



JOB APPLICATION FORM

This form must be fully completed in black ink, if any entry is inapplicable insert N/A

Post Applying for

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

Section 1 Personal Details

Title (e.g Mr, Mrs, Miss, Ms)

Surname:

Forenames:

Any other Surname you have been known by:

Nationality/Country of Birth:

National Insurance Number:

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Address:

Postcode:

Telephone Number Home:

Telephone Number Mobile:

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Email Address:

Can we contact you at work

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Next of Kin (to be completed in case of an emergency)

Full Name (to include Title, Forenames, Surname)

Relationship

Address including Postcode

Telephone Numbers including Home and Mobile

Section 2 Work Availability

Preference (Please circle your preferences)

Full Time	Part Time	Mornings	Afternoons
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Evenings	24 Hour Live in	Sleep In's	Waking Nights
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Date Available to Commence

Please state preferred geographical working location:

Section 3 General Information

Do you hold a current full driving licence legally recognised in the UK?

Yes / No

If not a UK licence, when does your permit to drive in the UK on this licence expire?
(enter date day/month/year)

/ /

Do you have any endorsements? If yes, please provide details

Do you have a car available?

Section 4 Present Employer

Please provide a complete employment history from the date of leaving full time education, stating with the current/most recent employer. Also please list any gaps in this history and explain them in the 'reason for leaving' box

Name of Employer:

(if now unemployed give details of last employer)

Address:

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Postcode:

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Post Title

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Date of Appointment:

Salary:

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Department/Section

Reason for Leaving:

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Brief description of duties:

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(Continue on a separate sheet if necessary)

Period of notice required:

Last day of service (if no longer employed)

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Section 5 Previous Employment/Work Experience

Most recent employer first, please give full details of ALL periods of employment and unemployment and give reasons for any time lapse between periods of employment

Name of Employer	Employment dates (month & year)		Job Title	Reason for Leaving
	From	To		

Section 6 Education

Please provide details of any Secondary School, College or University attended

School or College or University	Course	Qualification/grade Achieved

Section 7 Training & Development

Please provide details of any Training Courses attended – including previous courses or non-qualifications course which supports your application. Include any on the job training as well as formal courses

Title of training program or course	Duration of the training program/course

(Continue on a separate sheet if necessary)

Section 8 Additional Information/Supporting Statement

Please add any additional information/experience you have that will support your application

Section 9 References

Please give the names and addresses of three referees (One whom must be your present employer, of if unemployed your last employer)

REFERENCE ONE – Present or most recent employer

Name

Company Name

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Address

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Telephone Number

Email Address

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Please state how referee is known to you

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REFERENCE TWO – Previous Employer or College

Name

Company Name

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Address

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Telephone Number

Email Address

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Please state how referee is known to you

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REFERENCE THREE – Someone who has known you for 5 years or more (not a family member)

Name

Company Name

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Address

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Telephone Number

Email Address

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Please state how referee is known to you

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Section 10 Passport and work Permits

Passport Number

Passport Nationality

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Place of issue

Date of Issue

Expiry Date

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Are you eligible to work in the UK?

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What evidence do you have to support this?

(Please note: original documentations much be shown and verified at interview)

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Please give eligibility evidence:

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If you are unsure about the documents needed to prove eligibility to work please refer to the UK Home Office web site

If you were born outside the UK, what was your date of entry to the UK?

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Section 11 Rehabilitation of Offenders Act (1974)

By virtue of the Rehabilitation of Offenders Act 1974 (exemptions) amendments) Order 1986, the

Provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health and care services and which is of a kind to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. You should therefore list **all** convictions, cautions and reprimands on a separate sheet even if you believe them to be 'spent' or 'out of date' for some reason.

Have you ever been convicted of a criminal offence?

Yes / No

Have you ever been cautioned or issued with a formal warning for any offence?

Yes / No

If you have answered **YES** to either of the questions above please give details (including dates) and sentence:

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Section 12 Criminal Records

CRB, The Criminal Records Bureau, is the executive agency of the Home Office responsible for conducting checks on criminal records. The Care Quality Commission insists that we make informed recruitment decisions, which require criminal record checks to be made on all staff. It is a condition of your application that you apply for a CRB Disclosure.

The information I have supplied is factual and I understand that any false information may affect this application, and any future employment opportunities. I must also inform the Company of any convictions required during my future employment.

Signed

Date

Section 13 Data Protection Act 1998

We are required to hold personal information on staff e.g. National Insurance Numbers, qualifications, References and CRB (Care Quality Commission) information. There may be occasions when we are required to provide elements of this information to certain parties. Please note that regulatory bodies such as Social Services, The Home Office and the Care Quality Commission all have the right to access personnel files for inspection purposes in order to conform that Future Care Solutions is compliant with legal and registration requirements.

I consent / Do not consent (delete as appropriate) to the disclosure of my information to relevant parties as required

Signed

Date

Section 14 Declaration

Please complete the following declaration and sign it in the appropriate place below.

I hereby certify that the information that I have given in this application form is, to the best of my knowledge, complete and accurate in all respects. I understand that knowingly giving false information will disqualify me from employment with Future Care Solutions. I also agree to keep Future Care Solutions advised of any changes to any of the information supplied.

Print Name

Date

Signed