

For Office Use only. Post Ref :

Application Form Number :

**APPLICATION FOR EMPLOYMENT
Community Care Options**



Please read the Guidelines for Completing the Application Form before you start to fill in this form. Additional sheets should only be submitted if the Guidelines for Completing the Application Form state that they may be used. Your application form will be photocopied. You should therefore ensure that all sections are completed as legibly as possible in black ink and/or typescript. Any typed sheets should be glued into the appropriate space. Pages 1 and 2 of this form will be removed prior to sifting of applications.

Section A – Personal Details	
Family Name :	Forenames :
Title Mr Mrs Miss Ms Other	
Address (including Postcode) :	
Home Telephone No :	Work Telephone No :
Mobile No :	May we contact you at work? Yes No
E-mail address :	
National Insurance Number :	Place of Birth :
Section B – The Asylum and Immigration Act	
(Please refer to the guidance notes before completing this section)	
Do you have or are you entitled to obtain a national insurance number? (If YES please ensure that you have stated your National Insurance Number in Section A above)	Yes No
If you answered NO to the above question, do you have the right to work in the UK? If YES please indicate what hours you prefer to work	Yes No Part time Full time
Section C – The Rehabilitation of Offenders Act	
Please read the guidelines on the Rehabilitation of Offenders Acts. You must answer the following questions below.	
Have you been convicted of a criminal offence?	Yes No
Do you have any criminal charges or summonses pending against you?	Yes No
Have you any cautions, reprimands / warnings that are held on Police National Computers and on Local Police Records	Yes No
If YES to either question – you must provide/enclose details if applicable, of the type(s) of offence(s), date(s), sentences (s), fines(s) imposed.	
Information issues with this form will indicate if the post for which you are applying is exempt from the Rehabilitation of Offenders Act 1974 (Exemptions Order 1975). If it is you must declare any pending prosecutions or convictions you may have, even if they would otherwise be regarded as “spent” under the Act. You must also declare any cautions or bind overs.	
N.B. , If the post for which you are applying provides substantial access to children your appointment will be subject to rigorous vetting processes including an enhanced disclosure by the Criminal Records Bureau and other relevant bodies.	

Section D - Equal Opportunities Monitoring

Please refer to Guidelines for Applicants

Our organisation is committed to providing equality of opportunity to all. Decision regarding suitability for any post advertised will only be amended with reference to the skills, aptitudes and personal characteristics which are required for the effective performance of the job. Applications are welcomed from eligible candidates irrespective of their gender; race; ethnic origin; disability; age; national origin; sexuality; religion; and marital status.

In order to ensure the effectiveness of our policy we ask you to complete the following information. It will not be possible to identify individuals from the summary statistics reported. Pages 1 and 2 of the application form are removed prior to sifting and so this information is not seen by the managers involved in sifting applications.

Please show which group best describes you by ticking only one of the boxes in each section below.

AGE CATEGORY : 16-21 22-35 36-49 50 – 59 60+

Asian or Asian British		Black or Black British		Mixed	
Indian		Caribbean		White and Black Caribbean	
Pakistani		African		White and black African	
Bangladeshi		Other black background (please specify)		White and Asian	
Other Asian background (please specify)				Other mixed background (please specify)	
White		Chinese or Other Ethnic Group			
British		Chinese			
Irish		Other (please specify)			

GENDER Male Female

DISABILITY

The Disability Discrimination Act 1994 defines a disabled person as anyone who has, or has had, a physical or mental impairment which has a substantial and long term effect on their ability to carry out normal day to day activities.

Taking the above definition into account, do you consider yourself to be disabled? Yes No

If Yes, please give details

Please indicate below any arrangements which would facilitate a more comfortable interview if you are shortlisted.

ETHNIC ORIGIN : Your ethnic origin is not necessarily your nationality, place of birth or citizenship but refers to your colour and broad ethnic group. The categories are as recommended by the Commission for Racial Equality.

Section E – Education & Training

a) Secondary education, further and /or higher education

Dates of Course				School/College/University attended (most recent first)	Qualification and Subjects	Level	Grade
From		To					
Mth	Yr	Mth	Yr				

b) Qualifications currently being undertaken

Dates of Course				Institution/Provider	Subject	Level
From		To				
Mth	Yr	Mth	Yr			

c) Relevant training and non-qualification courses attended

Dates of Course				Courses
From		To		
Mth	Yr	Mth	Yr	

d) Professional Qualification(s)

Dates of Course				Institution/Professional Body	Subject	Level
From		To				
Mth	Yr	Mth	Yr			

SECTION F – Current/Most Recent Employment

Job Title	Current/Leaving Salary
Date Started	Notice Required or Date your Employment Ended
Name of Employer	Natures of Employer’s business
Reasons for leaving or why you wish to leave	

Please summarise your duties and responsibilities and highlight the skills that you employ when performing this job.

Section G - Previous Employment

Please detail all past employment and voluntary work starting with the position previous to that described on page 4, indicating whether the post was full time or part time. You must not leave any gaps in the chronology, therefore you should also indicate periods of unemployment; career breaks etc.

Dates				Name and address of employer and nature of their business	Your job title and indicate If it was a full/part-time post	Final Salary	Reason for Leaving
From		To					
Mth	Yr	Mth	Yr				

Section H - Supporting Statement

Please say why you are applying for this post and why you are interested in working with Community Care Options. You should also state why you feel you are suitable for the position, highlighting any experience, knowledge, skills or achievements which you consider to be relevant to this application. It may be helpful to refer the requirements of the job as detailed in the advertisement; job description; and/or person specification.

Section I – Continuation Sheet

You may use this page to continue any of the previous section. You should mark each section clearly.

Section M - References

Please give the name, address and telephone number of TWO referees. One of these must be your current or most recent employer, or if you have not been employed, a referee related to relevant voluntary or community work, or your head teacher or lecturer/tutor from your last school, college or university. Please state if we can request details from referees before interview.

Name	Name
Job Title	Title
Working Relationship	Relationship
Organisation	Address;
Address	
Postcode	Postcode
Tel. No.	Tel. No.
Fax. No.	Fax No.

Section N – Declaration

In submitting this application electronically, I declare that all of the information given on the application form for this post is true and complete. I understand that if it is subsequently discovered that any particulars I have given are false or misleading, I may be regarded as ineligible for recruitment or liable to be dismissed.

I understand that details contained on this application form may be held on computer or form the basis of manual records. In applying for this post I understand and agree that data contained on this form may be used for registered purposes under the Data Protection Act 1998 and will not be passed to other organisation without my prior consent.

Enter your name :

Signature :

Date :

For Office Use Only :	Post Reference:	App. Form No.
Panellist 1.		
Panellist 2		
Panellist 3		