



APPLICATION FORM

Post for which you are applying:	How did you hear about this vacancy?
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Personal Details

Surname:	First Name(s):
Title:	
Address:	Telephone number
	Home:
Postcode:	Mobile:
Email:	Other:
PIN Number:	NI Number:
Do you hold a full driving license? YES/NO	Details of any Endorsements:
Do you require a work permit to be YES/NO employed in the United Kingdom?	Do you own a car? YES/NO

Interview arrangements

Do you require any special facilities for interview? If so, please give details.

Please note that all candidates are treated equally regardless of their age, sex, sexual orientation, marital status, race, ethnic origin, religious belief or disability.

References

Please give names and addresses (and telephone numbers, email details if possible) of two referees. The first should be your present or most recent employer (or head teacher, if a school leaver).	
1.Recent Employer:	2.Second Reference:
Tel:	Tel:
Email:	Email:
May we approach them prior to interview?	1. YES/NO 2. YES/NO
<i>(Referees will only be contacted if you have been requested to attend for an interview. References are confidential)</i>	

Career History *(Please explain any employment gaps in full)*

Name and address of recent and previous employers	From	To	Appointments held, brief description and current salary	Reason for leaving

Education and Training

Secondary School/ College/ University attended	Full or Part- time	From	To	Course(s) taken or currently studying	Examination results (incl. grades)
Empty table body					
<p>Other relevant training courses attended:</p>					
<p>Professional Qualifications:</p>			<p>Professional Body:</p>		
<p>Details of UK registration:</p> <p>Do you speak any other languages? YES/NO</p> <p>If yes, please indicate what with fluency level:</p>					

General Information

Explain why you are interested in this position, how you feel you would benefit our clients and give any additional information in support of your application including relevant skills and personal qualities.

(Continue on a separate sheet if necessary)

Please list your interests or hobbies:

If offered the position will you continue to work in any other capacity?

What notice period do you have to give?

Rehabilitation of Offenders Act 1974

Under the Act, most sentences awarded by a Court for Criminal offences may be regarded as spent and disregarded, for most purposes, after a specified period of time and need not then be disclosed.

However this post is exempt from the Rehabilitation of Offenders Act 1974 and you must therefore declare any and all convictions/cautions/reprimands/warnings you may have had. As you will be working with vulnerable individuals, prior to commencing in post you will be required to undergo a Disclosure and Barring Service check.

Please note the amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.

Have you at any time been convicted of a criminal offence or received a Police caution and or reprimand or warning? YES/NO

If the answer is Yes, please give full details including the nature of the conviction/caution/reprimand/warning, which Police Force was involved, the outcome and dates.

Data Protection Act 1998

We undertake to treat personal details on this application form from which you can be identified, with complete confidentiality. By submitting this application form you are consenting for your details to be used in our recruitment process in accordance with the Data Protection Act 1998.

To the best of my knowledge the above facts are a true statement. I accept that providing deliberately false information could result in my dismissal.

Should an offer of employment be made we reserve the right to require you to undergo a medical. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor).

Signature of applicant: Date:

Equal Opportunities Monitoring

Sex (Please Circle): Male / Female

Age (Please Circle): 16-19 20-29 30-39 40-49 50-59 60-64

Ethnic Origin: _____

Do you consider yourself to have a disability YES/NO (Please delete as appropriate)

Work Permit

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?

If you are not a British Citizen or a citizen of another country outside the European Economic Area, you will require a work permit

Do you require a work permit?	YES/NO
Do you hold a work permit?	YES/NO
Does this permit include any restrictions? <i>e.g. number of hours you are able to work each month or an expiry date</i>	YES/NO
If yes, provide details:	

Other questions:	
Are you disabled in any way?	YES/NO
Are you having medical treatment at present	YES/NO
Are there any restrictions on the type of work, or the hours you are able to work due to a known medical condition?	YES/NO
Have you been away from work owing to illness for more than two consecutive weeks in the past three years?	YES/NO
Have you been in hospital in the last three years (for reasons other than childbirth or dental treatment?)	YES/NO

You are asked to read the declaration below and to sign & date the form. The Company will not be held liable for any injuries sustained if full details of previous health problems have not been disclosed.

Declaration:

I agree to report to the Home Manager if I have any contact with or suffer from any personal illness which could present a health hazard to anyone with whom I work.

I consent to any background checks required.

These typically include:

Two references

An enhanced DBS check

Checking of PIN numbers if applicable

Other background checks professional or academic

Name:

Signature:

Date: