**APPLICATION FORM for Office Use Only**

**Interview Y /N**

**PLEASE COMPLETE THIS FORM IN BLACK INK, Date / Time………………………**

**USING BLOCK CAPITALS, EXCEPT FOR THE**

### DECLARATION SIGNATURE Interviewers:………………………

***THIS DOCUMENT IS HELD SECURELY IN THE OFFICE AND WILL BE STRICTLY PRIVATE AND CONFIDENTIAL & MEET GDPR LEGISLATION 25/05/2018.***

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| **Personal Details:** | | | | | | | | | | |
| **Title** |  | | | **First Name(s)** |  | | | | | |
| **Surname** |  | | | | **Previous surnames**  **(if any)** | | | |  | |
| **DOB** |  | | | **Marital status** |  | | | | **N.I. No** |  |
| **Address** |  | | | | | | | | **Postcode** |  |
| **Mobile** |  | | | | **Home Phone** | | | |  | |
| **Email** |  | | | | | | | | | |
| **Date available to start training** |  | | | | | | | | | |
| **Any holidays booked** | **Please complete the attached holiday form(s)** | | | | | | | | | |
| **Please highlight the correct answer** | | | | | | | | | | |
| **Driving licence** | Yes | No | **Own vehicle** | | | Yes | No |
| **Please confirm if:** | Full licence | Provisional |

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| **Ethnicity** | | | | | |
| **Please tick the box, which most closely describes your ethnic origin:** | | | | | |
| **White - British** | **☐** | **White – Irish** | **☐** | **White – Gypsy or Irish Traveller** | **☐** |
| **Any Other White background** | **☐** | **White & Black Caribbean** | **☐** | **White & Black African** | **☐** |
| **White & Asian** | **☐** | **Any Other Mixed background** | **☐** | **Indian** | **☐** |
| **Pakistani** | **☐** | **Bangladeshi** | **☐** | **Chinese** | **☐** |
| **Any Other Asian background** | **☐** | **African** | **☐** | **Caribbean** | **☐** |
| **Arab** | **☐** | **Any Other Black/African/Caribbean background** | | | **☐** |
| **Any Other Ethnic group** | **☐** | **Prefer not to say** | **☐** |  |  |

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| **Education and Training** | | |
| **School/College/Course** | **Qualification/Course** | **Date achieved** |
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| **Work experience/Voluntary experience/Employment history** | | | |
| Please provide the most recent first (Please account for all gaps in work history, and provide reasons for leaving all positions which involved working with Children or Vulnerable adults) | | | |
| **Dates** | **Employer**  **(Name and Address)** | **Position held** | **Reason for leaving** |
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| **REFERENCES**  please provide two work-related references please note (one should be your present or last immediate employer) together with one-character reference. | | | |
| **Work references** | | | |
| **Name** |  | **Name** |  |
| **Position** |  | **Position** |  |
| **Company address** |  | **Company address** |  |
| **Telephone number** |  | **Telephone number** |  |
| **Email** |  | **Email** |  |
| **Character reference** | | | |
| **Name** |  |
| **Relationship** |  |
| **Address** |  |
| **Telephone number** |  |
| **Email** |  |

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| **Additional information** |
| **Have you used any equipment before (handling equipment, personal aids etc.)** |
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| **Please tell us why you think you would succeed in this position, mentioning any relevant knowledge, skills, experience, etc, please also mention your ambitions and aspirations, (if necessary, please continue on an additional sheet)** |
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| **DBS check** | | | | | |
| Due to the nature of this type of work 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 allowed to withhold information relating to any convictions or cautions you may have had. All employees of Advanced Care are required to undergo an Enhanced DBS check. | | | | | |
| **Do you have any convictions or cautions to disclose?** | Yes |  | No |  |
| Please provide details of all convictions or cautions you may have received irrespective of when the conviction or caution was issued. (Please include road traffic offences) on a separate sheet of paper sent with this application form, this information will be treated in the strictest confidence and will not necessarily preclude you from employment | | | | | |
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| **Additional questions** |
| If you consider you have a disability, are there any reasonable adjustment you would require us to make to support you to attend for interview? Please specify: this may include wheelchair access or an accessible room for example |
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| Are you related to any employee of this organisation? (If so please specify) |
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| Have you ever applied for any other position in this organisation? (If so please specify) |
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| Additional Personal details (Leisure activities, other interests, any other information which you think may help us in evaluating your application) |
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**Number of hours required per week -**

**In addition to the required mandatory training some additional training may be required where agreed that it is appropriate**

**All information that you provide either written or verbally will be treated with the strictest confidence**

**In signing this application, you are confirming that the information provided is accurate and is complete. If any information is misrepresented or has been omitted in order to obtain employment then the Company will reserve the right to withdraw any offer of employment made to you or to consider terminating your employment.**

**Signed Date**

**Advanced Care Yorkshire is an equal opportunities employer.**

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| **Medical questionnaire** | | | |
| **Please complete the following questionnaire. The information is requested with your best interests in mind in line with the Equality Act 2010 and the Government Equalities Office. We would request that you answer the questions as comprehensively as possible. Your responses will be treated with the utmost confidentiality and will only be disclosed to those members of the company who require the information in order to perform their duties. If you wish to discuss any of the information disclosed on this form please do not hesitate to do so.**  **Advanced Care is an Equal Opportunities Employer and does not discriminate on the grounds of disability or illness.** | | | |
|  | **Do you suffer or have suffered from any of the below** | **Yes/No** | **Potential impact upon job role** |
| **1** | Received treatment for a  psychological disorder? |  |  |
| **2** | Do you have a disability? |  |  |
| **3** | Back Problems |  |  |
| **4** | Epilepsy |  |  |
| **5** | Hernia/Rupture |  |  |
| **6** | Heart Problems |  |  |

**I confirm that at the date of signing the information provided is a true and accurate representation of my health. I understand that if the information is later found to be inaccurate I am liable to dismissal.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_