

Application Form

Position Applied for	
Location	

Essential Information

Title		D.O.B	
Surname			
First Name			
Previous Surname/s			
Prefer to be known as			
Gender			

Contact Details

Email	
Telephone number	
Mobile number	

Please provide addresses for the last 5 years

Current Address	
Previous Address 1	
Previous Address 2	
Any other previous Addresses	

Other Information

National Insurance Number		
Do you hold a current UK driving license	Yes	No
Do you have any endorsements	Yes	No
DO you require a permit to work in the United Kingdom?	Yes	No
If yes please detail any conditions attached to your work permit		

(Work Permits and Limited Leave to Remain are not transferable between employers and any offer of employment made will be subject to obtaining a new work permit. Any documentation provided by applicants in support of their application may be checked with the Home Office).

Education and Training

Please give details of all education provisions you have attended, starting with secondary school

Place of Training (school/college/ workplace/university etc)	Subject Name	Level (GCSE's / A Level / Diploma etc)	Grade Write Pass if grading not applicable	Year achieved

Please use the blank space at the end of this form if you need to add more information,
please use the heading Education and Training Continued

Further Education and Training

Please give details of any further professional qualification or training you have undertaken, or are currently working towards.

Place of Study (Workplace/institute/ College etc)	Subject Name	Level if applicable (Online Training/ Apprenticeship / Diploma etc)	Year achieved

Please use the blank space at the end of this form if you need to add more information,
please use the heading Further Education and Training continued



Employment and Work History

Able Healthcare are committed to their requirements under Schedule 2 of the Children's Home Regulations, and Safer Recruitment. As such we need to obtain work history from the year that every applicant left secondary school. Please details any gaps in dates at the end of the chronology with a reason (unemployed/travel/family) and this will aid your recruitment if you are successful.

Please begin with your current or most recent employer

Name and Address details	Employer contact details	Nature of Business	Position held	Dates from and to (please as a minimum use MM/YYYY)
Salary	Duties responsible for		Reason for Leaving	



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Salary	Duties responsible for		Reason for Leaving	

Details of Gaps in Employment or Education

This does not affect your application; it is a requirement that we ask this.

Please use the blank space at the end of this form if you need to add more information,
please use the heading Employment and Work History Continued

Supporting Statement

Please explain why you would like to apply for this role, and your suitability for the position including relevant experience which may support your application

References

- Please give the names and addresses of two referees'
- One of which must be your current or most recent employer
- We will be required, in line with Safer Recruitment, to seek references from any prior employer in which you have worked with children, as such please detail these below

We will not seek references without your permission.

Referee 1 – Most recent or current employer

Company			
Name of contact			
Relationship to you			
Telephone		Mobile	
Address		Email	

Referee 2 – Second main referee

Company			
Name of contact			
Relationship to you			
Telephone		Mobile	
Address		Email	

Referee 3 – Other reference for work with children or young people

Company			
Name of contact			
Relationship to you			
Telephone		Mobile	
Address		Email	

Referee 4 - Other reference for work with children or young people

Company			
Name of contact			
Relationship to you			
Telephone		Mobile	
Address		Email	

Please use the blank space at the end of this form if you need to add more information, please use the heading Referees Continued

Administrative information	
When would you be available to take up this position if you were successful in interview?	
Are you related to any member of staff from Able Health Care ?	
How did you hear about this Vacancy ?	
How many days Absence from work have you had in the last 12 months	
We may need to seek an overseas criminal record check if you have lived, worked or spent extended time abroad. Please let us know if you have done any of the above, and in which country/ies	

Is there anything else you would like us to know or make note of?

<p>If you have any questions please contact us on recruitment@able-healthcare.co.uk</p> <p>Please return this form to recruitment@able-healthcare.co.uk</p>

Rehabilitation of Offenders

People who have offended in the past, but have since made sincere attempts to live down convictions and abide by the law, are supported by the Rehabilitation of Offenders Act 1974.

This post is, however, exempt from the Rehabilitation of Offenders Act 1974. Convictions which are irrelevant to the job will not be taken into consideration, but you are required to disclose any convictions, this post is subject to an Enhance Disclosure and Barring Service Certificate being processed (DBS)

Do you have any previous (including spent) convictions, cautions, reprimands, warnings or bind-overs.	Yes	No
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If yes please give details		
Dates	Type of Offence	Sentence if any or any other relevant background

Rehabilitation of Offenders Declaration

I certify that the information contained in this application is correct; I understand that any incorrect or false information given may result in disciplinary action or dismissal if I am appointed.

I understand this position is subject to an enhanced DBS check and may be subject to a satisfactory medical examination.

Signature	
Date	

Disciplinary, Complaint or Allegation

Have you ever been subject to disciplinary action?

Yes

No

If Yes please give brief details and outcome of action

Have you ever had a complaint or allegation made against you?

Yes

No

If Yes please give brief details and outcome

Disciplinary Declaration

: The information I have provided is accurate and true to the best of my knowledge.

Signed:

Date:

Print:

Blank Space

Please include any additional information which could not fit into the allocated section of this application

Equal Opportunities Monitoring

We, Able Healthcare are an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation. Our recruitment selection criteria and procedures (including the areas or media sources which are used in the recruitment process) are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities and that no applicant or employee is disadvantaged by provisions, criteria or practices which cannot be shown to be justified.

We would like to use your data to ensure that this policy is fully and fairly implemented. We will use your data to compile statistics on the representation amongst our workforce of the categories listed. To use this information, we need your consent. Signing in the space below will indicate that you consent to your data being used for the purposes stated. You may withdraw your consent at any time by contacting recruitment@able-healthcare.co.uk.

Completion of this form is optional. Any responses you give will assist us in our commitment to equality, diversity and inclusion in the workplace. Your responses will be kept strictly confidential and will not be used in any decisions affecting you.

To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information:

I would describe my ethnic group as:	
Asian or Asian British	
Any other background please specify	
Black, African, Caribbean or Black British	
Any other background please specify	
Mixed or Multiple Ethnic Groups	
Any other background please specify	
White	
Any other background please specify	
Other Ethnic Group	
Any other background please specify	

EQUAL OPPORTUNITIES MONITORING DECLARATION

The information I have provided is accurate and true to the best of my knowledge.

Signed:		Date:	
Print:			