APPLICATION FOR EMPLOYMENT

Post applied for: Full/Part time			Full/Part time		
1. PERSONA	AL DETAILS				
Pronoun:	First Name(s):		Surname:		
Address:			Home Telephone: Mobile Telephone:		
Post Code:			E-mail address:		
	OURSELF				
Do you hold a current Driving Licence? Yes No Do you own a car? Yes No Do you own a car? Yes No Do you own a car?			Yes □ No □		
	trictions on your right to	work in the Uk	Yes □ No □		
Do you consider yourself disabled? Yes ☐ No ☐		No 🗆	If 'Yes' are you registered disabled? Yes □ No □		
How many days sickness absence have you had in the last 2 years?		had in the	Number of occasions of sickness absence in the last 2 years.		
Next of Kin Full Name:			Mobile No:		
Do you have any al	lergies or health condit	tions we need	to be aware of?		
3. EDUCATION	ON – (MOST RECENT F	FIRST)			
School/College/University name and address	ersity Dates – From/To	Qualifications Gained Grade/Result		Grade/Result	

Professional Qualifications		Date of Registration		on No. (if applicable)		
4. MEMBERSHIP OF PROFESSIONAL BODIES						
Professional Body		Membe	Membership No Date		Date	admitted
5. OTHER RELEV	5. OTHER RELEVANT TRAINING					
Course Date						
6. EMPLOYMENT HISTORY						
Employer's Name and address	Date From	Date to	Po	sition held		Reason for leaving and final salary

7. PERSONAL STATEMENT				
Please say why you consider that you are suitable for the post. Relate your statement to the qualifications, knowledge, experience, and skills required for the role and give examples. What can you bring to our service? Please state your experience of working with people or in a care setting. <i>Continue on another sheet if necessary.</i>				
8. REFERENCES	ONE MUST BE CURRENT (DR LAST EMPLOYER		
Please give the names of two referees, one of whom should be your current employer or last employer, college lecturer or teacher, the other should have knowledge of your recent work, training or education covering the past three years.				
How much notice do you need to give your present employer?				
Name	N	ame		
Organisation	C	rganisation		
Address	A	ddress		

Post code		Post code	
Telephone number		Telephone number	
Fax / Email		Fax / Email	
Position held		Position held	
Contact before job offer?	YES/NO	Contact before job offer?	YES/NO

9. DECLARATION

9.	DECLARATION
and we	have any criminal convictions? Yes No The information will be confirmed by the DBS will contact you for further details if relevant. Dlease give details -
	e that the information given on this form is true and accurate to the best of my knowledge. Any atements may be sufficient cause for rejection or if employed dismissal.
Signatu	re: Date:
therefore given w	st is exempt from the provision of Section 4 (2) of the Rehabilitation of Offenders Act 1974 and re your entitlement to withhold information on spent convictions does not apply. Any information rill be completely confidential.

The information you have supplied on this form will be processed and may be held on computer and will be held on your personal record file if you are appointed. The information will also be used for equality monitoring and statistical purposes. By signing this application, you have given your consent to this, including information which may be considered to be sensitive and personal.