

Safer Recruitment Application Form

All sections of this form must be **fully** completed and note that if a C.V. and/or other supporting documentation is also submitted the information contained therein must be included in this form for it to be considered.

to be considered.					
Post applied for:					
Team/Department:					
Personal Details					
Title:	Other:	Las	t Name:		
Full Name:		Kno	own As:		
Any former names:					
Address:					
Postcode:					
Contact number:		Email:			
cover a full three-year histor ability and performance we we Name of Current/Last Employer		•		addition to	information on
Address:					
Postcode:	Employer's tele	ohone number:			
Job Title:				Salary:	
Employment Dates From	m:	Leaving date	or notice p	eriod:	
Reason for leaving		1			
Brief description of responsibilities:					

Previous Employment



Employer's/ Name	Organisation's			
Address:				
Postcode:		Employer's telephone number:		
Post held:				Salary:
Employmen	t Dates	From:	To:	1
Reason for	leaving			
Employer's/ Name	Organisation's			
Address:				
Postcode:		Employer's telephone number:		
Post held:				Salary:
Employmen	t Dates	From:	To:	
Reason for	leaving			
Employer's/ Name	Organisation's			
	Organisation's			
Name	Organisation's			
Name	Organisation's			
Name	Organisation's	Employer's telephone number:		
Name Address:	Organisation's	Employer's telephone number:		Salary:
Name Address: Postcode:		Employer's telephone number: From:	To:	Salary:
Name Address: Postcode: Post held:	t Dates		To:	Salary:
Name Address: Postcode: Post held: Employmen Reason for	t Dates		То:	Salary:
Name Address: Postcode: Post held: Employment Reason for leason f	t Dates leaving		To:	Salary:
Name Address: Postcode: Post held: Employment Reason for I Employer's/Name	t Dates leaving		To:	Salary:
Name Address: Postcode: Post held: Employment Reason for I Employer's/Name	t Dates leaving		To:	Salary:
Name Address: Postcode: Post held: Employment Reason for I Employer's/Name	t Dates leaving		To:	Salary:
Name Address: Postcode: Post held: Employment Reason for lemployer's/Name Address:	t Dates leaving	From:	To:	Salary:
Name Address: Postcode: Post held: Employment Reason for lemployer's/Name Address: Postcode:	t Dates leaving 'Organisation's	From:	To:	



Please provide details of any gaps of employment history – with dates

Dates	Reasons for employment gaps	
Qualifications and training Secondary Education		
Name of school/college		
Address:		
Postcode:		
Date of study	From:	To:
Qualifications and grades obtained		
	ations or training that you have receive b training as well as formal courses.	ed, which support your
Address:		
Postcode:		
Date of study	From:	То:
Qualifications and grades obtained		•
Name of College/University/ Other		
Address:		
Postcode:		
Date of study	From:	То:
Qualifications and grades obtained		



Professional Qualifications/Registrations

Please provide details of any professional qualifications & membership of professional institutes that you hold

Name of professional body	
Membership grade and number	
Date Obtained	
Name of professional body	
Membership grade and number	
Date Obtained	
Name of professional body	
Membership grade and number	
Date Obtained	

Supporting Statement and Achievements

Please describe how you meet each of the points on the person specification as listed on the job advertisement using examples from your work or home life, time spent in education, voluntary work or from your hobbies/interests to demonstrate your skills, experience, knowledge, ability and achievements. This information is needed to consider your application.

Employment Checks for the Safeguarding of Children (under 18 years of age) and Adults at Risk



MCCC are committed to safeguarding and promoting the welfare of children and adults at risk and expect all staff to share this commitment. As part of our commitment, we need to ensure that all potential employees satisfy our employment checks. Please note that where appropriate, shortlisted and/or potentially suitable applicants will be required to undertake further checks, including references, and will be required to provide a Disclosure from the DBS.

Do you hold a current cricket specific enhanced DBS certificate? Tick as appropriate		Yes		No	
Are you currently part of the cricket DBS Update Service? Tick as appropriate		Yes		No	
If YES, please provide the	e information below. If NO	, please proc	eed to the ne	xt section.	
DBS Registration Number:		Annual Registration Renewal Date:			
Level of check obtained at point of registration? Tick as appropriate		Standard		Enhanced	
Which workforce was your check requested for at point of registration? Tick as appropriate		Children	Adult	Adult & Children	Other
Declaration: By signing the am authorising MCCC to safeguarding procedures process.	Service in the	context of its	recruitment	and	

Rehabilitation of Offenders Act 1974

This post is exempt from the above act, as the nature of the job falls within the type of work excluded from the Act by the 1975 and 2001 Exceptions Amendment. This means you must declare on this form all offences, convictions, cautions, bindovers or any court cases you may have pending. Convictions will not necessarily be a bar to employment with MCCC.

As this post involves working with or has access to children and/or adults at risk, we will require an enhanced check from the Disclosure and Barring Service (DBS) for the successful candidate.

Have you ever been cautioned or convicted of a criminal offence? Tick as appropriate	Yes	No
Have you ever been disqualified from working with children and/or adults at risk? Tick as appropriate	Yes	No
Do you have any unspent criminal convictions or cautions? Tick as appropriate	Yes	No

If you fail to disclose any criminal convictions or cautions, including those spent, it could result in withdrawal of the job offer, dismissal or disciplinary action by MCCC. If you do not have any, please write none.

Details of offence(s)	Place and date of Judgement(s)	Sentences(s)



Possession of a conviction or caution will not necessarily mean that you will not be appointed, each case is considered on its merits. All information given will be treated in the strictest confidence and will be used for this job application only.

Referees

Please give the details of two referees. One of these should be your Line manager with your present and/or last employer.

Referee's name:		Post held:	
Organisation's Name (if applicable)			
Address:			
Postcode:	Email a	address:	Telephone number:
Your relationship to the referee:		How long have they known you?	
Referee's name:		Post held:	
Organisation's Name (if applicable)	9		
Address:			
Postcode:	Email a	address:	Telephone number:
Your relationship to the referee:		How long have they known you?	

Please note that MCCC will seek references as detailed above and may approach other previous employers for information to verify particular experiences or qualifications only if you were to be offered the position.

We may also ask previous employers for information about disciplinary offences relating to children and/or adults at risk, including any in which the penalty is 'time expired' (that is where a warning could no longer be taken into account in any new disciplinary hearing for example) and whether the applicant has been the subject of any child protection concerns. Please provide any details below of any issues, such as those described above that may be raised by any potential references. If there are none please write 'none':



Additional Information

• Working in the UK

Are you eligible to work in the UK/EEA? Tick as appropriate	Yes	No
Do you require a work permit to work in the UK? Tick as appropriate	Yes	No
National Insurance Number:	Date of birth:	

• Sickness Records

Total number of days you have been absen	t from work due to	Number of occasions:
sickness in the last 2 years:	days	

Disability

The Equality Act 2010 defines a person as having a disability if they have a physical or mental impairment, which has a substantial and long-term effects on their ability to carry out normal day-to-day activities. If MCCC know you have a disability we will if required make reasonable adjustments to the interview and selection process as well as access to premises and if appointed, working arrangement and/or the working environment.

Do you have a disability you wish us to know about at this stage? Tick as appropriate	Yes	No
Please let us know what access requirements you may have (if applicable)		

Disclosure

MCCC do not exclude people who are related to, or have a close personal relationship with our board members or employees. We will however make sure that they do not take part in the selection for this post. Please make sure you read and sign/positively tick the declaration.

Are you related to, or have a close personal relationship with any MCCC board member or employee? Tick as appropriate		Yes		No		
If Yes, please state their name and the position they hold						
Name		Position held				
Name		Position held				

• Data Protection Act and General Data Protection Regulations

The personal data you provide in this job application will be used for recruitment purposes. If your application is successful the personal data will be stored on your employee file and used for payroll and personnel administration. It will only be shared with MCCC officers and/or contractors with a legitimate need to view it, and with government departments and agencies where there is a legal obligation to do so. Personal data held about unsuccessful candidates will only be retained for six months. Full details of



how MCCC process your personal data for job applications, including your rights under the General Data Protection Regulations is outlined in the Job Applicant Privacy Notice (click on link)

I have read and understood the Privacy Notice \square Please tick

Declaration

I understand that providing misleading or false information/qualifications will disqualify me from appointment or if appointed, may lead to disciplinary action and dismissal.						
I authorise MCCC to check the information supplied and hold all such information in both paper and electronic formats. If you are successful in your application you will be asked to sign this declaration.						
Signature	Date					
Print Name						

Please submit your application to **recruitment@middlesexccc.com** by the closing date. Your completed application form will be used to decide whether or not you are invited for an interview, or the next stage of the recruitment stage of the recruitment process. You will hear from us shortly after the closing date if your application is shortlisted.



Employment self-declaration and disclosure form

Private and Confidential

For roles involving contact with children (under 18 years of age) and/or adults at risk.

All information will be treated as confidential and managed in accordance with relevant data protection legislation and guidance. You have a right of access to information held on you under the Data Protection Act 2018.

Part One

For completion by MCCC:							
Candidate's Name:							
Address:							
Postcode							
Contact Number:							
Date of Birth:							
Date of Birth:							
Gender:	Female		Male				
Tick as appropriate							
Identification (tick box below):							
I confirm that I have seen	identification d	ocuments relating	to this person, and I confirm to				
the best of my ability that	these are accura	ate.					
Either							
UK Passport Number and Issuing Office							
UK Driving Licence Number (with	n picture)						
Plus							
National Insurance Card or curren	nt Work Permit						
Number							
Signature of authorised Employing Officer:							
Print name:							
Date:							



Part Two NOTE:

If the role you have applied for involves frequent or regular contact with or responsibility for children and/or adults at risk, you will also be required to provide a valid cricket specific DBS (Disclosure and Barring Service) certificate which will provide details of criminal convictions; this may also include a Barring List check depending on the nature of the role (see MCCC guidance about eligibility for DBS checks).

For completion by the individual (named in Part one):					
Have you ever been known to any Children's Services department, Police,	YES / NO				
LADOs and NSPCC as being a risk or potential risk to children and/or adults	(6)				
at risk? Tick as appropriate	(if Yes, please provide further				
	information below):				
Have you been the subject of any disciplinary investigation and/or sanction	YES / NO				
by any organisation due to concerns about your behaviour towards children	(if You place provide further				
and/or adults at risk? Tick as appropriate	(if Yes, please provide further information)				
	IIII OI III ation)				
Confirmation of Declaration (tick box below)					
I agree that the information provided here may be processed in connec	tion with recruitment purposes and				
I understand that an offer of employment may be withdrawn or dismissal may result if information is not					
disclosed by me and subsequently come to MCCC's attention.	,				
In accordance with MCCC's procedures if required I agree to provide a valid DBS certificate and consent					
to MCCC clarifying any information provided on the disclosure with the agencies providing it.					
Lagran to inform MCCC within 24 hours if Lam subsequently investigat	and by any agency or organisation in				
I agree to inform MCCC within 24 hours if I am subsequently investigated by any agency or organisation in					
relation to concerns about my behaviour towards children and/or adults at risk.					
I understand that the information contained on this form, the results of the DBS check and information					
supplied by third parties may be supplied by MCCC to other persons or organisations in circumstances where					
this is considered necessary to safeguard other children and/or adults at risk.					
Signature:					
Print name:					