



Application Form

Please type or complete this form in black ink

| | |
|----------------------|---------------------------------------|
| POSITION APPLIED FOR | Date of Application ____/____/____ |
|----------------------|---------------------------------------|

1 PERSONAL DETAILS

| | |
|---------------------------------|--------------------|
| Surname | First names |
| | Previous Names |
| Address | Home Telephone No. |
| | Work Telephone No. |
| Post code | |
| National Insurance Number | Mobile No. |
| Date of Birth | Email address |
| Are you a citizen of the EU? | Yes/No |
| Do you need a work permit? | Yes/No |
| Current driving licence? | Yes/No |
| Do you have a car for work use? | Yes/No |

NEXT OF KIN

| | |
|--------------|---------|
| Name | Address |
| Relationship | Phone |
| Name | Address |
| Relationship | Phone |

2 Qualifications (Please include any NVQ's , care certificate etc)

| Schools/FE/HE attended | Examination Grade | Year Obtained |
|------------------------|-------------------|---------------|
| | | |

3 PREVIOUS EMPLOYMENT

A full employment history must be detailed beginning with your current employment and covering all reasons for gaps in any given year.

| Date | | Employer's name (most recent first) | Position held | Salary & Benefits | Reason for leaving |
|------|----|-------------------------------------|---------------|-------------------|--------------------|
| From | To | | | | |
| | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

4 REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose? YES/NO

Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

Signature:

Date:

Failure to declare or the falsification of any of the above details will result in the withdrawal of any job offer.

5 ADDITIONAL PERSONAL DETAILS

Outside interests, leisure time activities and other personal information which you think may assist us in evaluating your application.

5

5 A . PLEASE GIVE 2 EXAMPLES OF OCCASIONS THAT HAVE SHOWN YOUR CARING NATURE (It is not compulsory to complete this section)

PLEASE INDICATE THE HOURS YOU ARE AVAILABLE TO WORK

6 REFERENCES

Please give the name and address of three referees, one of whom **must** be your present employer, or your previous employer.

| Name | Status | Address and Telephone No |
|------|--------|--------------------------|
| 1. | | |
| 2. | | |
| 3. | | |

PLEASE PROVIDE DETAILS OF ANY MEDICAL CONDITIONS INCLUDING MENTAL HEALTH CONDITIONS AND ALLERGIES THAT YOU HAVE OR HAVE HAD THAT MAY AFFECT YOUR PERFORMANCE AT WORK OR ABILITY TO UNDERTAKE THE POSITION YOU HAVE APPLIED FOR. INCLUDE ANY CONDITIONS THAT YOU TAKE MEDICATION FOR AND ANY CONDITIONS THAT HAVE REQUIRED PHYSIOTHERAPY OR AN OPERATION. FAILURE TO DISCLOSE A CONDITION COULD RESULT IN THE WITHDRAWAL OF A JOB OFFER

Please indicate any holidays you have booked

Period of notice required in present post

Earliest start date

Thank you for completing this application form.

I declare that to the best of my knowledge, all the information contained and documented herein is complete and truthful. I consent to Wetherby Home Care approaching any previous employers for a reference in compliance with the Privacy Policy for Wetherby Homecare Staff

Signature:

Date: