

SUFFOLK COUNTY COUNCIL - INTERVIEW CHECKLIST

Applicant Name: _____

Interview Date: _____

PERSONAL DETAILS RELEVANT TO POSITION

1. **Breaks in Employment History:** YES/NO If yes, please provide all dates and reasons:

| | | | |
|-------------|-----------|---------------|--|
| From: _____ | To: _____ | Reason: _____ | |
| From: _____ | To: _____ | Reason: _____ | |
| From: _____ | To: _____ | Reason: _____ | |

2. **Does applicant have any convictions, cautions and/or criminal proceedings allegations/bind over:** YES/NO

If yes to any, please give full details: _____

3. **CRB check required for position, date last check undertaken:** _____ **By Whom:** _____
 If not within Suffolk within the last three years requires new CRB.

4. Does the applicant have permission to be or work in the United Kingdom under Section 8 of the Asylum and Immigration Act 1966:

Name of original document seen: _____

Copy attached: YES/NO

If no, name of interviewing officer responsible for obtaining document: _____

Certificates Seen

- | | | |
|----|--|--------|
| 5. | Relevant Qualifications/Courses: _____ | YES/NO |
| | (applicable to the post) _____ | YES/NO |
| | _____ | YES/NO |
| | _____ | YES/NO |

Applies to posts requiring a Qualification:

6. Inform applicant that they must be successful in registering their qualification with the GSCC and will need to provide proof of registration before taking up any post for which a Social Worker qualification is required:

Is the applicant registered as a qualified Social Worker with the GSCC? YES/NO

Original document confirming proof of registration seen/ copy taken? YES/NO

Registration Number: _____

If not registered with the GSCC, has the applicant applied for registration? YES/NO

Evidence of application supplied? YES/NO

6.1 Teacher/Education QTS, GTC or relevant body

6.2 Early Years/Child Care NNEB, NVQ 2/3, Degree in Early Childhood Studies

Applies to Essential Car Users:

2. Driving Licence Details: YES/NO **Copy Attached:** YES/NO
Endorsements/Bans: _____

HEALTH AND WELFARE ISSUES RELEVANT TO THE POSITION

1. Number of days absent in previous 12 months: _____
Reasons for absence, if appropriate: _____

2. Is there any known medical reason which would prevent the applicant from carrying out the essential duties of the position, i.e. back problems: YES/NO
Comments: _____

3. Would the applicant require any special adjustments or adaptations to enable him/her to perform their job: YES/NO
Adjustments/ Adaptations Required: _____

CHECKLIST FOR APPLICANT INFORMATION

1. Authenticity of Application Form and Signature: Ensure applicant has completed the application form and verify that the signature on the application form is theirs. If application form was e-mailed ask them to sign the back of the application form at the time of interview.

2. Is there anything else you wish to tell us in respect of your application for this post?

3. Comments/questions raised by applicant and any action to be taken:

Signed: _____
(Interviewee)

Name in Print: _____

Signed: _____
(Interviewer)

Name in Print: _____

Dated: