

Accept Care Ltd Application Form



Please return your completed application form by email to **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 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 (as amended in 2013)? ☐ Yes ☐ No

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.

Dates of Employment	Company Name	Job Title & Job Description	Reason for Leaving

Please use additional pages if necessary

Education & Qualifications

<i>School or Institution</i>	<i>Subject</i>	<i>Qualification</i>	<i>Grade</i>	<i>Date Completed</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:

Job Title:

Company Name:

Relationship: (e.g. manager)

Telephone Number:

Email Address:

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:

Job Title:

Company Name:

Relationship: (e.g. manager)

Telephone Number:

Email Address:

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:

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:

Date:
