



APPLICATION

Form No: 03-1-30 **JOB**

| | |
|------------------------------|-----------------------|
| POSITION APPLIED FOR: | Job Reference: |
|------------------------------|-----------------------|

Please complete this Application Form in block capitals in black or blue ink

A: PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms/other): _____ Surname: _____ Forename(s): _____

Address: _____ Postcode: _____

Telephone *Private:* _____ *Business:* _____ *Mobile:* _____

Date of Birth: _____ Place of Birth: _____ Nationality: _____

B: HEALTH & DISABILITIES

Do you have any disabilities which may be relevant to this Job Application? **YES / NO**

If so, please describe them: _____

Are you Registered Disabled? **YES / NO** RDP No: _____

Overall state of health: EXCELLENT / GOOD / POOR

Hearing: EXCELLENT / GOOD / POOR

Eyesight: EXCELLENT / GOOD / POOR *SPECTACLES / CONTACT LENSES / NEITHER*

Please give details of any medical condition for which you have received treatment in the past 3 years:

Have you had treatment for any condition relating to the abuse or misuse of drugs or alcohol within the last 5 years? **YES / NO**

If "YES" please provide brief details: _____

Are you prepared to undergo a medical examination? **YES / NO**

C: DRIVING RECORD

Are you a car owner? **YES / NO** Make / model / year: _____

Current Driving Licence: PROVISIONAL / FULL / PSV / NONE

Driving Licence valid from: _____ to: _____

Details of current endorsements : _____

Have you ever been disqualified from driving, or had insurance refused? **YES / NO**

If "YES" please provide brief details: _____

| D: EDUCATION & PROFESSIONAL TRAINING <i>(from year 11)</i> | | | |
|--|-------|----|-----------------------|
| Education Centre <i>(school, college etc)</i> | DATES | | Qualifications gained |
| | from | to | |
| 1. Secondary Education <i>(secondary school)</i> | | | |
| | | | |
| 2. Higher Education <i>(university / college / polytechnic)</i> | | | |
| | | | |
| 3. Further Education (Professional Training) | | | |
| | | | |
| 4. Membership of Professional Organisation | | | |
| | | | |
| E: LEISURE ACTIVITIES | | | |
| <p>Please provide brief details of your hobbies, sport and other leisure pastimes in which you participate:</p> <p style="margin-top: 20px;"> Languages (other than English) : _____ SPOKEN / FLUENT / WRITTEN / READ : _____ SPOKEN / FLUENT / WRITTEN / READ </p> | | | |
| F: CRIMINAL RECORD CERTIFICATES | | | |
| <p>If the position you are applying for (whether paid or voluntary) is listed in Schedule 1, Part II of the Rehabilitation of Offenders Act (Exceptions) Order 1975, we are entitled to ask Exempted Questions as defined by Section 113(5) of <i>The Police Act 1997</i> about you. Also, as part of a wider Vetting & Barring Scheme to assess the risk of harm that a person may present to vulnerable persons we are required to undertake an <i>Independent Safeguarding Authority (ISA)</i> check through the <i>Criminal Records Bureau</i> to ensure satisfactory registration with the ISA of any person who is a Care Manager or Domiciliary Care Worker. This means that if your application is successful we will obtain from the Criminal Records Bureau a Criminal Record Certificate relating to you before your appointment is confirmed.</p> <p>Having a criminal record will not necessarily bar you from working with us. This will depend upon the nature of the position and the circumstances and background of your offences. We observe the “<i>Code of Practice for Registered Persons and Other Recipients of Disclosure Information</i>” published by the Criminal Records Bureau on behalf of the Home Office, and we will provide you with a copy of it upon request.</p> | | | |

G: EMPLOYMENT HISTORY

Please provide details of all employment, beginning with your present or most recent job first

| DATES | | Employer | Salary | Position(s) held | Reason for leaving |
|-------|----|----------|--------|---------------------|--------------------|
| from | to | | | | |
| | | | | | |

H: VOLUNTARY & COMMUNITY WORK EXPERIENCE

| DATES | | Organisation | Position(s) held | Duties |
|-------|----|--------------|------------------|--------|
| from | to | | | |
| | | | | |

I: JOB FLEXIBILITY

Prepared to work: **FULL-TIME / PART-TIME / SHIFTS**

If **PART-TIME** please indicate preferred hours: _____

Details of any other work which you will continue to undertake if you are offered this Job Position:

Please provide details of any outstanding holidays to be taken:

AVAILABLE TO TAKE UP EMPLOYMENT FROM: _____

J: REFERENCES

Please provide details of 2 referees who we may approach with regards to this Job Application. These referees must not be members of your family, and one **MUST** be your present or most recent employer:

- 1. Name: _____
Address: _____

Telephone Number: _____
Occupation: _____

- 2. Name: _____
Address: _____

Telephone Number: _____
Occupation: _____

K: Declaration by Job Applicant

ANY PERSON, UPON SUBSEQUENT EMPLOYMENT, THAT IS FOUND TO HAVE KNOWINGLY SUPPLIED FALSE OR MISLEADING INFORMATION, OR HAS DELIBERATELY WITHHELD RELEVANT INFORMATION, WILL BE SUMMARILY DISMISSED

I have read and understood the information supplied to me in relation to this Job Position, and the information requested in this Job Application Form. I confirm that all information supplied by me is true and correct to the best of my beliefs.

I give the prospective employer the right to follow up all references and to make any other job-related enquiries as may be deemed necessary.

Signature: _____ Date: _____

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

The sole criterion for selection of applicants will be suitability for the Job Position, regardless of age, gender, gender orientation, background, culture, ethnic denomination, religious affiliation, marital status or disability. This is in accordance with our declared *Equal Opportunities & Diversity Policy, No 106.*