

REFERENCE REQUEST & DECLARATION FORM

Please complete all sections on the form. If any section does not apply to you, enter not applicable (n/a). Once completed save this file as a PDF document and then email it, along with any other required/ supporting documents to hr@lindale-homes.co.uk or upload to the job advert on the breathehr.com website.

| OFFICE USE ONLY | |
|-----------------|--|
| REFERENCE NO: | |
| DATE SENT OUT: | |
| DATE RETURNED: | |
| APPLICATION NO: | |
| CLOSING DATE: | |

1. VACANCY DETAILS

JOB TITLE

JOB REFERENCE

2. PERSONAL DETAILS

TITLE

FIRST NAME

SURNAME

ADDRESS

TOWN/CITY

COUNTY

POSTCODE

TELEPHONE

EMAIL

MOBILE

CURRENT DRIVING LICENCE

PLEASE INDICATE IF YOU ARE HAPPY TO RECEIVE CORRESPONDENCE VIA YOUR EMAIL ADDRESS

YES

NO

3. REFERENCES (Please give two referees, for example your current or most recent line manager)

FIRST NAME

SURNAME

ADDRESS

TOWN/CITY

COUNTY

POSTCODE

TELEPHONE

EMAIL ADDRESS

JOB TITLE

RELATIONSHIP TO YOU

OTHER NAME YOU ARE KNOWN BY WITH REFEREE

ALLOW US TO CONTACT THIS REFEREE

YES

NO

3. REFERENCES (Please give two referees, for example your current or most recent line manager)

FIRST NAME

SURNAME

ADDRESS

TOWN/CITY

COUNTY

POSTCODE

TELEPHONE

EMAIL ADDRESS

JOB TITLE

RELATIONSHIP TO YOU

OTHER NAME YOU ARE KNOWN BY WITH REFEREE

ALLOW US TO CONTACT THIS REFEREE

YES

NO

12. CRIMINAL CONVICTIONS/CAUTIONS/DISQUALIFIED PERSONS/INVESTIGATIONS

This company is committed to the welfare and safety of vulnerable adults and children. Criminal convictions are not necessarily a bar to employment, but the safety of vulnerable adults and children will be key to all decisions regarding the employment of staff or volunteers.

This position is exempt under the Rehabilitation of Offenders Act 1974, therefore you must disclose all previous convictions, cautions, bind over order, any road traffic offences, Court Martials, or any pending proceedings. A Criminal Records Bureau Disclosure will be required.

To assist with the implementation of this policy, all applicants are asked to complete the following questionnaire and provide written consent for checks to be completed.

ARE YOU ON THE DBS UPDATE SERVICE?

YES NO

DBS CERTIFICATE NUMBER?

ISSUE DATE

HAVE YOU EVER PLEADED GUILTY, BEEN CONVICTED, OR CAUTIONED BY A POLICE OFFICER, FOR ANY CRIMINAL OFFENCES?

YES NO

HAVE YOU EVER BEEN INTERVIEWED AS A POTENTIAL SUSPECT OR INVESTIGATED IN RELATION TO MATTERS THAT MIGHT HAVE LED TO CRIMINAL PROCEEDINGS?

YES NO

HAVE YOU BEEN SUBJECT TO, OR INTERVIEWED, IN RELATION TO DISCIPLINARY MATTERS OR ALLEGATIONS AGAINST YOU, IN ANY PREVIOUS EMPLOYMENT?

YES NO

HAS YOUR NAME BEEN ADDED TO ANY OF THE FOLLOWING:

THE DOH CONSULTANCY LIST, NOW KNOWN AS THE PROTECTION OF CHILDREN ACT LIST, THE DFES LIST 99 OR THE PROTECTION OF VULNERABLE ADULTS LIST.

YES NO

HAVE YOU EVER BEEN SUBJECT TO, OR PARTY TO, COURT PROCEEDINGS, INVOLVING ANY SOCIAL SERVICES AUTHORITY OR ITS EQUIVALENT, HERE OR ABROAD, THAT HAS RESULTED IN THE REMOVAL OF CHILDREN OR VULNERABLE ADULTS FROM YOUR CARE, OR THE IMPOSITION OF A STATUTORY SUPERVISION ORDER?

YES NO

HAVE YOU EVER BEEN REFUSED REGISTRATION OR CANCELLED FROM ANY OFFICIAL REGISTERS OF THE FOLLOWING: CHILD-MINDERS, DAY CARE PROVIDERS, PRIVATE FOSTERING, REGISTERED CARE HOME OR CHILDREN'S HOME?

YES NO

IF ANY OF THE ANSWERS TO ANY OF THESE QUESTIONS IS YES, PLEASE GIVE FULL DETAILS IN QUESTION 11.

13. DATA PROTECTION ACT 1998 – CONSENT AND CERTIFICATION OF DETAIL

The information collected on this form and other information which constitutes your personnel record will be used in compliance with the Data Protection Act 2018 & GDPR. The information is being collected for the purpose of administering the employment and training of employees. We will process the personal data contained in the form as you have consented to take part in a recruitment process, therefore the legal basis for processing the information is your signed consent.

The information may be disclosed, as appropriate, to Occupational Health, Law Enforcement Authorities, pension providers and relevant statutory bodies.

FIRST NAME

SURNAME

I consent to my employer recording and processing the information detailed in this application form.

I understand that this information may be used by my employer in pursuance of its business purposes and my consent is conditional upon my employer complying with their obligations under the Data Protection Act 2018.

I AGREE

14. CONFIRMATION OF DETAILS

I hereby certify that all the information given on this form is correct and that all questions related to me have been accurately and fully answered, and that I am in possession of the certificates I claim to hold. I understand that should the information given in this application be incorrect it may result in my application being rejected, or if selected for the position, summary dismissal, and possible referral to the police

SIGNATURE

DATE

FULL NAME

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