



Application Form Carers

STRICTLY CONFIDENTIAL Application for Employment

Please type or complete this form in black ink

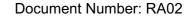
POSITION APPLIED FOR	Date of Application

1 PERSONAL DETAILS

Surname		First r	names	
Address		Previo Name		
		Home		
		Telep	hone No.	
National Insurance No.		Mobile	e No.	
Immigration Details		E-ma	il	
Please notify us of any interview:	dates you are available for			
Are you a citizen of the	EU?	Yes	No	
Do you need a work po	ermit?	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

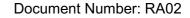
A full employment history must be detailed beginning with your current employment and covering all reasons for gaps in any given year.

е	Employer's name Position held		Salary &	Reason for
То	(most recent first)	1 Osition neid	Benefits	leaving
	То		FUSILIUII II EIU	FUSITION I TOU

3a PREVIOUS EMPLOYMENT

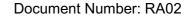
(Original documents as proof of qualification will be required at interview)

Secondary School / College / University	Examinations taken	Result





4 REHABILITATION OF OFFENDI Because of the nature of the work invo Rehabilitation of Offenders Act 1974 b means that you are not entitled to with	olved, the post for which you are applyingly virtue of the Rehabilitation Offenders the hold information relating to any convic	ng is exempt from Section 4(2) of the Act (Exemption Order 1975). This
Do you have any convictions to disclos	se?	
Yes No		
Any information should be given on a streated as confidential and will not nec		
Signature:	Date:	
Failure to declare or the falsification offer.	of any of the above details will res	ult in the withdrawal of any job
5 ADDITIONAL PERSONAL DETA	AILS	
Outside interests, leisure time ac	ctivities and other personal information evaluating your application.	which you think may assist us in
6 REFERENCES Please give the name and addres your most recent employer.	s of at least two referees, one of whon	n must be your present employer or





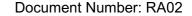
	Name	Status	Address and Telephone No
1			
2			
3			

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.

,			
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 truthful.	knowledge, all of the informatio	n contained and documente	d herein is complete and
Signature:	Date:		
	FOR OFFICE US	E ONLY	

Applicant shortlisted	Yes	No

Please indicate holiday dates if already booked





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

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	sian or Asian British Mixed Raced	
Bangladeshi	White & Asian	Chinese
Indian	White & Black African	Any other ethnic group
		I do not want to disclose



Pakistani	White & Black Caribbean	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.

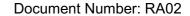
Lesbian	Atheism	Sikhism
Gay	Buddhism	Judaism
Bisexual	Christianity	Hinduism
Heterosexual	Islam	Other
I do not wish to disclose this	Jainism	I do not wish to disclose this

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		



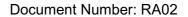


Are you registered disabled?	Yes	No
If yes, please detail		

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:
	FOI	R OFFICE USE ONLY
	FUI	COFFICE USE ONLY
Applicant shortlisted	Yes No	
Interview Date:		
References requested:		
Verbal reference check:	Yes No	
Date:		
Additional Notes from applic	ation	
Applicant shortlisted Yes	No	
Full employment history?	No	
Notes for interview		
Signature:		Date: