

## Accept Care Ltd Application Form



Please return your completed application form by email to [jobs@acceptcare.org.uk](mailto:jobs@acceptcare.org.uk)  
or by post to **Accept Care Ltd, 16-20 Station Road, Stanley, Co. Durham, DH9 0JL**

Please note:

- If this form is not completed in full, your application may be rejected.
- CVs cannot be accepted in place of application forms.
- All information you provide on this form will be treated in the strictest confidence.
- References will not be contacted without prior consent.

Position Applied For: \_\_\_\_\_

Job Location: \_\_\_\_\_

### Personal Information

Title: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

Do you have the right to work in the UK?  Yes  No (If invited to interview, please bring passport/documentation)

Are you fully vaccinated against Covid-19?  Yes  No (Required in all CQC-regulated settings from 01/04/2022)

Do you have a driving licence?  Yes  No If so, do you have any endorsements?  Yes  No

Do you have any convictions, cautions, reprimands or final warnings that are not "protected"  
as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975?  Yes  No

Please note, for successful applicants, Accept Care will perform an Enhanced DBS Check. This contains details of all convictions, cautions, reprimands or warnings, as long as they are not protected. It also contains relevant information held by the applicant's local police force. If you are invited to interview, you will be required to disclose details of the above.

## Employment History

### Current / Most Recent Position

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date / Period of Notice: \_\_\_\_\_

Job Description:

Reason for Leaving: \_\_\_\_\_

Please list your previous employment, beginning with the most recent position. Please include any periods of unpaid or voluntary work, and reasons for any gaps in employment.

<b>Dates of Employment</b>	<b>Company Name</b>	<b>Job Title &amp; Job Description</b>	<b>Reason for Leaving</b>

Please use additional pages if necessary

## Education & Qualifications

<i>School or Institution</i>	<i>Subject</i>	<i>Qualification</i>	<i>Grade</i>

## Additional Information

Please tell us why you are interested in this role and what you have to offer our Service Users. Include any additional relevant information from your previous jobs.

Please describe any other activities which may be of interest to us or to the people we support. Please include any interests or hobbies that you have. Make sure to include any voluntary activities where you have supported people who have disabilities.

*Please use additional pages if necessary*

## Reference Information

Please give the details of two persons from whom we may obtain a reference. One of your referees should be your present or most recent employer. Please note that both references cannot be from the same organisation.

### Reference 1

Full Name:

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Job Title:

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Company Name:

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Relationship: (e.g. manager)

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Telephone Number:

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Email Address:

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May we contact this person if you are invited to an interview?  Yes  No

May we send a reference request if you are successfully appointed?  Yes  No

### Reference 2

Full Name:

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Job Title:

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Company Name:

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Relationship: (e.g. manager)

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Telephone Number:

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Email Address:

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May we contact this person if you are invited to an interview?  Yes  No

May we send a reference request if you are successfully appointed?  Yes  No

If a member of our staff team has recommended you to Accept Care, please note their name below:

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## Declaration

The information I have given in this application form is true and correct. I understand that if found to have given false information or to have suppressed any material relevant facts, I shall be liable to disqualification, or if appointed, dismissal.

By signing and submitting this form, I confirm that I have completed this application form to the best of my ability.

Signature:

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Date:

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