Application Form Carers

STRICTLY CONFIDENTIAL **Application for Employment**
Please type or complete this form in black ink

POSITION APPLIED FOR	Date of Application

1 PERSONAL DETAILS

Surname		First names	
Address		Previous Names	
		Home Telephone No.	
National Insurance No.		Mobile No.	
Immigration Details		E-mail	
Please notify us of any dates you are available for interview:			

Are you a citizen of the EU?	Yes	No
Do you need a work permit?	Yes	No
Current driving licence?	Yes	No
Do you have a car for work use?	Yes	No

2 NEXT OF KIN

Surname		First names	
Address		Relationship	
		Telephone	

3a PREVIOUS EMPLOYMENT

A 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				

3b PREVIOUS EMPLOYMENT
(Original documents as proof of qualification will be required at interview)

Secondary School / College / University	Examinations taken	Result

4 REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose?

Yes	No

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.

Signature:		Date:	

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

5 ADDITIONAL PERSONAL DETAILS

Outside interests, leisure time activities and other personal information which you think may assist us in evaluating your application.

6 REFERENCES

Please give the name and address of at least two referees, one of whom must be your present employer or your most recent employer.

	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 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 of the information contained and documented herein is complete and truthful.

Signature:		Date:	

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Applicant shortlisted	Yes	No
Interview Date:		
References requested:		
Verbal reference check	Yes	No
Date:		

Additional Notes from application

Applicant shortlisted	Yes	No
Full employment history?	Yes	No

Notes for interview

Equal Opportunities Monitoring

This section of the application will be detached and used for monitoring purposes only. Our organisation recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation religion or belief. 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 a tick

Asian or Asian British		**Mixed Raced**		**Other Ethnic Group**	
	Bangladeshi		White & Asian		Chinese
	Indian		White & Black African		Any other ethnic group
	Pakistani		White & Black Caribbean		I do not want to disclose this
	Any other Asian background		Any other missed background		
Black or Black British		**White**			
	African		British		
	Caribbean		Irish		
	Any other Black background		Any other Black background		

Employment Equality Regulations 2003
I Please select the option which best Please indicate your religion or belief describes your sexuality.

	Lesbian		Atheism		Sikhism
	Gay		Buddhism		Judaism
	Bisexual		Christianity		Hinduism
	Heterosexual		Islam		Other
	I do not wish to disclose this		Jainism		**I do not wish to disclose this**

Health Questionnaire

(To be used for those applicants that have been deemed appointable).

In order to comply with the Health and Social Care Act 2008 and 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:	**Yes**	**No**
Epilepsy/Blackouts		
Nervous Mental Disorders		
Migraine/Headaches		
Sensory Impairment		
Skin Allergies		

Back pain/Previous Back Injury		
Heart Condition		
Asthmatic or respiratory ailments		
Recurring Incidence of Illness		

Are you registered disabled?	Yes	No
If yes, please detail		

Please List Below any Periods spent Outside of the United Kingdom as a Resident (do not include holidays)	
1	
4	
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:	