**Accept Care Ltd**

**Application Form**

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| *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*** |

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| *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: Enter text here.

Job Location: Enter text here.

**Personal Information**

Title: Enter text here.

First Name(s): Enter text here.

Surname: Enter text here.

Home Address: Enter text here.

Postcode: Enter text here.

Home Phone: Enter text here.

Mobile Phone: Enter text here.

Email Address: Enter text here.

National Insurance Number: Enter text here.

Do you have a driving licence? Choose an item.

If so, do you have any endorsements? Choose an item.

Do you have any convictions, cautions, reprimands or

final warnings that are not "protected" as defined by the Choose an item.

Rehabilitation of Offenders Act 1974 (Exceptions) Order

1975 (as amended in 2013)?

*If you are invited to interview, you will be required to disclose details of the above.*

**Employment History**

***Current / Most Recent Position***

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| --- | --- |
| Company Name: Enter text here. | Job Title: Enter text here. |
| Start Date: Enter text here. | End Date / Period of Notice: Enter text here. |

Job Description:

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| Enter text here. |

Reason for Leaving: Enter text here.

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.

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| ***Dates of Employment*** | ***Company Name*** | ***Job Title & Job Description*** | ***Reason for Leaving*** |
| Enter text here. | Enter text here. | Enter text here. | Enter text here. |
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*Please use additional pages if necessary*

**Education & Qualifications**

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| --- | --- | --- | --- | --- |
| ***Location*** | ***Subject*** | ***Qualification*** | ***Grade*** | ***Date Completed*** |
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**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.

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| Enter text here. |

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.

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| Enter text here. |

*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: Enter text here.

Job Title: Enter text here.

Company Name: Enter text here.

Relationship: (e.g. manager) Enter text here.

Telephone Number: Enter text here.

Email Address: Enter text here.

May we contact this person if you are invited to an interview? Choose an item.

May we send a reference request if you are successfully appointed? Choose an item.

***Reference 2***

Full Name: Enter text here.

Job Title: Enter text here.

Company Name: Enter text here.

Relationship: (e.g. manager) Enter text here.

Telephone Number: Enter text here.

Email Address: Enter text here.

May we contact this person if you are invited to an interview? Choose an item.

May we send a reference request if you are successfully appointed? Choose an item.

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

Enter text here.

**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.

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| --- | --- |
| Signature: Enter text here. | Date: Enter text here. |