space provided below.
* We require at least one reference from your current or most recent employer, (if the applicant has been with his/hers present employer for 18 months or less, from his/her previous employer also).
* The second reference can be one other person who may provide credible comment on your ability to do the job. Please state if you have supplied a name for a character reference. Any character referees should have known you for at least approximately 2 years.

### Reference 1

**Name –** Full name of the referee.

**Company –** Full name of the company.

**Address –** Full address with postcode.

**Phone Number –** Please include area code.

**Email –** [refereesemail@provider.net](mailto:refereesemail@provider.net)

### Reference 2

**Name –** Full name of the referee.

**Company –** Full name of the referee.

**Address –** Full name of the referee.

**Phone Number –** Full name of the referee.

**Email –** Full name of the referee.

## More about you

* We are committed to increase the number of disabled people we employ. To support this aim, we need to know if candidates may have a disability that requires adjustments to be made to our recruitment process.

If you are disabled, are there any reasonable adjustments which you feel should be made to the recruitment process to assist you in your application for the job? – **☐ Yes ☐ No**

Do you own a car? – **☐ Yes ☐ No**

Do you hold a clean full UK driving license? – **☐ Yes ☐ No** If you do hold a license but it is not ‘clean’ then please specify why here.

Do you have a Criminal Record or have you ever been convicted or cautioned by the Police? – **☐ Yes ☐ No** If yes, then please supply accurate details here.

Do you have any special hobbies or interests? –This is your opportunity to tell us more about yourself and who you are.

What special attributes do you have and why do you think you are suitable for this position? –An example of this would be ‘I am a hard worker who is always on time and want to make a positive impact on others lives.

What responsibilities do you think the position you are applying for entails? –In other words, please write your own job description. This helps us to see how well you understand the role.

## General Administration

Please indicate if you agree to us requesting references on acceptance of a verbal offer of a position with us (this helps speed up the recruitment process. A written offer will always be issues after the verbal offer) – **☐ Yes ☐ No**

Do you need a work permit to work in the UK? **– ☐ Yes ☐ No** If yes, please specify the expiry date.

Do you have any restrictions placed upon your work permit? – **☐ Yes ☐ No** If yes, please supply details. Leave this part blank if it does not apply.

Would you be willing to work more than 48 hours in a week if required? – **☐ Yes ☐ No**

If you are successful, when would you be available to take up your post? –DD/MM/YY

As our Service Users are active and take part in various sports, eg. Swimming, Horse Riding, etc., do you have any phobias or fears which will not enable you to take part in their activities? – **☐ Yes ☐ No** If yes, please explain your phobias and fears.

## Processing of Personal Data Consent Form

I agree that all information detailed within this application is accurate and true.

I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer permission to contact all my referees given above.

I accept that the Company holds personal data about me and I hereby consent to the processing by the Company or any associated company of my personal data for any purpose related to the performance of my contract of employment or my continuing employment or its termination or the conduct of the Company’s business, including, but not limited to, payroll, human resources and business continuity planning purposes.

I also explicitly consent to the Company or any associated company processing any sensitive personal data relating to me, for example sickness absence records, medical reports, particular health needs, details of criminal convictions and equal opportunities monitoring data, as necessary for the performance of my contract of employment or my continuing employment or its termination or the conduct of the Company’s business.

Finally, I consent to the Company providing my personal data to a third party where this is necessary for the performance of my contract of employment or my continuing employment or its termination or the conduct of the Company’s business, for example to a pension scheme provider in relation to my membership of a pension scheme or to an insurance company in relation to the provision of insured benefits.

Signed –Please go to File-Options-Customise Ribbon-Then tick ‘Draw’ in the pop up menu-You will then find the ‘draw’ tab at the top of your Microsoft word where you can use the pen to sign.

Date –DD/MM/YY

* If you have one, please attach your current C.V. when returning this form to us. A passport photograph of yourself for our records would also be greatly appreciated.
* If we proceed with your application, at the end of the interview you will be invited to ask any questions you may have.