## APPLICATION FOR EMPLOYMENT



| PRIVATE & CONFIDENTIAL  |  |  |
|---|--|--|
| POSITION APPLIED FOR  | <del></del>  |  |
| TITLE:  | Please write here your qualifications gained to date             |  |
| Surname:  |  |  |
| Forename(s):  |  |  |
| Address:  |  |  |
| Postcode:   |  |  |
|   |  |  |
| E-mail address:   |  |  |
| Tel. Nos (please include code):   |  |  |
| (Home)  |  |  |
| (Work)  |  |  |
| (Mobile)  |  |  |
| Current driving licence? Yes/No   | Qualifications gained at College/University                      |  |
| Expiry Date:  |  |  |
| Details of any endorsements:  |  |  |
| NI No.  |  |  |
| Are there any restrictions on you taking work                                       |  |  |
| in the UK? Yes/No (If yes please provide  |  |  |
| details)  |  |  |
| PVG Registration no.  |  |  |
| OTHER EMPLOYMENT  |  |  |
|   | continue with if you were successful in obtaining this position. |  |
|   |  |  |
|   |  |  |
| LEISURE   |  |  |
| Please note here your leisure 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) Name & Address of employer Job Title & Duties Reason for leaving Date Start Finish **REFERENCES** Please provide details of 3 referees who can provide information relating to your competency in a caring role, one of whom must be your present employer or most recent employer (referees for qualified Nurses must be professionals). If you are a student, please give an academic referee. If you are applying for a post which requires unsupervised access to children/vulnerable adults, we reserve the right to approach any past employer for a referee. Name: Name: 1. 2. **Position: Position:** Character Employment **Employment** Character **Organisation: Organisation:** Address: Address: Postcode: Postcode: Tele No. Tele No. Name: **Position:** Employment Character Organisation: Address: Postcode: Tele No.

## STATEMENT IN SUPPORT OF APPLICATION 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 experiences meet the requirements of this role (as summarised in the person specification). (Please complete in full using a separate sheet if necessary) **CAUTIONS, REHABILITATION AND CRIMINAL RECORDS** Because of the nature of work for which you are applying, this post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exception 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. In addition you are required to submit to a criminal Records Bureau check. Any standard or enhanced disclosure made by the CRB/SCRO 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) Three satisfactory written references.

## **DECLARATION** (Please read 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 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 to inform you of our intention and obtaining 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 my previous employers may be approached for referees. I also agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal records Office for a standard or enhanced (as appropriate) disclosure. I understand that should I fail to do so, or should the disclosure or reference not be satisfactory, any offer of employment may be withdrawn or my employment terminated.

| Signed: |  |
|---------|--|
| Date:   |  |