Name in Full (block letters):		
Application for employment as:		
Date of birth:	**N.I number:**	**Passport :**
Address:		
Telephone	**e-mail**	

Education and training (full details please)

Name and address of school/college attended after age 11	Details and results of any examinations taken.	Date from:	Date to:
(Details of any other training/courses) Name of training provider.	Details of any qualifications received	Date from:	Date to:

Employment history starting with present/most recent first. *(It is vital that you give as full an employment history as possible. We are obliged to examine any gaps in your history, and failure to provide such details may result in being forced to make decisions about employing you without all the necessary information required to make the decision fairly).*

Employer name and address	Job title (brief description of duties)	Employed From:	Employed To:	Reason for leaving

(Please continue on separate sheet if necessary).

Are you a member of any professional/registered body? *(e.g. NMC).* Yes No

If yes, please give details (e.g. PIN number etc):

References

Please give the names and contact details of two people who may be contacted to give you a reference in support of your application. (One of these should be your present/last employer).

1. Name	Position in company
Email:	
Address in full	
How long have they known you?	
Is this a personal or employer reference?	

2. Name	Position in company
Email:	
Address in full	
How long have they known you?	
Is this a personal or employer reference?	

Declaration

I understand that, in the event of being short listed for interview, I will be required to complete a confidential declaration in respect of my state of health; I understand too that a Standard/Enhanced Disclosure will be sought in the event of a successful application.

Declaration of Criminal Record

Because of the sensitive nature of the duties the post holder will be expected to undertake, you are required to disclose details of any criminal record. Only relevant convictions and other information will be taken into account so disclosure need not necessarily be a bar to obtaining this position.

Have you ever been convicted by the courts or cautioned, reprimanded or given a final warning by the police? (Note that the post you have applied for is excepted from the *Rehabilitation of Offenders Act 1974*, which means that all convictions, cautions, reprimands and final warnings on your criminal record need to be disclosed).

Yes/No?
If yes, please give details of offences, penalties, and dates

Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post?

Yes/No?
If yes, please give details

I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberately false information could result in my dismissal. I consent to all relevant checks being carried out to assess my suitability, including the Criminal Records Bureau check and the acquisition of references.

Signature: **Date:**

HEALTH CHECK FORM

Name:_____

Position to be filled:_____ Date: _____

Address: _____

Date of Birth: _____

Name and Address of your Doctor: _____

_____

Please answer all the following questions giving details with positive answers.

1. Have you suffered any of the following:
   a. Depression, anxiety state, nervous illness or breakdown_____

      _____

   b. Epilepsy or disease of the nervous system _____

      _____

   c. Ailment of lungs or chest _____

      _____

   d. Spinal problems _____

      _____

   e. Arthritis, Rheumatism or Gout etc. _____

      _____

   f. Heart problems including circulation disorders _____

      _____

   g. Illness of the digestive system _____

      _____

   h. Illness of the kidneys, bladder, liver or glands _____

      _____

   i. Diabetes_____

      _____

   j. Major accident, operation or physical defect_____

      _____

   k. Skin disorders _____

      _____

2. Are you presently taking medication or undergoing treatment. If yes, please give details

_____

4. Are you a registered disabled person _____

_____

5. Details of any industrial disablement benefit if received _____

_____

6. How many working days have you been absent from work during the last 12 months (holiday apart)

_____

a. what were the reasons for these absences _____

_____

7. Are you pregnant _____

_____

8. Have you been immunised against T.B. _____

and Hepatitis B _____

This space is to provide any additional information _____

_____

Please read carefully before signing

1. I declare that the answers given above are true and correct and give full and complete picture of my health in every respect.
2. I understand and accept that if any of the information given in this document is incorrect or untrue that the Company reserves the right to immediately terminate my employment with them.

Signed _____ Date _____

FOR OFFICE USE ONLY

CANDIDATE NAME:

Date of interview:

Rate offered:

Availability:

Mon Tues Wed Thurs Fri Sat Sun

Weekends: not available / some / alternate etc (specify)

What are arrangements? (eg. Phone in a week, write etc):

Are referee addresses sufficient?

CRB arrangements explained?

Probationary period explained?

Qualifications verified (e.g. certificates)?

Checked entitlement to work in UK?

References received?

ISA Adult received? Date

CRB received? Date

P45/P46

DBS Information Form

As a regulated service dealing with vulnerable adults, we have a statutory duty to ensure that all employees have an enhanced Disclosure and Barring Service check to ensure that they may legally work with such individuals.

Please complete this form in BLOCK CAPITALS

First Name(s)				
Surname				
Previous name(s)	**1**			
	2			
	3			
	4			
	5			
Current Address				
Previous Address 1 (if resident during last five years)			**Term of residence**	
			From (mm/yyyy)	**To (mm/yyyy)**
Previous Address 2 (if resident during last five years)				
Previous Address 3 (if resident during last five years)				
Previous Address 4 (if resident during last five years)				

Please supply TWO of the following as proof of identity:

Passport
Full or Provisional Driver's license
Birth Certificate

If your name has changed, please bring in supporting documentation (e.g. Marriage or Civil Partnership certificate, Deed Poll, etc.)

Please also bring ONE of the following as proof of address:

Utility bill
Bank statement

Please note: Under new regulations, the DBS check needs to be carried out annually. You will be responsible for covering the cost of this. This will cost you £54 per year. Alternatively, you can present your certificate to Sarah and be registered for the DBS Update Service. This will have the benefit of reducing the cost to £13 per year, and also it will make your certificate transferable to other employment if necessary without incurring further costs. You will, however, be responsible for the upkeep of your own registration and will be charged the full amount (£54) for further checks should you allow it to lapse.