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Description automatically generated

**Redbridge Safeguarding Children Partnership (RSCP)**

**Application Form**



**Post applied for : Reference:** January 2025

RSCP Lay Member

**Personal Details**

Last Name

First Names Title:

Address

Postcode

Mobile No. Email Address

NI Number: Do you require a work permit? Yes No

**Current/Last Employment**

Name and Address of Employer

Job Title

Dates from to

**Brief description of responsibilities**

Postcode

**Employment History since completing education (most recent post first)**

Please account for all gaps in employment history and continue on a separate sheet if necessary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer’s name and address | Please give exact dates: | | Job title | Reason for leaving |
| from | to |
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**Education and Qualifications**

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| --- | --- | --- | --- | --- | --- |
| Secondary School/ College/University | Dates | | Qualifications gained | Grades | Date |
| from | to |
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**Membership of Professional Bodies**

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| --- | --- | --- |
| Body | Membership status (state whether by examination) | Date |
|  |  |  |
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**Training Courses Completed**

**Supporting Statement**

Please use this section to show how you meet the requirements of the RSCP Lay Member role, as detailed in the advertisement, referring to your education/qualifications, experience, knowledge, skills, and competencies, paid or unpaid work.

**References**

References are normally taken for successful candidates before an appointment is confirmed. For most positions these will cover the last 3 years of employment history and must be satisfactory to the Council. You must provide the names and contact details of all referees to cover your last 3 years employment, or, if appropriate, your last school, college or university. It is our practice to contact the relevant HR departments to confirm that the person given as a referee has the authority to write a reference. If you have any gaps in your employment, you must provide us with details what you were doing during this time. Please use a separate sheet if required.

|  |  |
| --- | --- |
| Name of referee | Name of referee |
| Position | Position |
| Name and address of the organisation | Name and address of the organisation |
|  |  |
|  |  |
|  |  |
| Phone number | Phone number |
| E-mail address | E-mail address |
| How do you know them? | How do you know them? |

**Relations**

**Are you related to a councillor or employee of the London Borough of Redbridge? Yes No**

If ‘Yes’ please state the name of the councillor or employee and the relationship:

Have you been employed by any agency represented on the RSCP in the last 12 months:

Yes No

**Disability**

The Disability Discrimination Act protects people with disabilities from unlawful discrimination. To meet the Act’s definition, a person must have, or have had a physical or mental impairment, which had substantial long-term effects on their ability to carry out normal day-to-day activities. If we know you have a disability we will make adjustments to the working arrangements and/or the working environment provided it is reasonable in the circumstances to do so.

**Do you have a disability you wish us to know about at this stage? Yes No**

Please let us know what access requirements you may have.

### Declaration

By submitting this form, you certify that all the information provided is true and that you have not canvassed a councillor or employee of the Council directly or indirectly in connection with this application, and will not do so.

You understand that any such activity, or failure to disclose any personal relationship with a councillor or employee of the Council, will disqualify your application.

I acknowledge that if any of the information is found to be false by virtue of statement or omission after any appointment, I may face disciplinary action, which could result in my dismissal without notice.

I give consent to process the enclosed personal data under the Data Protection Act 1998 on the understanding that it is used to determine my suitability for the post applied for.

**Prevention of Fraud**

We must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. This may include matching the information on this form with other information we hold about you from other sources, including data held on computer records. We may also share this information, for the same purpose, with other organisations, which handle public funds.

**Name:**

**Signed: Date: / /2025**

When completed, please return this form to:

Redbridge Safeguarding Children Partnership (RSCP) via [RedbridgeSCP@redbridge.gov.uk](mailto:RedbridgeSCP@redbridge.gov.uk)

**Closing date:** 28 February 2025

Declaration of Criminal Offences



Under the Rehabilitation of Offenders Act 1974 you do not have to disclose information on certain convictions after a set period of time, as they become spent. Information on when conviction, caution or bind over is considered spent is given in the table **Rehabilitation Periods**. Unless specified otherwise, where an individual is aged 18 at the date of conviction, the rehabilitation period is halved. All information given will be treated in the strictest confidence and will be used for this job application only.

You must give details below of all offences, convictions, cautions you have or any court cases that you have pending, provided that they have not become spent. If you do not have any, please leave blank.

**Declaration of Criminal Offences**

If you do not have any, please write none.

|  |  |  |
| --- | --- | --- |
| Details of offence(s) | Place and date  of Judgement(s) | Sentence(s) |
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All information given will be treated in the strictest confidence and will be used for this role application only.

I certify that, to the best of my knowledge, the information on this form is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may after appointment lead to being dismissed from the role.

**Name: (please print)**

**Signed: Date: / /2025**