



Application for Employment

STRICTLY CONFIDENTIAL

Please type or complete this form in black ink

POSITION APPLIED FOR - please tick appropriate box Introductory Carer - Self Employed <input type="checkbox"/> Platinum Carer - Employed <input type="checkbox"/>	Date of Application
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PERSONAL DETAILS

Surname	First names
Address	Maiden name (if applicable)
	Home Telephone No.
	Mobile Telephone No.
	e-mail address
Post code	
National Insurance Number	Date of Birth

Next of kin	Relationship to you
Address	Home Telephone No.
	Mobile Telephone No.
Post code	

EDUCATION

Schools attended	Examinations passed	Year Obtained

College, University, other Further Education	Degrees, Awards or Professional Qualifications	Date

EMPLOYMENT

Date		Employer's name (most recent first)	Position held	Salary & Benefits	Reason for leaving
From	To				

AVAILABILITY

Period of notice required		Are you legally eligible for employment in the UK?	YES/NO
Date available for work		Do you hold a current driving licence?	YES/NO
Do you require a work permit?	YES/NO	Do you own a car?	YES/NO

KNOWLEDGE, SKILLS AND EXPERIENCE

Please tell us why you would succeed in this position, setting out relevant knowledge, skills and experience you have gained from current/previous employment or voluntary/community work. You should also provide any other information that may be of interest and relevant to the position. Please also describe your aspirations and ambitions. **Please remember to address the criteria mentioned in the Job Description and/or Person Specification when completing your application.** (If necessary, you should continue on a separate sheet).

REFERENCES

Please give the name and address of two referees, one of whom should be your present employer. **Please note if this information is inaccurate or incomplete, we will be unable to process your application form.**

Name	Status	Address and Telephone No
1.		
2.		

OTHER INFORMATION

If you consider yourself as having a disability, is there any support you would require attending for interview? Please specify (eg. wheelchair, accessible rooms, etc.)	
Are you related to any employee of this organisation?	YES/NO
Have you applied for any other post in this organisation in the last year?	YES/NO

ADDITIONAL PERSONAL DETAILS

Outside interests, leisure time activities and other personal information which you think may assist us in evaluating your application. Do you speak any additional languages etc.

REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose? **YES/NO**

Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

HEALTH SCREENING

The appointment of any post is subject to satisfactory health screening. You will therefore be asked to complete a Declaration of Health and may be asked to undertake a medical examination if successful.

I declare that the information given is correct to the best of my knowledge. I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer the right to investigate all references.

Signature: Date:

The form when completed must be returned to:

Good Companions Care at Home Agency
Unit 5C, Block C
Clifford Court,
Carlisle
Cumbria
CA3 0JG

Additional Information

We are required by CSCI to compile information relating to the workforce. This information does not in any way affect your application.

How would you describe your origin? This applies to people who share the same cultural background and identity, NOT country of birth or nationality. These categories are the same as used in the National Census.

- (a) White British
 Irish
- (b) mixed any other white background
 White and Black Caribbean
 White and Black African
 White and Asian
- © Asian or Asian British Indian
 Pakistani
 Bangladeshi
 Any Other Asian Background
- (d) Black or Black British Caribbean
 African
- (e) Other Ethnic Groups Any Other Black background
 Chinese
 Any other ethnic group
- (f) Not Stated Not Stated

What is your date of birth ?.....

Please indicate your age group.

18 – 24	25 – 34	35 – 44	45 – 54	55 – 64	65+

Please Indicate your gender. Male Female

Please indicate your sexual orientation (this is not a compulsory)

Bisexual	Heterosexual / straight	Lesbian / Gay man or woman	Do Not Wish to Say

Due to the specific nature of the role it is useful to have a recorded details of a contact person /s in case of Emergency

NEXT OF KIN	RELATIONSHIP
Address	Home Telephone number
	Work Telephone Number
	Mobile Number
Post Code	

Alternative Contact	RELATIONSHIP
Address	Home Telephone number
	Work Telephone Number
	Mobile Number
Post Code	