

Allestree Health & Homecare Services

Post Applied for:

Post Number:

Job Application Form

Closing Date:

Interview Date:

Please complete this form fully using black ink or type. Please ensure that all sections are completed and that any gaps in the employment history are recorded and explained. If you have any queries when completing this application form please call 01332 341127

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal details

Last Name:

First Name:

Address:

Postcode:

Home Telephone N^o:

National Insurance N^o:

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Telephone N^o:

Mobile Telephone N^o:

E-mail address:

Are you free to remain and take up employment in the UK with no current immigration restrictions?

Yes

No

If no, please give further details include restrictions to the number of hours you are able to work i.e. Student Visa, 20 hours.

Driving Licence – if relevant to post applied for.

Do you hold a full, clean driving licence valid in the UK?

Yes

No

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

Section 2 Present Employment

Present Employment (If you are currently unemployed please confirm your current situation i.e. registered with JobCentre Plus, Caring for relatives, raising family)

Name of Employer:

Address:

Postcode:

Post Title:

**Date of Appointment
(MONTH / YEAR):**

Salary:

Department / Section:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice:

End Date (MONTH/YEAR)

(if no longer employed):

Reason for leaving
(if no longer employed):

Section 3 Previous Employment

Previous Employment (most recent employer first). Please cover the last 10 years and state nature of business. Please ensure that any gaps in the employment history are explained, i.e. unfit to work, unemployment, caring for relatives. When completing dates, please include the month as well as the year.

Name of Employer:		
Address:		
	Postcode	
Start Date:		End Date:
Position Held:		
Summary of duties:		
Reason for leaving:		

Name of Employer:		
Address:		
	Postcode	
Start Date:		End Date:
Position Held:		
Summary of duties:		
Reason for leaving:		

Name of Employer:		
Address:		
	Postcode	
Start Date:		End Date:
Position Held:		
Summary of duties:		
Reason for leaving:		

Continue on a separate sheet if necessary; please ensure that you have fully completed this section.

Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Dates attended from and to	Course	Qualifications and grades obtained
School	Dates attended from and to	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

Professional, Registered or Management Qualifications

e.g. CQSW, NVQ 4 RMA or LMC, RMNH, RMN, RGN, DMS, CMS, MBA

Please give details:

Professional/Registered/Management Qualifications	Course Details

Continue on a separate sheet if necessary

Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course and date completed

Continue on a separate sheet if necessary

Section 6 Personal Statement

Abilities, skills, knowledge and experience.

Please use this section to explain in detail how you meet the requirements of the Job Specification. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Continue on a separate sheet if necessary

Section 7 Rehabilitation of Offenders Act (1974)

This post is offered subject to a satisfactory enhanced Disclosure and Barring Service (DBS) check. ' In the event of employment any failure to disclose such convictions could result in dismissal or disciplinary action. Information given will be completely confidential.

If you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013, please give the details below.

Section 8 Protecting Children and Vulnerable Adults

Enhanced Checks

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post?

Yes

No

Section 9 Interview arrangements

Do we need to make any specific arrangements in order for you to attend the interview?

Yes

No

If yes, please give details:

Section 10 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Reference 1		Reference 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Position (Job title):	<input type="text"/>	Position (Job title):	<input type="text"/>
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	Postcode <input type="text"/>		Postcode <input type="text"/>
Telephone N ^o :	<input type="text"/>	Telephone N ^o :	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>

Are you willing for this referee to be approached prior to the interview? Yes No

Are you willing for this referee to be approached prior to the interview? Yes No

Section 11

Declaration

Signed:

Date:

If you are returning this form by email, you will be asked to sign your application at interview.

RETURNING THIS FORM

By Hand or Post:
Allestree Health & Homecare Services
First Floor, The Saw Mill.
Darley Abbey Mills
Darley Abbey
Derby
DE22 1DZ

By E-Mail:
info@allestreehealth-homecare.co.uk

Enquiries:
Telephone: 01332 341127

