

**Youth Staff Application Form**

Thank you for your interest in pursuing a career with Carnival UK. You should complete all sections in black ink or electronically. We will use this form to help us decide your suitability for the job, so please make sure that it is accurate and that all sections are completed.

*Carnival UK is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all employees, volunteers and contractors to share this commitment.****This post is subject to the disclosure of criminal records and vetting checks.***

Please be aware that Carnival UK is the appointed recruitment representative for Cunard Celtic Hotel Services Limited, Fleet Maritime Services (Bermuda) Ltd and Fleet Maritime Services International, who recruit personnel to work on board the Cunard Line & P&O Cruises.

The information provided on this form will be processed in accordance with the Data Protection Act 1998. This means that the information will be kept securely and confidentially, and only disclosed to an appropriate authority.

**Section one: Personal Details**

|  |  |  |
| --- | --- | --- |
| **Title: Mr/Mrs/Ms/Miss/Other (Please state)** | **Known As** | |
| **First name(s)** | **Surname** | |
| **Any previous name(s)** |  | |
| **Address** |  | |
| **City/Town** |  | |
| **County** |  | |
| **Country** |  | |
| **Postcode** |  | |
| **Telephone number** (daytime & evening) |  | |
| **Mobile number** |  | |
| **Email address** |  | |
| **Seasonal or Permanent Position** |  | |
| **CRB/DBS Number** |  | |
| **CRB/DBS Issue date** |  | |
| **Date of Birth** |  | |
| **Place of Birth** |  | |
| **Available to attend 4 days of Training**  Based in Southampton. Hotel accommodation provided (shared room) | | **Yes  No** |
| What is your current notice period? | |  |
| Current salary and benefits package? | |  |

**Eligibility**

|  |  |
| --- | --- |
| Have you previously been employed on vessels operated by CUK? Is Yes, please provide details. |  |
| **CUK Tattoo and Personal Appearance Policy**  Carnival UK have a tattoo & appearance policy. We do not accept visible tattoos whilst in uniform (this may include short sleeved tops or skirts/ shorts). Also, extreme hairstyles and/or body piercings that cannot be removed when on duty are not acceptable.  Would you meet the criteria for the tattoo and personal appearance policy?    **If applicable, please insert visible tattoo images on the last page of this document** | **Yes** **No** |
| **Eligibility for Visas**  We require our employees to obtain a US C1/D visa.  Have you ever been denied entry into or deported from another country?  **If you answer yes, please give details:** | **Yes  No** |
| **Travel**  Do you have a passport that is valid for at least one year?  If you answer yes, please give passport expiry date: | **Yes  No** |
| **Available to attend a face to face interview**  Location to be confirmed in the telephone interview | **Yes  No** |

## Medical

|  |  |
| --- | --- |
| Seafarer medical regulations and legislation are governed by the Maritime and Coastguard Agency (MCA). Additionally, Carnival UK operates fully to the MSN 1822 (M) standards. All seafarers are required to hold an ENG1 medical certificate (or equivalent seafarer’s medical certificate recognised by Carnival UK). It follows, therefore, that any offers of employment we make are strictly subject to the receipt of an appropriate medical certificate. The health standards required for the issue of an ENG1 are based on international guidelines provided by the World Health Organisation and the International Labour Organisation. The MCA website provides a list of medical conditions that are likely to impact your ability to secure an ENG1 (please see appendix A of the document at [medical certification guidance](https://www.gov.uk/seafarers-medical-certification-guidance) for further details). You should review this list and seek guidance from a MCA approved medical practitioner if you have suffered, or are suffering, from any of the conditions shown. | |
| **I have reviewed the MCA website and can confirm that I have not suffered, or are suffering, from any of the conditions listed** | **Yes  No** |

**See below for a list of Medical & eyesight standards for Seafarers**

The following standards are those to be used by MCA Approved Doctors in assessing the fitness of seafarers. They take effect from 1 January 2010, and should be used in conjunction with the guidance laid down in this MSN and the Approved Doctor’s manual.

The medical conditions are listed in the table under the following main headings:

1. Infections 9. Digestive system

2. Cancers 10. Genito-urinary conditions

3. Endocrine and metabolic 11. Pregnancy

4. Blood disorders 12. Skin

5. Mental disorders 13. Musculo-skeletal

6. Diseases of the nervous system 14. Sensory

7. Cardio-vascular system 15. General

8. Respiratory system 16. Physical Fitness

**Section Two: Qualifications and Professional Membership**

Only complete this section if you have qualifications and/or membership of a professional body that is/are relevant to the post. You should include details of any equivalent overseas qualifications.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School/College/University** | **From** | **To** | **Qualifications gained** | **Level & grade** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional body** | **Membership number** | **Membership status** | **Since** |
|  |  |  |  |
|  |  |  |  |

**Section Three: Employment History**

Please note: We may ask your past employers to confirm the details you provide in this section.

**Current Employment**

|  |  |
| --- | --- |
| Name of current employer  (or last employer if you are not currently employed) |  |
| Employer’s address |  |
| Position held |  |
| Dates of Employment (month & year) | From: To: |
| Name and job title of your manager |  |
| Brief description of your duties |  |
| Reason for leaving |  |

**Previous Employment**

Please tell us about any previous paid employment, starting with the most recent.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employer** | **Job title** | **From** | **To** | **Brief description of duties** | **Reason for leaving** |
|  |  |  |  |  |  |

**Previous Employment**

Please tell us about any previous paid employment, starting with the most recent.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employer** | **Job title** | **From** | **To** | **Brief description of duties** | **Reason for leaving** |
|  |  |  |  |  |  |

**Previous Employment**

Please tell us about any previous paid employment, starting with the most recent.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employer** | **Job title** | **From** | **To** | **Brief description of duties** | **Reason for leaving** |
|  |  |  |  |  |  |

**Previous Employment**

Please tell us about any previous paid employment, starting with the most recent.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employer** | **Job title** | **From** | **To** | **Brief description of duties** | **Reason for leaving** |
|  |  |  |  |  |  |

**Voluntary or unpaid work**

Please tell us about any voluntary or unpaid work you are doing now or that you have done in the past.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employer** | **Job title** | **From** | **To** | **Brief description of duties** | **Reason for leaving** |
|  |  |  |  |  |  |

**Gaps in employment**

Please tell us about any gaps in your employment history. **Please note you will be asked about these at the interview**

|  |  |  |
| --- | --- | --- |
| **From** | **To** | **Reason** |
|  |  |  |

**Equal Opportunities**

|  |  |
| --- | --- |
| Gender |  |
| Ethnic Origin |  |
| Marital Status |  |
| Nationality |  |
| Do you consider yourself to have a disability? |  |
| If yes, please describe the nature of your disability. |  |
| Do you require any reasonable adjustments to be made for your interview? |  |
| If yes, please provide details. |  |

**Section Four: Supporting Evidence**

The information provided here will be used in assessing your application for short list to interview. Please tell us how you meet the requirements listed in the person specification. Please use as many examples as you can to demonstrate how you meet each requirement, referring to your current and previous employment, voluntary work, training or other relevant experience.

|  |
| --- |
| **What has motivated you to work with children & young people?** |

**Disciplinary Action**

Please read the questions below about disciplinary action. If you need to answer ‘Yes’ to any of them, please provide details in a sealed envelope attached to your application and marked ‘confidential’ and with your name, post and post reference number written on the outside of the envelope. The envelope will not be opened unless you are provisionally offered a role after the interview. Answering ‘Yes’ to any question about disciplinary action will not mean that you cannot be considered for this job.

|  |
| --- |
| Have you been the subject of formal disciplinary action by your current employer? |
| Are you the subject of ongoing disciplinary proceedings by your current employer? |
| Have you ever been the subject of any formal disciplinary action by a previous employer or were you the subject of any incomplete disciplinary proceedings at the time you left? |
| Are you or have you ever been subject to any sanctions imposed by a professional body? |

**References**

Please provide details of two people who are prepared to act as referees for you.

One referee must be from the most recent employer and one referee must be able to comment on your suitability to work with children and young people.

*References from family members will not be accepted.*

|  |  |  |
| --- | --- | --- |
| **Details required** | **1st referee** | **2nd referee** |
| **Name** |  |  |
| **Relationship to you** |  |  |
| **May we contact prior to interview?** | **Yes  No** | **Yes  No** |
| **Position held by referee** |  |  |
| **Organisation** |  |  |
| **Address and postcode** |  |  |
| **Telephone** |  |  |
| **Email** |  |  |

## Criminal Record

Carnival UK Ltd is committed to safeguarding children from physical, sexual and emotional harm. As part of our Safeguarding Policy, we require applicants for posts involving contact with children to complete this self-disclosure form.

This is an essential declaration of criminal convictions, bind-over orders, cautions or warnings:

You will appreciate that all services charged with responsibility for the welfare of children, young or vulnerable people, needs to be particularly careful about the character and background of its personnel whose work will bring them into contact with children and young or vulnerable people.

The position for which you have applied is an exempted occupation for the purpose of the Rehabilitation of Offenders Act 1974. All “spent” and “unspent” convictions must be declared.

Having an “unspent” conviction will not necessarily impede your appointment within Carnival UK Ltd\*. This will depend on the circumstances and background to your offence in relation to the position you are applying for. Evaluation of information is based on strict confidentiality and discretion.

If a conviction is indicated please provide in a sealed envelope a letter detailing/explaining the content and circumstances of the conviction/caution in order to assist with the processing of your application.

If you are successful with your application, under the provisions of Exceptions Orders to the Rehabilitation of Offenders Act 1974, you will be asked to undertake an Enhanced Disclosure through the Criminal Records Bureau (CRB). An Enhanced Disclosure will contain information about criminal offences including convictions, cautions, reprimands and warnings. It will detail ALL previous convictions etc. including those usually regarded as “spent” under the Rehabilitation of Offenders Act 1974.

\*Carnival UK Ltd has a policy on the recruitment of ex-offenders. A copy is available on request.

|  |  |
| --- | --- |
| **Have you ever been convicted, cautioned or warned of any criminal offences?** | |
| **Yes** | **No** |
| **If yes, please supply details of any criminal convictions, cautions or warnings:** | |

*You are advised that under the provision of the Rehabilitation of Offenders Act 1975 (exceptions) order 1975 as amended by the Rehabilitation of Offenders Act 1974 (exceptions amendment) Order 1986 you should declare all convictions including “spent” convictions.*

|  |  |
| --- | --- |
| **Are you a person known to any Children and Families Social Care Department as being an actual or potential risk to children or young people?** | |
| **Yes** | **No** |
| **If yes, please supply details** |  |

|  |  |
| --- | --- |
| **Have you ever had any disciplinary sanction relating to putting a child or young person in a position where they were at risk of harm?** | |
| **Yes** | **No** |
| **If yes, please supply details** |  |

**Declaration**

I declare that to the best of my knowledge the information given above is correct and understand that any misleading statements or deliberate omission may be sufficient grounds for cancelling any offer of employment. I understand that I may be asked to apply for a Criminal Records Disclosure and consent to do so if required.

I understand that the information contained in this form and in the Disclosure may be disclosed, where strictly necessary, to regulatory bodies and/or third parties who have an interest in child protection issues.

I understand that it is necessary for me to declare any information requested and that the role I have applied for involves access to children and young people hereby give my consent to Carnival UK Ltd to conduct a Criminal Records Bureau (CRB) check if required.

|  |  |
| --- | --- |
| **NAME** |  |
| **DATE OF BIRTH** |  |
| **SIGNATURE** |  |
| **DATE** |  |

**Tattoo images**

Please paste here 3 images of each tattoo that you have:

|  |  |  |
| --- | --- | --- |
| 1 image of each tattoo uncovered | 1 image of each tattoo covered with a credit card | 1 image of each tattoo with the credit card next to the tattoo |