



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

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

2 EDUCATION

Schools/FE/HE attended	Examination Grade	Year Obtained

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3 PREVIOUS EMPLOYMENT

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

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

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

4b REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

1. 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)
2. The amendments to the Exceptions Order 1975 (2013) provide that certain convictions and cautions are protected and are not subject to disclosure to employers and cannot be taken into account

YES		NO	
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Do you have any convictions to disclose?

Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

Failure to declare or the falsification of any of the above details will result in the withdrawal of any job offer.

Signature		Date	
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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 notice required in the present post

Earliest start date

Thank you for completing this application form.

I declare that to the best of my knowledge, all the information contained and documented herein is complete and truthful.

Signature	
Date	

FOR OFFICE USE ONLY

Application completed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Full employment history	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Applicant shortlisted	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Interview date	<input type="text"/>			
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References requested	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date	<input type="text"/>
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Verbal reference check	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date	<input type="text"/>
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Additional Notes from the application
<input type="text"/>

Completed by	<input type="text"/>	Date	<input type="text"/>
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Notes for interview
<input type="text"/>

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	
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Indian	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Any other ethnic group
<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	I don't wish to disclose
<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>	Any other mixed background		
Black or Black British		White			
<input type="checkbox"/>	African	<input type="checkbox"/>	British		
<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Irish		
<input type="checkbox"/>	Any other black background	<input type="checkbox"/>	Any other white background		

Please select the option which best describes your sexuality		Please indicate your religion or belief			
<input type="checkbox"/>	Lesbian	<input type="checkbox"/>	Atheism	<input type="checkbox"/>	Sikhism
<input type="checkbox"/>	Gay	<input type="checkbox"/>	Buddhism	<input type="checkbox"/>	Other
<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Christianity	<input type="checkbox"/>	I don't wish to disclose
<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Islam		
<input type="checkbox"/>	I do not wish to disclose	<input type="checkbox"/>	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?	Ye s	No
Epilepsy/Blackouts	<input type="checkbox"/>	<input type="checkbox"/>
Nervous Mental Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Migraine/Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Skin Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Back pain/Previous Back Injury	<input type="checkbox"/>	<input type="checkbox"/>
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>
Asthmatic or respiratory ailments	<input type="checkbox"/>	<input type="checkbox"/>
Recurring Incidence of Illness	<input type="checkbox"/>	<input type="checkbox"/>

Are you registered disabled? (If yes, please detail below)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please List Below any Periods spent Outside of the United Kingdom as a Resident (do not include holidays)	
1.	
2.	
3.	

Please List below any vaccinations or immunisations	
Date	
Immunisation	
Expiry	
Date	
Immunisation	
Expiry	
Date	
Immunisation	

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	