



APPLICATION FORM

The recruitment process within this organisation has a minimum of two stages.

The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether to process to stage two, the interview, based on this information.

Position applied for:	Approx. No. of hours wanted:					
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time days	<input type="checkbox"/> Nights	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	<input type="checkbox"/> Weekends

PERSONAL DETAILS

Surname:	First name(s):
Previous surname:	
Current address:	Previous address(es) (Note: For Criminal Record Check purposes, addresses covering the ten years up to the application date must be supplied)
Postcode:	Postcode:
Moved to this address on (date):	Moved to this address on (date):
Telephone number (home):	Mobile number:
Email address:	
Do you have your own transport?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
How long has your licence been held?:	
Do you have any endorsements? If yes please give details below.	

EDUCATION

School / College / University:	Examinations Passed / Qualifications gained:
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TRAINING HISTORY / PROFESSIONAL QUALIFICATIONS

Date of Graduation / Qualification awarded:	Location / Details:
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SHORT COURSES ATTENDED

Subject:	Location / Details:
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EMPLOYMENT HISTORY

Current / most recent first. Information must cover the whole of your working life to date.
State the reasons for any breaks in employment. Use a separate attached sheet if required.

Name of your most recent employer:	Address of employer:
	Postcode:
Date employed: From:	To:
Outline your duties and responsibilities:	
Position held:	Salary / rate:
Reason for leaving:	

Name of your employer prior to the one above:	Address of employer:
	Postcode:
Date employed: From:	To:
Outline your duties and responsibilities:	
Position held:	Salary / rate:
Reason for leaving:	

Name of your employer prior to the one above:	Address of most recent employer:
	Postcode:
Date employed: From:	To:
Outline your duties and responsibilities:	
Position held:	Salary / rate:
Reason for leaving:	

EMPLOYMENT HISTORY

Name of your employer prior to the previous page:		Address of employer:	
		Postcode:	
Date employed: From:		To:	
Outline your duties and responsibilities:			
Position held:		Salary / rate:	
Reason for leaving:			

Name of your employer prior to the one above:		Address of employer:	
		Postcode:	
Date employed: From:		To:	
Outline your duties and responsibilities:			
Position held:		Salary / rate:	
Reason for leaving:			

Name of your employer prior to the one above:		Address of employer:	
		Postcode:	
Date employed: From:		To:	
Outline your duties and responsibilities:			
Position held:		Salary / rate:	
Reason for leaving:			

ADDITIONAL INFORMATION

Please give details of relevant experience, skills and knowledge. This may be taken from your work situation, voluntary work, charity or from your own home:

A large, empty rectangular area with a light grey background, intended for the applicant to provide additional information.

HEALTH DETAILS

Do you have any mental or physical disability or illness (currently or recurring)? Yes No

If yes, please give details:

What adjustments (if any) need to be made to the working environment to accommodate your disability?

Please give details of all absences from work in the last 12 months, except holidays:

Please give details of any illnesses / accidents / injuries in the last 2 years:

GP's name:

Tel. No.

Address:

Postcode:

(Your GP will not be contacted without your permission)

IDENTITY DETAILS

Nursing and Midwifery Council PIN number (Nurses only):

National Insurance Number (All applicants):

CAPACITY TO WORK IN THE UK

Are there any restrictions to your residence in the UK which might effect your right to take up employment in the UK? Yes No

If yes, please provide details.

If you are successful in the application, would you require a work permit prior to taking up employment? Yes No

Note: Minimum age legislation dictates that care workers in general must be **18 years old or older**, and carers working with people with learning disabilities must be 21 years or older.

REFEREES

You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

Name of your most recent employer:	Address of employer:
	Postcode:
Email address:	
Tel No:	
Job title:	

Name of your previous employer to one above:	Address of employer:
	Postcode:
Email address:	
Tel No:	
Job title:	

Name of your character reference :	Address of character reference:
	Postcode:
Email address:	
Tel No:	
Job title:	

CRIMINAL RECORD

All employees are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the CRB. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.

You will not be eligible for work in a care setting if you are on the ISA Register(s).

Notice period with existing employer:

Please indicate where you found out about the vacancy:

DECLARATION - IMPORTANT, READ BEFORE SIGNING

I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.

I understand that I cannot be offered a post until a satisfactory response has been received with respect to my ISA Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to satisfactory criminal record check from the CRB. I understand that until a satisfactory response is received from the CRB, and my

employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people. If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature, I authorise the organisation to request an ISA Register check and a criminal records check from the CRB, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my ISA Register status changes at anytime during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred care workers, or withdrawal of any registration required by my employment status.

Signature:

Date:

If sending in the application by post please forward to:

Trust Life Care
Suite 2.6, Morwick Hall
Mortec Office Park
York Road
Leeds
LS15 4TA