



Personnel: Application Form

RA02

STRICTLY CONFIDENTIAL

Application for Employment

Please type or complete this form in black ink

POSITION APPLIED FOR	Date of Application
<input type="text"/>	___/___/___

1 PERSONAL DETAILS

Surname	First names
	Previous Names
Address	Home Telephone No.
	Work Telephone No.
National Insurance Number	Mobile No.
Immigration Details	E-mail
Are you a citizen of the EU?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need a work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current driving licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a car for work use?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2 NEXT OF KIN

Surname	First names
Address	Relationship
	Telephone

4 REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose? YES NO

Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

Signature:

Date:

Failure to declare or the falsification of any of the above details will result in the withdrawal of any job offer.

5 ADDITIONAL PERSONAL DETAILS

Outside interests, leisure time activities and other personal information which you think may assist us in evaluating your application.

6 REFERENCES

Please give the name and address of two referees, one of whom **must** be your present employer, or your previous employer.

Name	Status	Address and Telephone No
1		
2		
3		

This organisation seeks to work in a flexible and family friendly manner with its staff, however unsocial hours are part and parcel of a quality care service. Weekend working is a requirement for all staff, the frequency of which will be determined at interview.

Please indicate holiday dates if already booked

Period of notice required in present post

Earliest start date

Thank you for completing this application form.

I declare that to the best of my knowledge, all of the information contained and documented herein is complete and truthful.

Signature:

Date:

FOR OFFICE USE ONLY

Applicant shortlisted Yes No

Interview Date: / /

References requested: / /

Verbal reference check: Yes No

Date: / /

Additional Notes from application

Application completed Yes No

Full employment history? Yes No

Notes for interview

Completed By:

Date: / /

Equal Opportunities Monitoring

This section of the application will be detached and used for monitoring purposes only. Our organisation recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation religion or belief. We welcome applications from all sections of the community.

Date of Birth:	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this

Race Relations (Amendment) 2000

I would describe my ethnic origin as (please indicate with a):

Asian or Asian British	Mixed Raced	Other Ethnic Group
<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	<input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other missed background White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not want to disclose this

Employment Equality Regulations 2003

Please select the option which best describes your sexuality or belief.

<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual	<input type="checkbox"/> I do not wish to disclose this	<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam <input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism	<input type="checkbox"/> Judaism <input type="checkbox"/> Hinduism <input type="checkbox"/> Other <input type="checkbox"/> I do not wish to disclose this
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Health Questionnaire

(To be used for those applicants that have been deemed appointable).

In order to comply with the Health and Social Care Act 2008 and the Equality Act 2010, please complete this questionnaire as fully as possible. Failure to do so could impede or delay your appointment. All information is confidential.

Have you ever had or suffered from:	Circle Yes or No
Epilepsy/Blackouts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nervous Mental Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Migraine/Headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sensory Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Back pain/Previous Back Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthmatic or respiratory ailments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recurring Incidence of Illness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you registered disabled? If yes, please detail	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please List Below any Periods spent Outside of the United Kingdom as a Resident (do not include holidays)

1 _____

2 _____

3 _____

Please List below any vaccinations or immunisations

Date
Immunisation
Expiry

Date
Immunisation
Expiry

Date
Immunisation
Expiry

Date
Immunisation
Expiry

I declare that the information given is correct to the best of my knowledge. In my view, I am fit physically and mentally to undertake this post. I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer the right to investigate all references.

Signature:

Date: