|  |  |
| --- | --- |
|  | **Application Form** |

|  |  |
| --- | --- |
| Forename(s):s | Surname: |
| Permanent Address: | Temporary Address: |
| Telephone No.: (Home) | Mobile No.: |
| Telephone No.: (Work) | Email Address: |
| May we contact you at work: | Yes / No | National Insurance No.: |
| Do you hold a full driving licence? | Yes / No | Do you have access to a vehicle for personal use? | Yes / No |

**HEALTH**

|  |  |
| --- | --- |
| The Community has a positive policy about disability. Are you registered disabled or do you consider yourself to have a disability? | Yes / No |
| Do your have any illness or condition (physical, psychiatric or psychological) which may mean that you require additional support to carry out the duties for the post? | Yes / No |
| If ‘Yes’ please give details: |

**CRIMINAL RECORDS BUREAU CHECK**

|  |
| --- |
| As part of your terms and conditions of employment you will be required to have a disclosure report from the Criminal Records Bureau. Please tick (√) as appropriate. |
|  |
| Have you previously applied to the Criminal Records Bureau for a disclosure report? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |
| If yes, do you have a copy of the disclosure report? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |
| Are you willing to complete a disclosure form for the Criminal Records Bureau? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  EMPLOYMENT AND VOLUNTARY WORK HISTORY | Beginning with your current or most recent employment and work backwards**,** please detail all periods of employment, travel, study, unemployment, etc. so that there are no gaps in the record history. |  Reasons for Leaving |  |
|  Description Of Duties |  |
|  Position Held |  |
|  Dates Employed | To:Month / Year |  |
| From:Month / Year |
|  Full Name & Address of Employer |  |

QUALIFICATIONS

|  |  |  |
| --- | --- | --- |
| Name of School / College / University | YearsFrom / To | Examinations passed, with subjects and grades |
|  |  |  |

**OTHER TRAINING**

|  |  |  |
| --- | --- | --- |
| Name of Training Provider | YearsFrom / To | Course / Qualification completed and grade |
|  |  |  |

**REFERENCES**

|  |
| --- |
| Please give details of two referees (who should not be your relatives or friends), one of whom should be your previous or current employer. Please indicate against your present employer’s details if you **DO NOT** wish us to contact them prior to interview. |
| **First reference:** | **Current / most recent employer** |
| Name (Please Print): | Organisation / Business Name: |
| Position: | Address: |
| Email: |
| Telephone Number: |
| Relationship to Applicant: |
| Dates of employment: From: | To: |
| Do you wish us to contact them prior to the interview? Please tick (√) as appropriate | YES |  | NO |  |  |
| **Second reference:** |
| Name (Please Print): | Organisation / Business Name: |
| Position: | Address: |
| Email: |
| Telephone Number: |
| Relationship to Applicant: |
| Dates of employment: From: | To: |

# AVAILABILITY

|  |  |
| --- | --- |
| If successful when would you be available to take up the new appointment? |  |
| Please list any specific holiday commitments you may have over the next year |  |
| Are you legally able to work indefinitely in the United Kingdom? |  |

**CRIMINAL CONVICTIONS / POLICE CLEARANCE CHECKS**

|  |
| --- |
|  |
| Have you ever been convicted of any offence? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |
| If YES to the above question please give details: |
|  |
|  |
|  |
|  |
| Do you have any criminal proceedings outstanding? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |
| If YES to the above question please give details: |
|  |
|  |
|  |
|  |
| Have you ever been the subject of an abuse investigation or enquiry? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |
| If YES to the above question please give details: |
|  |
|  |
|  |
| **NMC Registration Number (Nurses Only)**: **Expiry Date**: |
| If you are a member of a professional body or union, please state which one |
|  |
|  |

**DECLARATION**

|  |
| --- |
| I declare that the information I have given on this form is correct and that any misrepresentation by me may be sufficient grounds for my dismissal if I am employed. I give my permission for my previous employer(s) and any reference given to be contacted. |
| Please print name: | Signed: |
| Date: |
| **Consent under the Data Protection Act 1998** – the information given to Recruitment Box Ltd in this form will be processed only by Recruitment Box Ltd for the purpose of considering your application for employment. If you are successful in your application this form and the information in it will be retained in your HR file for such time as you are an employee of Recruitment Box Ltd and for up to 6 years after the end of your employment. Otherwise this form will only be retained by Recruitment Box Ltd for so long as it is required in connection with your application.By signing this consent you give us your express consent to retain and process all the information contained in this form and to transfer it to countries outside the European Economic area if required. |
| Please print name: | Signed: |
| Date: |

**EQUAL OPPORTUNITIES MONITORING FORM**

|  |
| --- |
| Recruitment Box Ltd has an Equal Opportunities policy that states its belief in the value of diversity and the worth of each and every member of the community, irrespective of race, gender, disability or sexual orientation.We would appreciate it if you would answer the questions below, as these have been drawn up to allow us to monitor our recruitment in line with these values. The information being requested is divided into three sections; ethnic group, gender and disabilities. |
| Surname: | Forename(s): |
| Date of birth: |
| Post applied for: **Carer and/or Support Worker**  |
| **Ethnic groups:** Please tick (√) as appropriate |
|  |  | White British |  |  | Asian British |
|  |  |  |  |  |  |
|  |  | White Irish |  |  | Asian Indian |
|  |  |  |  |  |  |
|  |  | White – other (please specify) |  |  | Asian Pakistani |
|  |  |  |  |  |  |
|  |  | Black British |  |  | Asian Bangladeshi |
|  |  |  |  |  |  |
|  |  | Black Caribbean |  |  | Asian – other (please specify) |
|  |  |  |  |  |  |
|  |  | Black African |  |  | Chinese |
|  |  |  |  |  |  |
|  |  | Black - other (please specify) |  |  | Mixed race (please specify) |
|  |  |  |  |  |  |
|  |  | Other (please specify) |  |  |  |
|  |
| **Gender:** Please tick (√) as appropriate |
|  |  | Male |  |  | Female |
|  |
| **Disability:** Please tick (√) as appropriate |
| Do you have a disability? | Yes |  | No |  |  |
|  |  |  |  |  |

**MEDICAL HEALTH QUESTIONNAIRE**

Please complete this form and return this with your completed application form.

|  |  |
| --- | --- |
| Surname: | Forename(s): |
| Post Applied for: **Carer and/or Support Worker**  |
| Please answer the following questions by ticking (√) the relevant box: |
|  |
| Are you registered disabled or consider yourself to have a disability? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |
| Have you ever suffered any ill-effects as a result of work? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |
| Have you ever been refused a drivers licence due to ill health? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |
| Have you ever been refused or dismissed from employment for health reasons? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |
| Do you suffer from or have you ever had: |
|  |
| Diabetes? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |
| Epilepsy / fits? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |
| Repetitive strain injury? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |
| Back Problems? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |
| Asthma? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |
| Headaches (frequent)? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |
| Fainting / dizziness? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |
| Rupture / hernia? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |
| A mental illness, including depression or anxiety? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |
| Hearing difficulty or loss? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |
| Any eyesight problems not corrected through the use of spectacles or contact lenses? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |
| Do you take any regular medication? | Yes |  |  | No |  |  |
|  |  |  |  |  |  |