



APPLICATION FORM

THE INFORMATION SUBMITTED ON THIS APPLICATION FORM WILL BE TREATED BY THE COMPANY AS STRICTLY CONFIDENTIAL. PLEASE ENSURE THAT YOU COMPLETE ALL SECTIONS AS FULLY AS POSSIBLE.

Post applied for

Location

Where did you learn about this vacancy?

If you have been interviewed by the company in the past, please give the name of the interviewer, name of the establishment at which the interview was held and the approximate date of interview.

PERSONAL DETAILS

Title: Mr/Mrs/Ms/Miss/Dr

Surname:

**Forenames:
(UNDERLINE THE NAME YOU NORMALLY USE)**

**Maiden Name:
(IF APPLICABLE)**

Address:

Telephone Numbers (INCLUDE STD)

Home:

**Work:
Are we able to contact you at work?: Yes/No
(we appreciate this may be difficult for some people)**

Postcode:

Mobile:

E-mail:

**Date of Birth:
(This information is required as Care Standards dictate that a full employment history/gaps must be explored)**

NI Number:

**Do you have a full, current UK driving licence?
Yes/No**

Please give details of any current endorsements.

Are you a car owner? Yes/No

How would you travel to work?

**Do you require a work permit or visa to work and live in the UK? Yes/No
If yes, when does this expire?**

**Are you able to provide documentation proving your right to work legally in the United Kingdom?
Yes/No**

we are an equal opportunities employer

GENERAL INFORMATION

Have you consulted a doctor in the last two years?

Yes/No *

If so, for what reason?

Are you in good health?

Yes/No *

How many days work have you lost through sickness in the past twelve months?

NB: We may check this information.

To assist in the recruitment process for this position, would you please provide a written response to the following question? The Company aims for employees to have minimum sickness due to the effect of absence on client care/activity programmes. To help the company meet its sickness absence targets, what measures will you take to keep your absences to a minimum?

Is there any work you cannot do for health reasons?

Yes/No *

If yes, please give details.

Due to the nature of our service and the need to provide continual support to our clients, please indicate whether you are applying for:

- **Regular full time work?** Yes/No
- **Regular part time work?** Yes/No
- **Temporary work (such as Bank Relief/Volunteer?)** Yes/No

***If applying for temporary work, when will you be available(What days and hours are you available to work)**

- **Can you work on the weekends?** Yes/No
- **Can you work evenings/nights?** Yes/No
- **Are you available to work overtime?** Yes/no
- **Can you work long days?** Yes/No

Do you smoke?

How many a day?

EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

School/College	Examinations Taken	Grade	Date

Applications are welcomed from disabled persons. A disability will not prejudice your application.

Please state if you have a disability which you would like us to know about at this time. Please give details of your disability and how it would impact on the duties of the post as described in the Job Description, so that reasonable adjustments can be considered.

EMPLOYMENT HISTORY

Please detail all previous employment, including dates, starting with your present or last job where applicable. Please include any unpaid or voluntary work and explain what you were doing during any gaps in employment.

Dates (include month and year)	Employer	Position held and details of main responsibilities	Salary	Reason for leaving (Provide full details; include reasons for leaving current employer)
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CURRENT/LAST EMPLOYER

From:/..... MONTH YEAR	Name: Address:			
To:/..... MONTH YEAR	Contact Name: Telephone: Fax:			

May we contact the above referee before interview? Yes/No

From:/..... MONTH YEAR	Name: Address:			
To:/..... MONTH YEAR	Contact Name: Telephone: Fax:			
From:/..... MONTH YEAR	Name: Address:			
To:/..... MONTH YEAR	Contact Name: Telephone: Fax:			
From:/..... MONTH YEAR	Name: Address:			
To:/..... MONTH YEAR	Contact Name: Telephone: Fax:			
From:/..... MONTH YEAR	Name: Address:			
To:/..... MONTH YEAR	Contact Name: Telephone: Fax:			
From:/..... MONTH YEAR	Name: Address:			
To:/..... MONTH YEAR	Contact Name: Telephone: Fax:			

Please continue on a separate sheet if necessary.

How soon can you start?		Please give details of holidays planned for next 6 months	
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ADDITIONAL INFORMATION

Please give your reason for applying for this position and provide any additional information in support of your application

Give details of your present responsibilities

What skills and qualities have you got to offer this position (this could also relate to life skills)?

Give an example of how you have worked as a team and a situation of where you have had to work alone?

Give an example of when you have dealt with an issue of confidentiality?

Tell us about your hobbies and interests and how these may be of benefit to our organisation?

Please continue on a separate sheet if necessary

REHABILITATION OF OFFENDERS ACT 1974

Due to the nature of the work for which you are applying, this post is exempt from the provision of Section 4(2) of the above Act. You are, therefore, not entitled to withhold information about any convictions/cautions/reprimands and warnings which you have ever had. Successful applicants are subject to an enhanced CRB Disclosure which will detail ALL convictions/cautions/reprimands and warnings even if you consider them to be spent. Disclosing such information may not adversely affect your application.

Have you ever had any convictions/cautions/reprimands/warnings? Yes/No

Are you awaiting trial? Yes/No

If you answered yes to either of the above, please give further details below:

Date of Offence(s):

Description of Offence(s):

Please give details as to what sentence(s) (if any) you were given:

DECLARATION

The company will use the information you give us and information from other sources for the administration and management of your employment (including pensions administration) and related activities as we require for the operation of the business. By entering into this agreement, you consent to our processing sensitive personal data about you for our legitimate employment administration and management purposes only. This may include information relating to your health, the commission of offences and your ethnic background for the purposes described above.

To the best of my knowledge the information I have given above is true and accurate. I understand that providing misleading or incorrect information could result in dismissal or an offer of employment being retracted.

Signature:

Date: