



## CONFIDENTIAL & PRIVATE APPLICATION FOR EMPLOYMENT



Position Applied For:		Full Time:		Part Time:	
-----------------------	--	------------	--	------------	--

Title:	Schools:	Qualifications:
Surname:		
Forename(s):		
Date of birth:		
Address:		
Postcode:	College / University:	Qualifications:
Contact Details (Please include code)		
Home:		
Mobile:		
Email:	Other Training:	
NI Number: ____ / ____ / ____ / ____ / ____	RIGHT TO WORK STATUS  SHARE CODE	

**Other Employment:** Please note any other employment you would continue with if you were successful in obtaining this position

**Leisure:** Please note here your interests, sports and hobbies, or other pastimes, etc.

Employment History:				
Please complete in full using a separate sheet if necessary, starting with your most recent employment and give reasons for any gaps in employment				
Dates From - To	Name & Address of Employer	Job Title & Duties	Salary on Leaving	Reasons for Leaving

References:	
Please provide details of two references who can provide information relating to your competency in a caring role, one must be your present or most recent employer. If you are a student please give an academic reference. If you are applying for a post which requires unsupervised access to vulnerable adults, we reserve the right to approach any past employer.	
Name:	Name:
Position:	Position:
Organisation:	Organisation:
Address:	Address:
Postcode:	Postcode:
Tel:	Tel:
May we approach the above prior to interview? YES/NO	May we approach the above prior to interview? YES/NO

**General Comments:**

Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experience meet the requirements of this role.

**Next of kin:** Please provide details of your next of kin

Name:

Position:

Organisation:

Address:

Postcode:

Tel:

Email:

**Bank account details**

Recipient full Name:

Account Number:

Sort Code:

### Cautions, Rehabilitation & Criminal Records:

Because of the nature of the work for which you are applying, this post is exempt for the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding 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 to a Criminal Records Bureau check.  
Any enhanced disclosure made by the CRB will remain strictly confidential.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence?

YES/NO (delete as required)

If YES, please give details:

### SPECIAL REQUIREMENTS (CARE SECTOR):

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

1. Your written consent to obtaining a standard/enhanced disclosure certificate 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 photographs of yourself for retention in your records.
6. Evidence of physical or mental suitability for your work.

### DECLARATION: PLEASE READ THIS CAREFULLY BEFORE SIGNING THIS APPLICATION)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a 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.
3. I agree that should I be successful in this application, I will, if required apply to the Criminal Records Bureau. 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.

Signature of Applicant: \_\_\_\_\_

Date: \_\_ / \_\_ / \_\_\_\_

**It is important that all areas of this Application Form are filled in correctly. Please ensure that all questions are answered on the Application Form. If you are unable to answer or fill in any questions/areas on the Application Form, please put Not Applicable (N/A) to show the office that you have seen the information we require. Failure to provide any information or answer any questions may result in your application not being short listed.**