APPLICATION FORM

Surname _____ Title Mr/Mrs/Miss/Ms _____

Forenames _____ Date of Birth _____

Address _____

_____

_____ Post Code _____

Telephone Home _____ Work _____

PRESENT EMPLOYMENT

Name and Address of Employer _____

_____

_____

Present Position _____

Date Started _____ _Present Salary _____

May we contact you at work Yes/No

Period of Notice Required _____

National Insurance number

PREVIOUS EMPLOYMENT (start with first job)

Dates (to - from)	Employer	Position	Reason for Leaving	Salary on Leaving

EDUCATION AND TRAINING

Secondary Schools	Dates (from - to)	Examinations (state subjects/grades)	Date Gained

OTHER TRAINING COURSES ATTENDED

Dates (from - to)	Name of College/University/Employer	Course Title and Qualification Obtained

SICKNESS/ABSENCE

How many days have you been absent from work during the last 12 months? ___

Have you suffered any serious illness in the last 5 years days? Yes/No

If Yes, please give details _____

_____

REFERENCES

Please give details of two people who can be contacted for a reference. These should not be relatives but one should be your present or more recent employer if possible. References will be taken up only for short listed candidates prior to interview.

Name _____	Name _____
Address _____	Address _____
_____	_____
_____	_____
Occupation _____	Occupation _____

FURTHER INFORMATION

Please give any information to support your application for this post

Do you hold a clean drivers licence? Yes/No Do you have use of a car at all times? Yes/No

I declare that the information on the application form is true and accurate, to the best of my knowledge.

SIGNATURE _____ DATE _____

If untrue or inaccurate information is recorded, any employment contract may be invalidated and the employee subject to disciplinary action or dismissal.

REHABILITATION OF OFFENDERS ACT 1974 AND EXCEPTIONS ORDER 1975

Please ensure that all sections are answered

PECS CHECK

The post for which you have applied involved substantial access to (children/adults with a learning disability). Before appointing anyone to such a post, it is our policy to ask for a check to be carried out by the Department of Health and Social Services (DHSS) Pre-Employment Consultancy Service. The purpose of the check is to make sure that people are not

appointed who might be a risk to (children/people with a learning disability) (delete as appropriate).

The check will tell us whether you have a criminal record or whether the DHSS holds any other information about you which might have a bearing on your suitability. Any information that we receive will be treated confidentially and will be discussed with you before we make a final decision. After that decision is made, the information will be destroyed.

We will only ask for the check if your application is successful and we are thinking of appointing you. However, you **must** tell us if you have ever been convicted of a criminal office, or cautioned by the police, or bound over. You **must** include **all** offences, even minor matters such as motoring offences, and 'spent' convictions, that is, things which happened a long time ago. If you leave anything out it may affect your application. Please complete below to give us this information and return it with your application. The form also asks you to give your written consent to the Pre-Employment Consultancy Service check. Please note that if you do not consent we will not accept your application.

CONSENT TO PECS CHECK

Do you have any prosecutions pending or have you ever been convicted at a court or cautioned by the police for any office? Yes/No (deleted as appropriate)

If Yes, please list below, details of all pending prosecutions, convictions, cautions, or bind-over orders. Give as much information as you can, including, if possible, the offence, the approximate date of the court hearing and the court that dealt with the matter.

I understand that a Pre-Employment Consultancy Service check must be carried out before my appointment can be confirmed. This has been explained to me and I am aware that spent convictions may be disclosed. I declare that the information I have given is accurate and I consent to the check being made.

SIGNATURE _____ DATE _____

Medical Questionnaire

If you have suffered from any of the following write 'Yes' in column (i) and give the date in column (ii).

If the answer is 'No' please write 'No' in column (i).

Every question must be answered 'Yes' or 'No'

		(i) Yes/No	(ii) Date/Month/ Year
1	Tuberculosis of the lung or other part of the body		
2	Asthma or hay fever or other allergic conditions		
3	Any other disease of the lung, e.g. pleurisy, bronchitis, pneumonia		
4	Rheumatism or arthritis		
5	Heart disease		
6	Disease of the nervous system		
7	Epilepsy, convulsions, blackouts, attacks of fainting or dizziness		
8	Any form or mental illness or nervous breakdown		
9	Hernia		
10	Alcohol or drug problems		
11	Back trouble or back injury		
12	Any other disabling condition or disabling incapacity		
13	Typhoid or paratyphoid, glandular illness		
14	Dysentery		
15	Other significant ailments of stomach, bowels or digestive system		
16	Any disease of kidneys or bladder or liver or reproductive organs		
17	High blood pressure		
18	Skin diseases, skin rashes and allergies		
19	Any sexually transmitted disease including HIV/AIDS virus		
20	Frequent sore throats, tonsillitis, ear infections		
21	Diabetes		
22	Blood disorders, ie pernicious or other severe anaemia		
23	Migraine, headaches		
24	Varicose veins		

25	Tropical diseases, i.e. malaria, legionnaires disease		

a) If the answer to any of the previous questions is 'Yes' please provide further details, eg duration of illness, nature of treatment, date of return to work, any further attack etc.

_____

_____

b) Are there any defects in your sight or hearing? Yes/No

If so, give details and state whether it has been corrected, e.g. by glasses or hearing aid?

_____

_____

DECLARATION

I declare that I have answered the above questions honestly and fully and that I am not otherwise aware of any physical or mental disability, which will, or may, affect my working capacity. I realise that, if appointed, any false or incomplete statement on my part will render me liable to dismissal. I agree to make myself available for a medical examination by a suitably qualified practitioner at the Company's expense if it is felt details disclosed in the document warrant further investigation in the light of the vacancy for which I am being considered. I agree that a report on my fitness for employment be made to the appropriate Manager.

If it is necessary for the Company to communicate with my own doctor and/or consultant who has treated me, I authorise them to reply to any query concerning my health or medical history. Likewise, I agree to my doctor being informed of the results of any tests taken, which the Company considers should be brought to my doctor's attention.

If it is discovered that I have an illness or disability, the details of which should be made known to my potential employer in confidence for my own safety or that of other members of the staff or clients, I authorise the examining medical officer to disclose to my potential employers such details, as he/she may consider necessary.

DATE _____ SIGNATURE _____

Please return to Care4 1st Floor Gwynfa House, 677 Princess Road, Dartford DA2 6EF

You will be contacted regarding an interview