

The Grange Ashford

Job Application Form

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| Title of post applied for | |
|---------------------------|--|

Before completing this form, please read the accompanying privacy notice. Please write clearly in black ink or type.

Confidential

| 1. PERSONAL DETAILS (BLOCK CAPITALS PLEASE) | | | |
|--|---|--|--|
| Surname: | | Initials: | |
| Former surname: (If different) | | First Name or Title (Optional) | |
| Address: | | Tel No (home): | |
| | | Tel No(mobile): | |
| | | Tel No (Work): | |
| Post code: | | National Insurance No: | |
| Email address: | | | |
| Nationality: | If you are not a British passport holder or a European Citizen, or you do not have the permanent right to remain in the UK. you will require a work permit. | | |
| Do you need a work permit to be employed in the UK? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If you already have a work permit, when does it expire? (Please note that your current work permit may not be valid for this post.) | |
| Where did you learn of this post? | | | |
| 2. EDUCATION AND PROFESSIONAL QUALIFICATIONS (Including NVQs) | | | |
| (Original documents as proof of qualification will be required at interview) | | | |
| Secondary School / College / University | Examinations taken | Result | |
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The Grange

Ashford, Kent
Est 1989

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Professional Qualifications currently held how obtained and grade:

Other relevant Educational or Training Courses:

3. PRESENT POST

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|-------------------|--|-----------------------------|--|
| Title of Post: | | Salary/Wage per hour: | |
| Name of Employer: | | Business of Employer: | |
| Address: | | Date Commenced: | |
| | | Date Ended (if applicable): | |
| Town: | | | |
| Post Code: | | | |

Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable):

Reason for leaving or wishing to leave:

| | |
|--|--|
| Period of notice required to terminate present employment: | |
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4. **PREVIOUS EMPLOYMENT**- full employment history required please also include any periods not in employment and reasons for gaps.

| Name and Address of Employers | Position(s) held | Dates From/To | Reason for leaving. | Final grade/salary |
|---|------------------|------------------------------|---------------------|--------------------|
| Name: Address: Post Code: | | Start Date: End Date: | | |
| Description of duties: | | | | |

| | | | | |
|---|--|------------------------------|--|--|
| Name: Address: Post Code: | | Start Date: End Date: | | |
| Description of duties: | | | | |

| | | | | |
|---|--|------------------------------|--|--|
| Name: Address: Post Code: | | Start Date: End Date: | | |
| Description of duties: | | | | |

| | | | | |
|---|--|------------------------------|--|--|
| Name: Address: Post Code: | | Start Date: End Date: | | |
|---|--|------------------------------|--|--|



Description of duties:

Please continue on another sheet of paper if required



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5. RELEVANT SKILLS, ABILITIES, KNOWLEDGE, EXPERIENCE AND YOUR REASONS FOR APPLYING FOR THIS JOB



6. OTHER INFORMATION

What activities outside work interest you? (State any positions held you consider relevant)

Do you hold a current driving licence?

- Yes
 No

Do you have access to a car?

- Yes
 No

Disabilities

If selected for interview, do you require any special arrangements to be made on account of a disability?

- Yes
 No

If yes please give brief details of the effects of your disability on your day-to-day activities, and any other information that you feel would help us to accommodate your needs during your interview and fulfil our obligations under the Equality Act 2010:

7. REFERENCES

Referee 1

Referee 2

| | | | |
|--|---|--|---|
| Title (Mr, Mrs etc): | | Title (Mr, Mrs etc): | |
| Full Name: | | Full Name: | |
| Job Title | | Job Title | |
| Organisation: | | Organisation: | |
| Address: | | Address: | |
| Town: | Post Code: | Town: | Post Code: |
| Tel No | | Tel No | |
| Email Address: | | Email Address: | |
| Please state if we may obtain this reference prior to interview. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Please state if we may obtain this reference prior to interview. | <input type="checkbox"/> Yes <input type="checkbox"/> No |



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8. DECLARATION
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I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating my employment.

| | | | |
|------------|-------|-------|--|
| Signature: | ----- | Date: | |
|------------|-------|-------|--|

| | |
|-------|--|
| Name: | |
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The information provided by you on this form may be processed for purposes permitted by the General Data Protection Regulation. You have on written request, the right of access to personal data held about you. The company treats personal data collected during the recruitment process in accordance with our Data Protection Policy.

Please ensure the attached criminal records disclosure statement is also completed.

Please send your completed application to:

Dr Anne Thomas
Greensleeves Residential Home 8, Westwood Road Southampton SO17 1DN

Or email to:

manager@greenscare.co.uk

9. STRICTLY CONFIDENTIAL

Supplementary to application form for persons applying for posts which are excepted under the Rehabilitation of Offenders Act 1974

Please complete this form and return it:

Because of the nature of the work for which you are applying this post is exempt from the provisions of 2.4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

Applications are, therefore, not entitled to withhold information about convictions which for other purposes are.

"Spent under the provisions of the Act and, in the event of employment any failure to disclose such convictions could result and will be considered only in relation to this application in dismissal or disciplinary action by the employer. Any information given will be completely confidential and will be considered only in relation to this application.

Have you ever been convicted of a criminal offence by a court of law?

Answer:

If yes, please give details including the offence and date, cautions, warnings or reprimands must also be disclosed -

| | |
|---|--------------|
| Signed as a correct and accurate Statement. | <p>-----</p> |
|---|--------------|

| | |
|---|---|
| Do you have a DBS registered on the update service? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you possess a DBS that is dated within the last 3 months? Date: | <input type="checkbox"/> Yes <input type="checkbox"/> No |