

APPLICATION FOR EMPLOYMENT

Please Return to:

Post applied for

Location

PERSONAL DETAILS

Surname:	First Name:	Title:
Date of Birth:	National Insurance No:	

Home Address in Full (Block Capitals):	Home Tel:
	Mobile Tel:
	E-mail:
	Fax No:

Do you hold a current driving licence?	Yes	Do you own a car and will you drive to work?	Yes
	No		No

Date available for work:		
Are you legally eligible for employment in the UK?	Yes	No
Please submit with the application a good quality copy of: <ul style="list-style-type: none"> • your passport • your visa (<i>if you have one</i>) • your national insurance number 		
Are you registered as disabled? If yes please provide details -	Yes	No

HEALTH QUESTIONS

Please answer the following questions regarding your mental and physical health on receipt of confirmation that you have been offered the position to which you are applying.

<p>Do you consider yourself to be in good health? If no, give details -</p>	<p>Yes</p>	<p>No</p>
<p>How many days absence from work due to sickness have you had in the last year?</p>		
<p>Have you ever suffered from; allergies, eczema, dermatitis or other skin problems?</p>	<p>Yes</p>	<p>No</p>
<p>Do you suffer from; epilepsy, migraine, asthma, Angina, heart trouble, or condition requiring long term medical support, or a strict medication time- table?</p>	<p>Yes</p>	<p>No</p>
<p>Have you ever suffered from mental illness including anxiety, depression, nervous debility?</p>	<p>Yes</p>	<p>No</p>
<p>Have you ever required treatment for hernia or rupture, rheumatism, back problems, slipped disc, sciatica, or repetitive strain injury?</p>	<p>Yes</p>	<p>No</p>
<p>Do you suffer from diabetes, ulcers, stomach or other intestinal problems?</p>	<p>Yes</p>	<p>No</p>

If you have answered yes to any of the above health questions, please provide the question number and details below: (Add additional sheets if required)

EDUCATION AND TRAINING

Add additional sheets if required:

Schools, Colleges, University etc Attended:	From	To	Examinations taken, when obtained and grade:

Other Training Course Attended (work/outside work)	From	To	Examinations taken, when obtained and grade:

Additional Qualifications Membership of Professional Bodies, etc.	From	To	Examinations taken, when obtained and grade:

PRESENT EMPLOYMENT

Add additional sheets if required:

Name and address of current or last employer	Job Title
	Date of Appointment
	Present Salary and Benefits

Please give a brief description of your main duties and responsibilities

ALL PREVIOUS EMPLOYMENT HISTORY (Most Recent First)

Add additional sheets if required:

Name & Address of Employer	From:	To:	Job Title; Salary & Benefits:	Reason for Leaving

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OTHER RELEVANT INFORMATION

Add additional sheets if required:

Other relevant information and experience, including current duties. The information you provide in this section will be used in assessing your application. Please use this space to state your reasons for applying for the post, relating your skills, experience and personal qualities gained through work or unpaid work to the requirements of this job:

REFERENCES

Please give the names and addresses of two referees (one of which must be your current or last employer)

Professional Reference:

Reference Name:	Position Held:
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Relationship & Occupation:	Organisation/Company Name:
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Address in Full (Block Capitals)	Tel.
	Fax.
	E-mail.

Personal Reference:

Reference Name:	Position Held:
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Relationship & Occupation:

Address in Full (Block Capitals)	Tel.
	Fax.
	E-mail.

I give the employer the right to contact referees:	Yes / No
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Please note that in view of the possible vulnerable nature of the service user group we work with all posts are exempt from Section 4(2) of the Rehabilitation Act 1974. You are not entitled to withhold information relating to any convictions you may have had. Is there any information regarding criminal convictions ?	Yes / No
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If you answer Yes you must provide additional information to confirm that nature of any convictions.
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I confirm that all information given on this application form is accurate and correct to the best of my knowledge. I understand that if any information given is subsequently found to be untrue or incomplete then I may be subject to disciplinary action and/or could be dismissed from employment. I hereby confirm that I know of no reason to either my physical or mental health, why I would be unable to undertake duties as detailed in the staff handbook required for the above post applied for. I understand the information given herein will be treated confidentially and used solely for the purpose of considering your application for employment.

Signature:	Date:
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Any appointment to the vacancy for which you are applying will be subject to a satisfactory Enhanced Level Disclosure from the Criminal Records Bureau. If you are successful through this stage we will contact you for interview, verify your references and obtain your CRB certificate before you commence employment.

Office Use Only:	Date Received:	Date Interviewed:	Interview Appraisal Completed:	Successful/Unsuccessful Application Letter Sent Y/N, Date:	If Successful, Employment Commencement Information Sheet Completed and Submitted? Y/N