

APPLICATION FORM

PRIVATE AND CONFIDENTIAL

Please return this form to: The relevant Home that you are applying to for employment.

Position Applied for _____ Ref: _____

Title	Schools	Qualifications Gained
Surname		
Forename(s)		
DOB.		
Address		
Postcode		
Email		
Tel No(s) Including Code Home Work Mobile		
Current Driving License? Y/N	College/University	Qualifications gained
Groups Expiry Date		
Detail any endorsements:		
NI Number		
Are there any restrictions in you taking up work in the UK? Y/N If yes provide details	Other training	
Registration/PIN Number (Nursing) GMC Certificate Number (Doctor)		

OTHER EMPLOYMENT

Please note any other employment you would continue with if you were to be successful in obtaining this position

LEISURE

Please note here your leisure interests, sports and hobbies, or other past times

EMPLOYMENT HISTORY Please complete in full using an extra sheet if necessary, starting with you most recent employment and give reasons for any gaps

From – to	Name & Address of Employer	Job Title and Duties	Salary on Leaving	Reason for Leaving

REFERENCES

Please provide details of two referees who can provide information relating to your competency in a caring role, one of whom must be your present or most recent employer (referees for qualified Nurses must be professionals). If you are a student, please give an academic referee. If you are applying for a post that requires unsupervised access to children/vulnerable adults, we have the right to approach any past employer as a reference.

1	Name	2	Name
	Position		Position
	Organisation		Organisation
	Address		Address
	Postcode		Postcode
	Tel No		Tel No
	May we approach the above prior to interview? Y/N		May we approach the above prior to interview? Y/N

GENERAL COMMENTS

Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post.

CAUTIONS, REHABILITATIONS AND CRIMINAL RECORDS

Because of the nature of the work for which you are applying this post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exemptions Order 1975 as amended by the Exemptions (Amendment) Order 1986, which means that convictions are spent under the terms of the Rehabilitation of Offenders Act 1974, must be disclosed, and will be taken into account in whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

In addition you are required to submit a Criminal Records Bureau CRB check. Any standard or enhanced disclosure made by the CRB/SCRO will remain strictly confidential.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence?
Y/N (Delete as required).

If yes please give details

SPECIAL REQUIREMENT FOR THE CARE SECTOR

Because this position involves the care of children/vulnerable adults employment is dependant on the following:

- 1) Your written consent to obtaining a standard/enhanced disclosure certificates from the Criminal Records Bureau or an approved umbrella body
- 2) Such disclosure being acceptable to us
- 3) Proof of identity – birth or marriage certificate (where appropriate) and passport (if available)
- 4) Two satisfactory written references
- 5) That you will supply a photograph of yourself for written retention in your records
- 6) Evidence of physical or mental suitability for your work

DECLARATION (Please read this carefully before signing the application)

I confirm that the above information is complete and correct and that any untrue or misleading information will give the employer the right to terminate any employment contract offer.

Should we require any further information and wish to contact your doctor with a view to obtaining your medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

I agree that should I be successful in this application, I will, if required apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed.....Date.....