**Application form**

|  |
| --- |
| **Job Applied for:** |
|  |
| **Location: Kensey Care Services** |
|  |
| **Where did you see the position advertised?** |
|  |

**Personal Details**

|  |  |  |
| --- | --- | --- |
| **1** | **PLEASE USE BLOCK CAPITALS** | |
|  | **Surname:** | **Title:** |
|  |  |  |
|  | **First names:** | **National Insurance Number:** |
|  |  |  |
| **Date of Birth:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2** | **Address in BLOCK CAPITALS** | | | | | |
| **Permanent address:** | | | | | |
|  | | | | | |
| **Post code:** | |  | **Telephone no:** |  | |
| **Email address:** | |  | | | |
| **Contact address (if different from above):** | | | | | |
|  | | | | | |
| **Post code:** |  | | **Telephone No. or number where a message may be left:** | |  |

**Present or Most Recent Employer**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **3** | **Employer’s**  **name and**  **address:** | **Dates From:** | **To:** | **Position held and summary of duties:** | **Reason for leaving:** |
|  |  |  |  |  |
| **Rate of pay:** |  |  | **Notice required by employer** |

**4. Previous employment**

**Please state your most recent job then work backwards- please also enter any gaps in employment and reasons for this and continue on separate sheet if necessary.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employers Name**  **and Address** | **Dates from** | **Dates to** | **Position held and list of duties** | **Rate of pay** | **Reason for leaving** |
|  |  |  |  |  |  |

**5. Education, Professional Qualifications**

|  |  |  |
| --- | --- | --- |
| **School/college attended** | **qualification** | **Year obtained** |
|  |  |  |

**5 A ) Health and disability**

The new equality act 2010 makes it unlawful for employers to ask potential employees questions relating to their health and disability as part of the selection of staff process. However, employers are permitted to ask questions relating to the intrinsic function of the job.

Please read the job description prior to completing this section.

|  |
| --- |
| Do you have any disabilities or health conditions that may affect your ability to carry out any of the tasks stated on the job description. |
|  |

**Additional Qualifications and Experience**

|  |  |
| --- | --- |
| **6** | **Please give details of any other qualifications or experience you have which you consider are relevant to your application, including those gained through life experience.** |
|  |

**Supporting Information**

**In this section please give your reasons for applying for this post and additional information. This can include relevant skills, knowledge, experience, voluntary activities and training relevant to the care industry.**

|  |  |
| --- | --- |
| **7** |  |
|  |

**Availability and Interview Arrangements**

|  |  |  |  |
| --- | --- | --- | --- |
| **8** | **Dates when NOT available for interview (please see probable interview dates). We cannot undertake to avoid these dates but will try to do so.** | | |
|  |  |  |
|  | | |

**References**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **9** | **Please give the names and addresses of two referees (who are not related to you).**  **One of which must be your current or most recent employer.** | | | | | | |
| **Name:** |  | | | | |  |
| **Address:** |  | | | | |  |
| **Tel:** |  | | | | |
| **May we obtain references now?** | | **Yes:** |  | **No:** |  |  |
|  | | | | | | |
| **Name:** |  | | | | |  |
| **Address:** |  | | | | |  |
| **Tel:** |  | | | | |
| **May we obtain references now?** | | **Yes:** |  | **No:** |  |  |
|  | | | | | | |

**Other Employment**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **10** | **Will you continue to work in any other employment?** | | **Yes:** |  | **No:** |  |
|  | **If yes please specify:** |  | | | | |

**Driving Licence**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **11** | **Do you hold a current driving licence?** | | **Yes:** |  | **No:** |  |
| **Expiry Date:** | |  | | | |
| **Endorsements?** | | **Yes:** |  | **No:** |  |
| **If yes please specify:** |  | | | | |

|  |  |  |
| --- | --- | --- |
| **12** | **Do you have any convictions, cautions, reprimands or final warnings that are not “protected “as defined**  **in the rehabilitation of offenders act 1974 (exceptions)order 1975 (as amended in 2013)**  **If none please also state:**   |  | | --- | |  |   **Enhanced Police checks (DBS – Disclosure and barring service) are carried out as a requirement of**  **employment and the cost of this is paid by the prospective employee but must be reimbursed should the employment period last less than 6 months.** |

|  |
| --- |
| **13 Please read this carefully before signing this application** |

**Declaration**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Driving License | Passport | Birth Certificate | | **Copy taken:** | **Copy Taken:** | **Copy Taken:** | | References: | Date Sent: | Date Received: | | **Medical:** | **Date Sent:** | **Date Received:** | | **CBR Check:**  **POVA: Check** | **Date Sent:**  **Date sent:** | **Date Received:**  **Date Received:** | |