

APPLICATION FORM



Where Children Have Always Mattered

Position for:

Surname : _____

Forename : _____

Have you ever been known by any other name? Y/N []

If yes please specify: _____

Present address: _____

Postcode _____

How long at this address: ____ mths ____ yrs

Tel No: _____ Home

Tel No: _____ Work

Tel No: _____ Mobile

Next of Kin: _____

Relationship: _____

Contact No: _____

Personal Details

D.O.B: _____

Place of Birth: _____

Nationality: _____

NI Number: _____

Do you hold a full driving licence: Y/N []

Details of driving endorsements: _____

Do you have the use of a car? Y/N []

Asylum & Immigration Act 1996

Date of entry into the UK: _____

Do you have evidence of your entitlement to live and work in the United Kingdom Y/N []

If 'yes' please enclose copy of evidence:

Permit No. and Expiry date: _____

How did you hear about this vacancy? _____

Previous addresses (must cover previous five years)

1 _____ From _____

_____ Postcode _____ To _____

2 _____ From _____

_____ Postcode _____ To _____

3 _____ From _____

_____ Postcode _____ To _____

4 _____ From _____

_____ Postcode _____ To _____

5 _____ From _____

_____ Postcode _____ To _____



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Education

SECONDARY SCHOOL (ADDRESS)	EXAMINATIONS UNDERTAKEN	RESULTS	DATE FROM	DATE TO

Further Education

COLLEGE/UNIVERSITY (ADDRESS)	COURSE/S UNDERTAKEN	RESULTS	DATE FROM	DATE TO



Employment History

Please provide your complete employment history, commencing with your most recent employer. Please include details of any breaks you may have taken throughout your employment history.

Name of parent organisation, and full Address of place of work	Dates		Position & Responsibilities Please specify any responsibilities applicable to your application	Salary	Reason for leaving
	From (day/mth/yr)	To			

Have you ever been dismissed from a previous employer: Y/N []

Has any form of Disciplinary Action formal or informal ever been taken against you Y/N []

If 'yes' what was the outcome?

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Medical History:

Please complete the following questions by ticking the appropriate box. If the answer is 'yes', give details including (a) date, (b) amount of time lost from work/college, (c) treatment, as appropriate

Have you ever suffered from any of the following illnesses?	Yes	No	If Yes please give details
Visual defects or eye conditions			
Hearing defects or ear conditions			
Severe anxiety, depression or other psychiatric disorder			
Paralysis or other neurological disorder			
Fainting attacks, black outs, epilepsy or fits			
Recurrent headaches, migraine			
Vertigo, giddiness or tinnitus			
Heart disease, high blood pressure			
Asthma, bronchitis, tuberculosis or other chest disease			
Peptic ulcer or other digestive or bowel disorder			
Liver disorder			
Kidney or bladder problems			
Gynaecological problems			
Recurrent backache, arthritis, rheumatism			
Any blood disorder			
Eczema, dermatitis, other skin condition			
Diabetes, thyroid or other gland problems			
Hayfever, allergies to drugs animals etc.			
Any recurrent infections			
Any impairment of immunity to infection			
Varicose veins causing trouble			
Hernia			
Any alcohol or drug related problems or illness			
Any other medical condition physical or mental not mentioned above			

Have you:	Yes	No	Details
Ever undergone a surgical; operation or been admitted to hospital for any reason?			
Had more than 20 days sickness absence in the past 2 years?			
Ever been or are Registered Disabled?			
Received a Disability Pension?			
Suffered from an Industrial Disease or Accident?			
Had a chest x-ray in the past 12 months? If so state place/date/result.			

Present Health Status	Yes	No	Details
Are you currently attending a doctor?			
Are you at present on any medication or treatment prescribed by a doctor?			
Are you a smoker?			
How many units of alcohol do you drink per week?			
Do you have a speech defect or communication problems?			
Do you have a physical disability necessitating special aids?			
Do you have any other relevant health problems?			

Criminal Records Bureau



Due to current Government Legislation all positions with Southern Care Limited are subject to an Enhanced Criminal Records Disclosure.

Is there any reason why you should be prevented from working with Children Y/N []
If yes please provide full details on a separate sheet.

Is there any reason why your spouse/partner or member of your family should be prevented from working with Children Y/N []
If yes please provide full details on a separate sheet.

Have you ever been convicted of a criminal offence Y/N []
If yes please provide full details on a separate sheet.

(By virtue of the nature of this employment this post is exempt from the Rehabilitation of Offenders Act 1974 revised 1975)

References:

References will be taken up prior to interview

Please note that we require the 'formal' address of the organisations that you have worked for, this may be different from the address you have work/worked.

<p>REFERENCE – 1: Your current /most recent employer</p> <p>Name of main organisation: _____</p> <p>Name of referee/title: _____</p> <p>Full Address: _____ _____</p> <p>Post code: _____</p> <p>Tel no: _____ Fax no: _____</p> <p>Is this address different to the establishment in which you have worked? Y/N [] If 'yes' which establishment did you work at? _____</p>
<p>REFERENCE – 2: Your current /most recent employer</p> <p>Name of main organisation: _____</p> <p>Name of referee/title: _____</p> <p>Full Address: _____ _____</p> <p>Post code: _____</p> <p>Tel no: _____ Fax no: _____</p> <p>Is this address different to the establishment in which you have worked? Y/N [] If 'yes' which establishment did you work at? _____</p>

Declaration



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Please read this section carefully before signing

1. I declare that the statements I have made on this application form are to the best of my knowledge, true and complete. I understand that the Company reserves the right to withdraw any offer of employment, or to terminate any employment already commenced, if the information given by me is inaccurate or misleading in any way
2. I understand that my employment is subject to receipt of satisfactory references and Criminal Records Enhanced Disclosure if an offer of employment is made and accepted
3. I agree to undergo a medical examination should this be considered necessary

Signed: Date:

Office use only:

Original Identification Documents checked.

Birth certificate	(Y/N)
Driving licence	(Y/N)
Passport	(Y/N)
Address verification	(Y/N)
P45 or P60	(Y/N)

Checked by Date.....

