

Application for the post of

I. PERSONAL DETAILS (Please complete all sections as a CV will only be accepted as an appendix)

Full Name (underline surname)

Previous Surname(s)

Title: Mr / Mrs / Miss / Ms

Place of Birth

Email Address

Private Address

Postcode

Do you require the following to work in the UK?

Tel. No.

Work Permit Visa WRS Registration

Mobile No.

If you already have the relevant document, please attach a copy to your application form.

National Insurance No.

PIN

(Nursing Posts Only)

2. EMPLOYMENT HISTORY

Name and address of employer (most recent or current employment first)	To/from	Post Held	Salary	Reason for Leaving

Give details of your experience to date in the following areas: (relevant experience you may have gained from a variety of areas e.g. work, social committee membership, etc.)

Management of Staff (for management and supervisory positions as per job profile)

Financial Awareness and Budget Management

Training and Development of Teams and Individuals

Planning and Prioritising the Work of Yourself and Others

Customer Care

SUPPLEMENTARY INFORMATION, including skills or achievements relevant to the post for which you have applied. (Please continue on a separate sheet if necessary).

3. EDUCATION

Please give details of School/College/University/Training School attended and details of qualifications (including class of degree, and any not achieved). Successful applicants will be required to produce evidence that they have obtained the qualification(s) stated.

School/College/University Attended	Subjects and Level of Qualification(s)	Exam Results

Other training courses attended and/or qualifications which you consider might be particularly useful in the post applied for, e.g. Professional Qualifications, First Aid, Food Hygiene etc.

Course Title	Date	Level Achieved

AVAILABILITY

How much notice are you required to give to leave your present employment?

Are you able to work evenings/weekends?

YES / NO*

Are you able to work extra hours as required?

YES / NO*

Are you able to work extra hours at weekends as required?

YES / NO*

Do you own, or otherwise have access to, a car*/moped*/pedal cycle* for use in connection with your work as required?

YES / NO*

Do you have a clean driving licence?

YES / NO*

*Delete as appropriate

SUPPLEMENTARY INFORMATION, please give details of leisure interests which you feel are relevant to this application.

Have you made any previous application for employment with this Company within the last six months?

YES / NO

If yes, give date(s), position(s) applied for and result(s).

Are you related to any Board Member, member of staff or customer of this Company?

YES / NO

If yes, please give details.

Are you in good health?

YES / NO

If no, give details.

Describe number, length and reasons for absences from work through illness during the last two years.

4. APPLICATIONS FROM PEOPLE WITH DISABILITIES ARE WELCOME

Do you have any disability which you consider may affect your ability to undertake the duties of the post for which you have applied?

YES / NO

If yes, please detail below.

We will make every effort to ensure that reasonable adjustments to the recruitment process are made to assist you in your application for the job. However, please detail below any specific adjustment which you consider will assist us with this process.

5. Due to the nature of the Company's business, and in order to comply with the National Care Standards Act, confirmation of all offers of employment within the organisation will be subject to the receipt of a satisfactory Enhanced Disclosure from the Criminal Records Bureau. Posts within the Company are exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendments) order 1986. This means that applicants are not entitled to withhold information about warnings, cautions or convictions which, for other purposes, are 'spent' under the provisions of the Act (please see enclosed Policy). Failure to disclose such convictions/warnings could result in dismissal or disciplinary action. Please also disclose if you are currently subject to any Police investigations.

Please provide details of convictions/warnings/cautions including the date and place of conviction(s).

6. Please give details of all previous addresses in the last 5 years:

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7. PERSONAL REFERENCES

Give two referees, the first **must be** your present or latest employer/head of department/principal/tutor; we cannot accept references from members of your family. References for candidates being considered for short listing are sought directly from referees to be available at the time of interview.

Can we write to your referees without being further consulted?

YES / NO*

*Delete as appropriate

N.B. Withholding consent for a prior approach to your present or past employer may prevent further consideration of your application.

Name, Address and Tel. No.	Capacity in which the referee is known to you (e.g. your manager, supervisor, headteacher, etc.)

Any information that you provide on this application form will be used for recruitment purposes only. Information will be stored in a secure manner and will be destroyed after a period of six months should your application be unsuccessful.

8. DECLARATION

To the best of my knowledge and belief, all the particulars I have given are true. I understand that any false statement may disqualify me from employment or render me liable to dismissal. **I also understand that no offer of employment made to me will be binding unless confirmed in writing.**

Signed..... Date..... Please also complete the following as an aid to our recruitment procedures.

Where did you find out about this vacancy? (Please tick appropriate box)

Job centre Internal vacancy list By direct enquiry

Other (please specify)

Newspaper/magazine advert (please give name of publication)

9. FOR OFFICIAL USE ONLY

Post offered		Hours per week	
Date of interview		Rate of pay offered	£ per hour
Offer made	YES / NO*	Medical clearance required	YES / NO*
Probationary period required and agreed (This must be confirmed at interview)	YES / NO*	Start date	
References received and satisfactory	YES / NO*	CRB Disclosure requested	YES / NO*
Check PIN (Nursing Staff Only)			*Delete as appropriate
Any special conditions attached to the offer of employment			

SOMERSET CARE GROUP'S MISSION STATEMENT

"Our vision is to be recognised as one of the leading providers of high quality accessible care, professional and vocational training and associated services."