



RELIABLE

EFFICIENT

FLEXIBLE

Post Applied for:

Available Start Date:

# Job Application Form

It is important that you read the job description before completing this application form. Please complete this form fully using black ink & Capital Letters. **CVs are not accepted.**

**THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.**

## Section 1 Personal details

Surname:  First Name:  Title:

Address:   
  
Postcode:

Date of Birth:

Home Telephone N<sup>o</sup>:  National Insurance N<sup>o</sup>: 

Letters	Numbers							Letter
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Daytime Telephone N<sup>o</sup>:

Mobile Telephone N<sup>o</sup>:

E-mail address:

Can we contact you at work? Yes  No

Are you free to remain and take up employment in the UK with no current immigration restrictions? Yes  No

Driving Licence – if relevant to post applied for. Do you hold a full, clean driving licence valid in the UK? Yes  No

**On the interview you will be required to provide relevant evidence of the above details prior to your appointment.**

Available to work : Support Work  Home Care  Nursing Homes

Live in  Night-Shift  Day-Shift  Sleep Over

**Section 2 Present Employment** (if now unemployed give details of last employer)

Name of Employer:

Address:

Post Code:

Date of Appointment :

Date of Leaving:

Job Title:

Brief description of duties:

**Previous Employment**

Name of Employer:

Address:

Post Code:

Date of Appointment :

Date of Leaving:

Job Title:

Brief description of duties:

## Previous Employment

Name of Employer:

Address:

Post Code:

Date of Appointment :

Date of Leaving:

Job Title:

Brief description of duties:

## Previous Employment

Name of Employer:

Address:

Post Code:

Date of Appointment :

Date of Leaving:

Job Title:

Brief description of duties:

### Section 3 Qualifications

Please give details:

Qualification	Course Details
e.g. SVQ Level 2	Social Care

### Section 4 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

e.g. Manual Handling	16/01/15

### Section 5 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the rehabilitation of offenders act 1974?

Yes

No

If yes, please give details / dates of offence(s) and sentence:

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### Section 6 Disability and Discrimination Act

This Act protects people with disabilities from unlawful discrimination. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application? Yes

No

If yes, please give details:

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## Section 7 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

### Reference 1

Name:

Position Held:

Organisation:

Address:

Post Code:

Tel:

Email:

### Reference 2

Name:

Position Held:

Organisation:

Address:

Post Code:

Tel:

Email:

Applicant Signature:.....

Date:.....

## For Office Use Only

All Documents checked and copied.

Application questions completed and checked.

References received.

Bank details form done.

PVG application done.

Signature:.....

Signature:.....

Date:.....

Date:.....