

## Recruitment Monitoring Form Part A

Floorskills Limited is an Equal Opportunities Employer and fully committed to safeguarding the welfare of young persons and vulnerable adults with whom it works. In consequence, the following questions help us to ensure that we uphold that commitment. Please complete the questions below fully and honestly.

Due to the nature of The Company's business, **ALL employees** are required to have an enhanced Disclosure and Barring Service (DBS) check.

All Job offers will also be made subject but not limited to the following conditions:

- Receipt of at least 2 sets of satisfactory references, one of which must be the current or most recent employer.
- The completion of a medical questionnaire. The Company may subsequently request a medical examination/ interview if it has concerns regarding ability to perform the role.

<b>Position applied for:</b>	
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<b>Surname:</b>	<b>Preferred Title:</b>
<b>First Name(s):</b>	<b>Previous Surname:</b>
<b>Home Address:</b>	<b>Email:</b>
	<b>Telephone (Home)</b>
	<b>Telephone (Work)</b>
<b>Post Code:</b>	<b>Telephone Mobile</b>

<b>CURRENT OR MOST RECENT EMPLOYMENT:</b>	
<b>Employers Name:</b>	
<b>Department:</b>	
<b>Address:</b>	
<b>Position Held:</b>	<b>Salary:</b>
<b>Date Started:</b>	<b>Are you still employed:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>If 'YES', amount of notice required:</b>	<b>If 'NO', date left</b>
<b>If left, reasons for Leaving:</b>	

## Declarations & Disclosure

Please respond to the statements below honestly. The information you provide will be treated as strictly confidential and will be considered only in relation to the job for which you are applying.

### Work Permission

<b>Do you need permission to work in the UK?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**Please note:** All Employees are required to provide proof of identity when joining The Company.

### Disability

Under the Equality Act 2010, a person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

<b>Do you have a disability as defined above?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please detail any reasonable adjustments you may require to attend an interview/ participate in an assessment centre..	

### Declaration of Criminal Convictions

If you disclose a conviction, it does not necessarily mean that we will not consider your application. Our main consideration will be whether the offence would make you unsuitable for the type of work that you are applying for.

<b>Do you have any criminal convictions, cautions, warnings or bind-overs that are not spent?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, then please disclose any criminal convictions, cautions, warning, reprimands, or bind-overs that are not spent. Please provide full details (offence, date of conviction and sentence)	

### Rehabilitation of Offenders Act 1974 (exceptions) Order 1975

Due to the nature of The Company's business in working with young people and vulnerable adults you must disclose all criminal convictions, cautions, warnings, reprimands and bind-overs for any and every offence **even if they are spent** (not only those involving children or vulnerable adults). As stated in the Rehabilitation of Offenders Act 1974 (exceptions) order 1975.

Should it be subsequently discovered that you failed to disclose something at this stage, this could result in withdrawal of job offer, or dismissal if you have commenced employment with Floorskills Limited. Any

information given at this stage will be entirely confidential and will be considered only in relation to this application.

<p>Please disclose any criminal convictions, cautions, warnings, reprimands or bind-overs that are spent. Please provide details (offence, date of conviction and sentence.)</p>	
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**Subsidiary information:**

<p><b>Are you a car owner?</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	<p><b>Current Driving License:</b> Provisional / Full / None</p>
<p><b>Details of any current or outstanding endorsements:</b></p>	
<p><b>Have you ever been disqualified from driving, or had insurance refused?</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	
<p><b>If 'YES' please provide brief details:</b></p>	

<p><b>Please provide details of any outstanding holidays planned:</b></p>	
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<p><b>Please provide details of any other work which you will continue to undertake if you are offered this position, whether paid or voluntary.</b></p>	
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**Declaration**

I certify that the information given above and overleaf is correct to the best of my knowledge.

I understand that an offer of appointment will be subject to satisfactory references, DBS clearance, proof of identity and right to live and work in UK, medical checks and relevant qualifications.

I am not disqualified from working with children or vulnerable adults, neither am I subject to sanctions imposed by a regulatory or professional body that prevents my employment in the role I have applied for.

I give consent for personal information provided as part of this application to be held in accordance with the Data Protection Act 1988.

I accept that if any of the enclosed information is found to be untrue or misleading after my appointment, I may be liable for dismissal without notice.

<b>Signature:</b>	<b>Print name:</b>
<b>Date:</b>	

## Diversity & Ethnicity Monitoring Part B

**INSERT COMPANY NAME** is committed to ensuring that applicants are selected on the basis of their abilities relevant to the job. Completion of this section will help us to ensure that our policy and procedures are effective in avoiding discrimination and promoting equal opportunities in recruitment. The information you provide will be used for monitoring and statistical data purposes only. You are not obliged to complete this part if you prefer not to.

<b>NAME:</b>		<b>DATE:</b>	
<b>POSITION APPLIED FOR:</b>			
<b>AGE:</b>		<b>DATE of BIRTH:</b>	
		<b>MALE:</b> <input type="checkbox"/>	<b>FEMALE:</b> <input type="checkbox"/>
<b>WHAT IS YOUR ETHNIC GROUP?</b>			
Choose one section from (a) to (e) and tick the appropriate box to indicate your cultural background			
<b>(a) WHITE</b> <input type="checkbox"/> English/Welsh/Scottish/Nth Irish British. <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background <i>please write in below</i> .....		<b>(b) MIXED</b> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed background <i>please write in below</i> .....	
<b>(c) ASIAN or ASIAN BRITISH</b> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background <i>please write in below</i> .....		<b>(d) BLACK or BLACK BRITISH</b> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background <i>please write in below</i> .....	
<b>(e) OTHER ETHNIC GROUP</b> <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group <i>please write in opposite</i>			

<b>I prefer not to complete this form</b>	.... <input type="checkbox"/>
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**INSERT COMPANY NAME** Receiving feedback on your experience enables us to improve it, whether the feedback is positive or negative. We welcome all comments. Feedback should be in writing to The

Human Resource Advisor, **INSERT COMPANY NAME** at the address below or by email to **[Insert email address]**