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|  **APPLICATION FOR EMPLOYMENT** |  Form AP2H(A)  |

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| PRIVATE & CONFIDENTIAL **Return this form to: Luis Gil, Home Manager, Pondsmead, Shepton Road, Oakhill, Radstock, BA3 5HT.** **Or email it to: pondsmead@avoncarehomes.co.uk****POSITION APPLIED FOR: Ref No: ……………..** |
| Title: | Schools Qualifications gained |
| Surname: |
| Forename(s): |
| Address:Postcode:E-mail address: |
| Tel. No’s (please include code): (Home)(Work)(Mobile) |
| Current driving licence? Yes/NoGroups: Expiry Date:Details of any endorsements: | College/university Qualifications gained  |
| NI No. |
| Are there any restrictions on you taking up work in the UK? Yes/No(If yes please provide details Work Permit/Visa etc...) | Other training |
| Registration/PIN Number (Nursing) |

## OTHER EMPLOYMENT

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| Please note any other employment you would continue with if you were to be successful in obtaining this position. |

**EMPLOYMENT HISTORY (Please complete in full using a separate sheet if necessary, starting with your most recent employment and give reasons for any gaps in employment)**

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| Name & Address of employer | Job Title & Duties | Salary onleaving | Reason for leaving |
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# REFERENCES

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| Please provide details of two referees who can provide information relating to your competency in a caring role, one of whom must be your present or most recent employer (referees for qualified Nurses must be professionals). If you are a student, please give an academic referee. If you are applying for a post which requires unsupervised access to children/vulnerable adults, we reserve the right to approach any past employer for a reference. |
| 1. | Name: | 2. | Name: |
|  | Position: |  | Position: |
|  | Organisation: |  | Organisation: |
|  | Address:Postcode: |  | Address:Postcode: |
|  | Tel No. |  | Tel No. |
|  | May we approach the above prior to interview? Yes/No  |  | May we approach the above prior to interview? Yes/No |

**GENERAL COMMENTS**

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| Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the person specification). |

# LEISURE

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| Please note here your leisure interests, sports and hobbies, or other pastimes, etc. |

**CAUTIONS, REHABILITATION AND CRIMINAL RECORDS**

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| The amendments to the Exceptions Order1975 (2013) provide that certain spent convictions and cautions are “protected” and are not subject to disclosure to employers, and cannot be taken into account.Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.In addition you are required to submit to a Disclosure and Barring Service check. Any standard or enhanced disclosure made by the DBS will remain strictly confidential. Do 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)? YES/NO (delete as required)Any information will be completely confidential and will be considered only in relation to this application.If YES, please give details |

**HEALTH DETAILS**

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| Do you have any disabilities of which we should be aware? Yes/NoIf yes please detail any special arrangements you require in order to attend an interview. |

**SPECIAL REQUIREMENTS (CARE SECTOR)**

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| Because this position involves the care of children and/or vulnerable adults employment is dependent on the following:1. Your written consent to obtaining a standard/enhanced disclosure certificate from the Disclosure and Barring Service or an approved umbrella body.
2. Such disclosure being acceptable to us.
3. Proof of identity – birth or marriage certificate (where appropriate) and passport (if available).
4. Two satisfactory written references.
5. That you will supply a photograph of yourself for retention in your records.
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**DECLARATION (Please read carefully before signing this application)**

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| 1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves right the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that my previous employers may be approached for references. I also agree that should I be successful in this application, I will, if required, apply to the Disclosure and Barring Service for a standard or enhanced (as appropriate) disclosure. I understand that should I fail to do so, or should the disclosure or reference not be satisfactory, any offer of employment may be withdrawn or my employment terminated.

Signed: …………………………………………………………………………………………..Date: …………………………………………………………………………………………….. |