

Application Form

STRICTLY CONFIDENTIAL Application for Employment

Please type or complete this form in black ink

Position applied for		Date of application	
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1 PERSONAL DETAILS

Surnama			First names	
Surname	Surname		Previous Names	
Address		Home Telephone No.		
and postcode	and postcode		Work Telephone No.	
			Mobile No.	
National Insu	National Insurance Number			
Current drivi	ng licence			
Do you have	Do you have a car for work use?			
Immigra			on Details	
Are you a citizen of the EU?				
Do you need	a work permit?			



2 EDUCATION

Schools/FE/HE attended	Examination Grade	Year Obtained

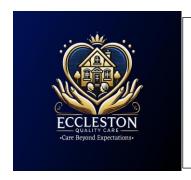
3 PREVIOUS EMPLOYMENT

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

Da From	te To	Employer's name (most recent first)	Position held	Salary & Benefits	Reason for leaving



4a Please detail any disciplinary action within the previous 3 years, including any current, "live" formal warnings



4b REHABILITATION	OF OFFENDERS AC	CT 1974 – NOTICE TO	OFFENDERS
		_	gs that are not "protected" der 1975 (as amended in
2. The amendments to	•	975 (2013) provide that of isclosure to employers a	
Do you have any convi	ctions to disclose?	YES NO	
1	_	te sheet and sent with to will not necessarily preclusion.	his application form. This ude you from employment.
Failure to declare or the withdrawal of any job	•	f the above details will	result in the
Signature		Date	



5 ADDITIONAL PERSONAL DETAILS

Statement of your personal qualities and any experiences which is relevant to the post					



6 REFERENCES

Please give the name and address of two referees, one of whom <i>must</i> be your current or most recent previous employer. References from relatives or friends are not accepted.							
Name	Status	Address and Telephone No					
1.							
2.							
3.							
This organisation seeks to work in a flexible and family-friendly manner with its staff, however, unsocial hours are part and parcel of a quality care service. Weekend working is a requirement for all staff, the frequency of which will be determined at the interview.							
Please indicate holiday dates if already booked							
Period of	f notice required in the present pos	st					
	Earliest start date						
Thank you for completing this application form.							
I declare that to the best of my knowled complete and truthful.	ge, all the information contained a	nd documented herein is					
Signature							



Date									
FOR OFFICE USE ONLY									
Application completed							Yes	No	
Full employment history							Yes	No	_
Applicant shortlisted							Yes	No	_
Interview date									
References requested		Yes		No		Date			
Verbal reference check		Yes		No		Date			
	Additional Notes fr	om the a	appli	cation					
Completed by					С	ate			
	Notes for	interviev	V						





Equal Opportunities Monitoring

This section of the application will be detached and used for monitoring purposes only. Our organisation recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect in line with the Equality Act 2010 legislation. We welcome applications from all sections of the community.

Date of Birth	
	Gender
Male	
Female	
I do not wish to disclose this	

Race Relations (Amendment) 2000

I would describe my ethnic origin as (please indicate with an X):

Asian or Asian British	Mixed Raced	Other Ethnic Group
Bangladeshi	White & Asian	Chinese
Indian	White & Black African	Any other ethnic group
Pakistani	White & Black Caribbean	I don't wish to disclose
Any other Asian	Any other mixed	
background	background	
Black or Black British	White	
African	British	
Caribbean	Irish	
Any other black	Any other white	
background	background	



lease select the option ich best describes your sexuality	Please indicate yo	e indicate your religion or belief			
Lesbian	Atheism		Sikhism		
Gay	Buddhism		Other		
Bisexual	Christianity		I don't wish to disclose		
Heterosexual	Islam				
I do not wish to disclose	Jainism				

Health Questionnaire

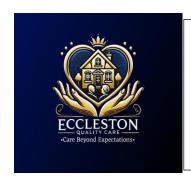
(To be used for those applicants that have been deemed appointable).

To comply with the Equality Act 2010, please complete this questionnaire as fully as possible. Failure to do so could impede or delay your appointment. All information is confidential.

Have you ever had or suffered from?	Yes	No
Epilepsy/Blackouts		
Nervous Mental Disorders		
Migraine/Headaches		
Sensory Impairment		
Skin Allergies		
Back pain/Previous Back Injury		
Heart Condition		
Asthmatic or respiratory ailments		



Recurrin	g Incidence of Illness]						
Are you	registered disabled? (If yes, pleas	se deta	il belo	ow)			Yes		No	
Please L include h	ist Below any Periods spent Outs nolidavs)	ide of	the U	nited K	ingdom	as a R	esider	nt (d	o not	
1.	,									
2.										
3.										
	DI L'ALL		,.							
_	Please List below any	/ vaccı	natior	is or im	munisa	ations				
Date										
Immunis	ation									
Expiry										
Date										
Immunis	ation									
Expiry										
Date										
Immunis	ation									
Expiry										
Date										



Immunisation	
Expiry	

I declare that the information given is correct to the best of my knowledge. In my view, I am fit physically and mentally to undertake this post. I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer the right to investigate all references.

Signature	
Date	