



APPLICATION FORM

Please complete this form legibly. ONLY INFORMATION PROVIDED ON THIS APPLICATION FORM WILL BE CONSIDERED BY THE PANEL. Curriculum vitae will not be accepted. Candidates will outline clearly how their qualifications and experience meet both the essential and preferred requirements. All information given will be treated with the strictest confidence. Continuation sheets may be added if necessary.

AN APPLICATION FOR A DBS CERTIFICATE WILL BE SUBMITTED IF YOUR APPLICATION IS SUCCESSFUL THIS WILL BE AT YOUR OWN EXPENSE.

Position Applied For: _____

Personal details:

Full Name _____

Address _____

Telephone No. _____

Email Address _____

Do you have a right to work in the UK? Yes No

Note: The Company will require proof of this right before an offer of employment can be confirmed- e.g. Birth Certificate and/or any other appropriate document required to confirm your right to work in the UK as required by the Asylum and Immigration Act 1996.

Do you have a full, current driving licence? Yes No

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Have you had any endorsements on your licence in the last 5 years? Yes No

If yes, please give details:

Do you have a criminal record? Yes No

If yes, please give details

Do you have access to a vehicle insured for business purposes? Yes No

Do you have any qualifications relevant to the role applied for? Yes No

If yes please give details- Date achieved, qualification etc.

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What do you think are the main attributes of a carer?

Employment Record:

Please list chronologically starting with your current or most recent employer

Name of Employer and Nature of Business:	From: To:	Job Title: Job Function and responsibilities:	Reason for Leaving:

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REFEREES

Please provide details of two personal referees as well as two work related referees, including your current or most recent post. Referees will **not** be contacted without your prior approval.

Professional Referees:

Name:	Name:
Position:	Position:
Company Name and Address:	Company Name and Address:
Telephone Number:	Telephone Number:
Nature of Relationship:	Nature of Relationship:

Personal Referees:

Name:	Name:
Address:	Address:
Telephone Number:	Telephone Number:
Nature of Relationship:	Nature of Relationship:

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DISABILITY DISCRIMINATION ACT 1995

Section 1 of this Act describes a disabled person as a person with a 'physical or mental impairment which has a substantial or long-term effect on his/her ability to carry out normal day-to-day activities'.

Using this definition, would you consider yourself to be disabled? Yes No

If yes, do you require any special arrangements to be made to assist you if called for interview?
Please provide details:

VERIFICATION OF INFORMATION

I certify that all information which I have provided is correct. I understand that any false information given may result in a job offer being withdrawn.

Signature: _____

Date: _____

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