# APPLICATION FORM

|  |  |
| --- | --- |
| **Position applied for:** |  |
| **First name(s)** |  |
| **Surname** |  |
| **Previous Surname**  **Date of change** |  |
|  |
| **Date Of Birth** |  |
| **Mobile Telephone** |  |
| **Home Telephone number** |  |
| **Email** |  |
| **National Insurance No** |  |
| **Right to work in UK** | YES / NO |
| **Position Applied For** |  |
| **No of hours required** |  |
| **Availability** Days, Nights, weekends  **Please give details** |  |
| **Current Address**  **Postcode** |  |
| **Length of time at address** | \_\_\_\_\_\_\_ YEARS \_\_\_\_\_\_\_\_\_ MONTHS |
| **Please provide address detail for the past 5 years** |  |
| **Mother’s Maiden name** |  |
| **Driving License (if applicable)** | YES / NO |

**EDUCATION**

|  |  |
| --- | --- |
| School/College/University | Examinations Passed/Qualifications Gained |
|  | *(Please supply copies of certificates)* |

**TRAINING HISTORY/PROFESSIONAL STATUS**

|  |  |  |
| --- | --- | --- |
| Date of Graduation/Qualification | Location/Details | Notes |
|  | *(Please supply copies of certificates/membership details)* |  |

**ADDITIONAL COURSES ATTENDED**

|  |  |
| --- | --- |
| Subjects | Location |
|  |  |

# EMPLOYMENT HISTORY

Employment history must cover the past five years of your working experience up to date. State the reasons for any

breaks in employment. Use a separate attached sheet if required. Please sign sheet(s).

|  |  |
| --- | --- |
| **Name and address of your most recent/last employer:** |  |
| Date employed: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| **Name and address of employer prior to the employer listed above:** |  |
| Date employed: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| **Name and address of employer prior to the employer listed above:** |  |
| Date employed: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| **Other roles** (use additional sheet if necessary): |  |
|  |  |
|  |  |
|  |  |
|  |  |

Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if insufficient space is available.

# ASSISTANCE WITH INTERVIEW AND ASSESSMENT

|  |  |
| --- | --- |
| Do you require us to make any special arrangements in order for you to participate in the recruitment process? For example, large print forms? Or additional time to complete forms?  Yes / No | |
| If yes, please give details: This information will not be used in reaching a decision on whether to offer employment. | |
| GP’s name: |  |
| Tel no: |  |
| Address: |  |
| *(Your GP will never be contacted without your permission)* | |

**NEXT OF KIN**

|  |  |
| --- | --- |
| Full name: |  |
| Relationship: |  |
| Tel no: |  |
| Address: | |

# 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.

# Current or most recent employer

|  |  |
| --- | --- |
| Name: |  |
| Email address |  |
| Tel No: |  |
| Job title: |  |

**Previous employer to the one above**

|  |  |
| --- | --- |
| Name: |  |
| Email address |  |
| Tel No: |  |
| Job title: |  |

|  |  |
| --- | --- |
| Name: |  |
| Email address |  |
| Tel No: |  |
| Job title: |  |

**Character Reference**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Post code: |  |
| Email: | Email: |
| Relationship to you: | |

# CRIMINAL RECORD

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

Please note, you may not be eligible for work in a support setting if you are on the DBS Register(s).

|  |
| --- |
| **Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below.** |
|  |
| **SIGNATURE and 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 may not be offered a post until a satisfactory response has been received with respect to my DBS 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 a satisfactory criminal record check from the DBS.  I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will always be supervised 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 Abnercare Ltd to request a DBS Register check and a criminal record check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time 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 support workers, or withdrawal of any registration required by my employment status.  **Signed: Date:** |

**BANK DETAILS**

|  |  |
| --- | --- |
| **Bank Name** |  |
| **Account Name** |  |
| **Account Number** |  |
| **Sort Code** |  |