**A blue text on a black background

Description automatically generated**

**Application Form**

You must complete **ALL** sections of the Application Form in blank ink or electronically. We will use this form to help us decide on your suitability for the post so please make sure it is accurate and complete. Curriculum Vitae will not be accepted. Guidance Notes are attached to help you complete this form.

|  |  |
| --- | --- |
| Position applied for: | Closing date: |
| Where did you first learn of this vacancy? | |

**Personal Details and Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: Surname: Forenames (in full): | | | |
| Please also provide details of any former names (if applicable) | | | |
| Address: | | Landline Telephone No: |  |
| Mobile No: |  |
| e-mail: |  |
| D.O.B. |  |
| Post Code: |  | National Insurance No: |  |

**Entitlement to work in the UK**

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| All applicants will be asked at interview to provide documentary evidence of their right to work in the UK – do you have any restrictions that apply to you?  Yes. No.  \*If yes – please give details of any restrictions: |

**References**

Please provide details of two referees who can comment on your suitability for this post. The referee must be a line manager or supervisor. References from relatives or people who only know you as a friend are not acceptable. If you do not wish us to contact a referee prior to inteview, then please tick the appropriate box and use a separate sheet to explain why. If you have not worked previously, then please give details of a school/college/university official.

|  |  |  |  |
| --- | --- | --- | --- |
| **Referee 1** (current or most recent employer) | | **Referee 2** | |
| Name: | | Name: | |
| Relationship to applicant: | | Relationship to applicant: | |
| Position: | | Position: | |
| Employer/University/College Name: | | Employer/University/College Name: | |
| Address: | | Address: | |
| Post Code: |  | Post Code: |  |
| Telephone No: |  | Telephone No: |  |
| E-mail: |  | E-mail: |  |

**Current Employment** (or last employment if not currently employed)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer Name: |  | | | | |
| Employer Address: |  | | | | |
| Post Title: |  | | | | |
| Start date: |  | | End date: (if applicable) |  | |
| Please give a brief description of current duties, responsibilities and achievements: |  | | | | |
| Reason for leaving this post: |  | | | | |
| What is your contractual period of notice? |  | Current Salary: | | |  |

**Previous Employment**

(please list all your employment history and continue on an additional sheet if necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and address of Employer | Job Title and Experince | Start Date DD/MM/YYYY | End Date DD/MM/YYYY | Reason for Leaving |
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**Gaps in Employment**

Please indicate and explain any gaps in employment since first leaving secondary education. Include specific dates and be sure to account for all gaps, whatever their length.

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| --- | --- | --- |
| Dates from: | Dates to: | Reason for Gap |
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**Education**

If the post requires a particular qualification, you will be asked to produce original evidence at your interview if shortlisted.

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| --- | --- | --- | --- | --- |
| Secondary and Further Education (please list in chronological order) | Level | Subjects | Grade/  Result | Year  Obtained |
|  |  |  |  |  |

**Other training and development (including professional, vocational or job related training)**

|  |  |
| --- | --- |
| Title and brief description of course | Date |
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**Membership of Professional Associations or Statutory Body**

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| --- | --- | --- | --- | --- | --- | --- |
| Organisation Name | Level of Membership/Role/Registration No. (if applicable) | | | Registration Date | | |
|  |  | | |  | | |
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|  |  | | |  | | |
| Are you subject to any conditions or prohibitions placed on you by any statutory body in the UK? \*If Yes – please provide details in a sealed envelope and attach with this form | | Yes |  | | No |  |

**STATEMENT OF COMPETENCE FOR THE ROLE**

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| **This section is the most vital part of the form**.  We need you to give us specific information to support your application so that we can shortlist in a fair and unbiased way. We recommend that you provide as much evidence as possible to show how your skills, abilities, knowledge and experience meet the selection criteria in the post description and person specification (where provided). These documents describe the essential experience and knowledge required for the post and may include competencies required. Please provide examples which relate directly to the post you are applying for: |
|  |

**Additional Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you licensed to drive any of the following? | Private Car |  | Motor Bike |  | PCV |  | Other (give details) | |  | | | |
| Please confirm whether this will be your only employment? | | | | | | | | Yes |  | | No |  |
| \* If no, provide details including days and hours worked and whether full- or part-time: | | | | | | | | | | | | |
| Have you been the subject of a formal disciplinary sanction or are you in the process of ongoing disciplinary proceedings in your current employment? | | | | | | | | Yes |  | No | |  |
| Have you been dismissed from any previous employment? | | | | | | | | Yes |  | No | |  |
| \* If yes, please indicate which employment and specify the reasons for your dismissal (use a separate sheet if necessary):  **If you are short-listed for interview the panel will discuss this with you and your current or previous employers.** | | | | | | | | | | | | |
| **Please note the following:**  If you are related to or know anyone in this organisation, please provide details (refer to notes below): | | | | | | | | | | | | |

1. **Enhanced DBS Check:**

All posts defined as “regulated activity” are subject to an Enhanced DBS check so that any criminal background (including “spent” convictions, bind-over orders, or cautions) is disclosed to the organisation. We cannot employ someone to this post without this check. If you are successful in applying for this post, we will ask the DBS for a Disclosure.

The position for which you are applying involves contact with vulnerable groups. It is exempt from the Rehabilitation of Offenders Act 1974 and all subsequent amendments (England and Wales). For this position, you are not entitled to withhold information about police cautions, bind-overs, or any criminal convictions that would otherwise have been considered “spent” under the Act.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Have you ever been convicted of any offence, been bound over, or given a caution? (see notes above)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | YES |  | NO |  | (tick whichever is appropriate) |   \*If yes, please give details in the space provided below. The information you provide will be treated in confidence.  Are you registered with the DBS update service?   |  |  |  |  |  | | --- | --- | --- | --- | --- | | YES |  | NO |  | (tick whichever is appropriate) |   \*If yes, could you supply the application reference number upon being successful at the interview stage.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | YES |  | NO |  | (tick whichever is appropriate) | |
| Are you currently the subject of any police investigations following allegations made against you?   |  |  |  |  |  | | --- | --- | --- | --- | --- | | YES\* |  | NO |  | (tick whichever is appropriate) |   \*If yes, please give details in the space provided below. The information you provide will be treated in confidence. |

**B) Safeguarding Declaration:**

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| --- |
| I declare that the information I have given on this form is complete and accurate and that:   * I am not barred or disqualified from working with vulnerable groups, children or young people. * I am not subject to any sanctions or conditions on my employment imposed by the Independent Safeguarding Authority, Secretary of State or other regulatory body.   Signed: Print Name:  Date: |

**C) General Declaration**

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| I understand that to knowingly give false information or to leave out any relevant information could result in:   * the withdrawal of any offer of appointment, or * my dismissal at any time in the future, and possible criminal prosecution   Signed: Print Name:  Date: |

|  |
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| Availability:  Are there any dates when you are not available for interview? |
| PLEASE RETURN THIS FORM TO:  FAO: Kay Lidher (Responsible Individual)  Email: kay@willowcaregroup.co.uk |

**Data Protection**

Data Protection accordance with the Data Protection Act 1998, this organisation will only use the information given on this application form to determine your suitability for this post and to monitor equal opportunities. We will keep application forms of unsuccessful candidates for six months before being destroyed.

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| EQUAL OPPORTUNITIES MONITORING FORM – THIS SECTION TO BE COMPLETED BY ALL APPLICANTS (this form will not be used as part of any selection process) |

Please help Willow Care Group Ltd prevent unfair discrimination by answering ALL the following questions and ticking the appropriate box. This information will be treated in the strictest confidence and only used to enable us to monitor our performance as an equal opportunities employer. It will not be seen or used by anyone involved in selecting candidates for interview.

**Personal Details:**

|  |  |  |
| --- | --- | --- |
| First name(s): | Surname: | |
| Date of Birth: | Male: | Female: |
| **Ethnic Origin/Nationality:** **My Ethnic Origin is:**  Please quote a number from the list given below   |  |  |  | | --- | --- | --- | | White | Mixed | Asian | | 01 British | 07 Black and White Caribbean | 13 Indian or British Indian | | 02 Irish | 08 Black and White African | 14 Pakistani, British Pakistani | | 03 Other white | 09 Chinese and White | 15 Bangladeshi, British Bangladeshi | |  | 10 Any other mixed background | 16 Other Asian, British Asian | |  |  |  | | Black | Other |  | | 04 Caribbean | 11 Chinese | 17 Prefer not to say | | 05 African | 12 Any Other |  | | 06 Other Black or Black British | |  | |  | |  | | | |
| **Sexual Orientation:**  Bisexual Gay Heterosexual Lesbian Prefer not to say | | |
| **Religion** (please tick one box only; categories determined by Office of Population Census and Surveys):  Christian Buddhist Hindu Jewish Muslim  Sikh All other religions, beliefs or faiths No Religion Prefer not to say | | |
| **Disability:**  The Disability Discrimination Act defines disability as a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities.  Do you consider yourself to be disabled? Yes No  If Yes, what is the nature of your disability?  If you are disabled, are there any arrangements we can make for you at interview (e.g. ground floor venue, hearing loop, sign language interpreter, audio tape or other adjustments). Please detail requirements:  We will interview all disabled applicants who meet the minimum (i.e. essential) criteria for a post vacancy and consider them on their skills and experience.  MEDICAL HISTORY  Please indicate whether you have suffered or had problems relating to the following by ticking the yes / no box   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | **Yes** | **No** |  | | | **Yes** | **No** |  | | **RHEUMATISM** |  |  |  |  | **BRONCHITIS** |  |  |  |  | | **ARTHRITIS** |  |  |  |  | **ASTHMA** |  |  |  |  | | **BACK PROBLEM** |  |  |  |  | **HEART DISEASE** |  |  |  |  | | **JOINT PROBLEMS** |  |  |  |  | **RUPTURES** |  |  |  |  | | **TUBERCULOSIS** |  |  |  |  | **ULCERS** |  |  |  |  | | **BLOOD PRESSURE** |  |  |  |  | **TYPHOID** |  |  |  |  | | **HEPATITIS** |  |  |  |  | **DIABETES** |  |  |  |  | | **CHEST PAINS** |  |  |  |  | **EPILEPSY** |  |  |  |  | | **DYSENTERY** |  |  |  |  | **EAR / NOSE / THROAT** |  |  |  |  | | **FREQUENT HEADACHES** |  |  |  |  | **INFECTIONS** |  |  |  |  | | **DEAFNESS** |  |  |  |  | **ALLERGIES** |  |  |  |  | | **SHORTNESS OF BREATH** |  |  |  |  | **ANY OTHER CONDITIONS**  **(Explain in Detail)** |  |  |  |  |   Please sign here if you are happy for your details to be passed to the interviewing manager so that you can be considered under the two ticks scheme.    Signature Print name in full | | |