



Beyond Limits Support Provider

Employment application form

To complete this PDF application form please open it using the free Adobe Reader (www.adobe.com/reader).

Type in the boxes and when you have completed the form, go to page 10 to send electronically. **Always save after adding information and when you quit Adobe Reader.**

If you need help with the form please contact Beyond Limits reception on **01752 546 449**.

Contents

Personal information.....	2	About you continued.....	8
Education.....	3	References.....	9
Current employment.....	4	Rehabilitation of Offenders.....	10
Employment history.....	4	Equal Opportunities.....	11
Employment history (continued).....	5	Declaration.....	12
Interests, achievements, activities.....	6	Sending this form.....	12
Location.....	6	Email this form.....	12
Smoking.....	6	Print this form.....	12
About you.....	7	Employment history (if required).....	13

This vacancy

Position you are applying for:

Job reference code from advertisement:

How did you hear of this vacancy?

Personal information

The following information will be treated in the strictest confidence

First Name(s): Surname:

Address:

Postcode:

E-mail address:

Main contact phone: Mobile:

Full Driving Licence: YES NO Endorsements: * YES NO

* If YES, please give further details including dates.

Are you registered with the **General Social Care Council**? YES NO

If YES, please provide your registration number:

Are you involved in any activity which might limit your availability to work or your working hours e.g. local government?: YES NO

If YES, please give details.

Are you subject to any restrictions or covenants which might restrict your working activities? YES NO

If YES, please give full details

Are you willing to work overtime and weekends as required? YES NO

Please give details of any hours which you would not wish to work:

Have you ever worked for this Company before? YES NO

If YES, please give full details

Have you applied for employment with this Company before? YES NO

Please provide your **DBS Transferable number** (if applicable):

Do you need a work permit to take up employment in the UK? YES NO

How much notice are you required to give to your current employer?

No notice required 1 month other:

Education

Schools attended

	From	To	Examinations and Results
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

College or University

	From	To	Courses and Results
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Further Formal Training

	From	To	Diploma/Qualification
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Job related Training Courses

	Date	Organisation name and subject
<input type="text"/>	<input type="text"/>	<input type="text"/>

To comply with minimum standards set by the Care Quality Commission, all new employees must undertake the "Care Certificate" as directed by Skills for Care. Also, if you do not already have a Health and Social Care Diploma, you will be required to complete this qualification within the required timescale of three years.

Current employment

Are you currently employed? YES NO

Name of current or last employer:

Contact name at employer:

Employers address:

Postcode:

E-Mail:

Phone number:

Length of Service from: to

Nature of business:

Job title and a brief description of your duties:

Employment history

Please give details of all of your past employment, stating the most recent first including **voluntary work** and **placements** you have undertaken. **Please also account for any gaps in your employment history.** Please continue on a separate sheet if required.

Why do you want to leave your current employment?

Why are you applying for this particular position?

Name of employer: From to

Address:

Postcode:

Position held and main duties:

Reason for leaving:

Employment history (continued)

Name of employer: From to

Address:

Postcode:

Position held and main duties:

Reason for leaving:

Name of employer: From to

Address:

Postcode:

Position held and main duties:

Reason for leaving:

Name of employer: From to

Address:

Postcode:

Position held and main duties:

Reason for leaving:

Name of employer: From to

Address:

Postcode:

Position held and main duties:

Reason for leaving:

Please add any other employment details at the end of this document.

Interests, achievements, leisure activities

Please list your hobbies, sports, club memberships. Beyond Limits endeavours to match staff with the people we support, this information will assist us with this process.

Location

Are there any areas that you would not consider working? YES NO

If yes, please give details:

Smoking

Do you smoke? YES NO

Do you have any objections to working with someone who smokes? YES NO

About you

We need to get an idea of who you are as a person to help us match you with someone we support. Please use the following as a guide to help you to tell us about yourself. The more information you are willing to provide, the better we can manage our matching process.

- a) How would your friends describe you?
- b) What personal qualities do you have that you think would be useful in this job?
- c) What life experiences have you had that have made you the person you are today?
- d) What resources do you have to bring to a person's service e.g. knowledge of places to go and things to do; useful contacts?
- e) What would you bring to the working of the team?
- f) What could you bring to an individual's life whilst working on a one to one basis?

About you continued...

References

We require three written references. Please give the names of two business referees (one of which should be your present or most recent employer, who had line management responsibility for you) and one other previous employer whom we may approach for a reference. In addition to this, we require a character reference. Please note that your character referee cannot be someone you are related to. If there is any difficulty with providing a reference from any of these sources, this must be discussed at the first interview stage.

Can we approach your current employer for a reference? YES NO

Current or most recent employer referee

Name:

Position in company:

Company name:

Address:

Postcode:

Phone number:

E-Mail:

Previous employer referee

Name:

Position in company:

Company name:

Address:

Postcode:

Phone number:

E-Mail:

Character referee

Name:

Relationship:

Address:

Postcode:

Phone number:

E-Mail:

Rehabilitation Of Offenders Act 1974

The Rehabilitation of Offenders Act helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions to employers after the rehabilitation period set by the Court has elapsed and the convictions become “spent”.

During the rehabilitation period, convictions are referred to as “unspent” convictions and must be declared to employers.

Before you can be considered for appointment with Beyond Limits we need to be satisfied about your character and suitability.

Beyond Limits aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion, disability, sexual orientation or age. Beyond Limits undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

If you are applying for a post involving access to persons in receipt of health services, your offer of employment may be subject to a satisfactory disclosure from the Criminal Records Bureau. Failure to reveal information relating to any convictions could lead to withdrawal of an offer of employment.

Have you any unspent criminal convictions or bind overs, or any cautions, warnings or reprimands?

YES NO

If yes, please give details:

POVA/POCA Register

Are you on the POVA or POCA register?

YES NO

If yes, please give details:

Equal Opportunities monitoring form

Beyond Limits requires all its Managers, Members and other Employees to operate its policy of equal opportunity and not to discriminate against any person because of sex, race, colour, national or ethnic origin, disability or age.

We must stress that any information you give will be treated as strictly confidential. You are not obliged to answer any of the questions, but you will appreciate that, for our monitoring policy to be wholly effective, we should hope to have 100% response. If you do not wish to answer any question(s), this will not affect your application in any way. Thank you for your time and co-operation in completing our form.

Age

17-20	<input type="checkbox"/>
21-30	<input type="checkbox"/>
31-40	<input type="checkbox"/>
41-50	<input type="checkbox"/>
51-60	<input type="checkbox"/>
61-65	<input type="checkbox"/>
65+	<input type="checkbox"/>

Marital Status

Single	<input type="checkbox"/>
Married	<input type="checkbox"/>
Civil Partnership	<input type="checkbox"/>
Divorced	<input type="checkbox"/>
Co-habiting	<input type="checkbox"/>

Ethnic Origin

White	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Mixed Background	<input type="checkbox"/>
Other Asian Background	<input type="checkbox"/>
Other Black Background	<input type="checkbox"/>
Any Other Background	<input type="checkbox"/>

Sex

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

Disability

Disabled	<input type="checkbox"/>
Non-Disabled	<input type="checkbox"/>
Not Wishing To Say	<input type="checkbox"/>

Where did you see our Advertisement?

Local Press	<input type="checkbox"/>
Beyond Limits website	<input type="checkbox"/>
Job Centre	<input type="checkbox"/>
Word of Mouth	<input type="checkbox"/>

Other (Please Specify)

Declaration

I declare that the information you provide in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal.

I also understand and agree that there are times when this information may be required to be shared with a third party such as the Local Authority or Care Quality Commission for the Regulation of Care.

I understand these details will be held in confidence by the Organisation in compliance with the Data Protection Act 1998.

Sign or type your name here:

Date signed:

Sending this form by email

1. Complete this PDF form on your computer
2. Save your completed PDF form to your computer
3. Attach the completed PDF to an email
4. Send to info@beyondlimits-uk.org.

By sending us your completed application by email you are agreeing to the Declaration above.

Sending this form by post

1. Complete this PDF form on your computer **or** print and fill in by hand.
2. Post your printed form to:
Beyond Limits, York House,
Unit 4, Stoke Damerel Business Centre,
Church Street, Stoke
Plymouth, PL3 4DT.

Employment history (use if required)

Name of employer: From to

Address:

Postcode:

Position held and main duties:

Reason for leaving:

Name of employer: From to

Address:

Postcode:

Position held and main duties:

Reason for leaving:

Name of employer: From to

Address:

Postcode:

Position held and main duties:

Reason for leaving:

Name of employer: From to

Address:

Postcode:

Position held and main duties:

Reason for leaving: