



ACCUROCARE
LIFESTYLE CHOICES

APPLICATION FOR EMPLOYMENT

Please complete the form as fully as possible

Service:

St Johns Home The Grange Homecare

Email: info@accurocare.co.uk Tel: 01923350369

Position Applied For:

PERSONAL INFORMATION

Title:	Forename (s):	Surname:
Address & Postcode:		
Home Telephone:	Mobile Telephone:	Email Address:
Date of Birth:	... / ... /	National Insurance No:

CURRENT DRIVING LICENSE

Do you possess a valid EU Driving license?	Yes	No
Expiry Date of your license?		
Do you have regular use of a motor vehicle for work?	Yes	No

Are there any restrictions on you taking up Employment in the UK?

Do you need a work permit to work in the UK?	Yes	No
Are you at present, seeking Asylum in the UK?	Yes	No
Are you seeking employment that will require an application under the Workers Registration Scheme?	Yes	No

Education & Qualifications		
Dates:	Name of School / University	Qualifications Gained

Professional Memberships (ie: CIPD, NMC)
 Please note any professional bodies you are a member or registered with

Professional Registration Number	
Registration/PIN Number (Nursing):	
GMC Certificate Number (Doctors):	

Other Employment

Please note any other employment that you would continue with if you were successful in obtaining the position:	
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Leisure

Please note here your leisure interests, sports and hobbies, other pastimes, etc	
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PRESENT (MOST RECENT) EMPLOYMENT (employer will not be contacted as a reference without prior agreement)		
Name of Employer:	Address:	Contact Number:
Job Title/Position held:	Nature of Business:	Period of Employment: From: To:
Brief Description of duties / responsibilities:		
Current Salary: £ Per: week / month / annum	Notice Period:	Reason for leaving:

PREVIOUS EMPLOYMENT #2 (employer will not be contacted as a reference without prior agreement)		
Name of Employer:	Address:	Contact Number:
Job Title/Position held:	Nature of Business:	Period of Employment: From: To:
Brief Description of duties / responsibilities:		
Salary: £ Per: week / month / annum	Notice Period:	Reason for leaving:

PREVIOUS EMPLOYMENT #3 (employer will not be contacted as a reference without prior agreement)		
Name of Employer:	Address:	Contact Number:
Job Title/Position held:	Nature of Business:	Period of Employment: From: To:
Brief Description of duties / responsibilities:		
Salary: £ Per: week / month / annum	Notice Period:	Reason for leaving:

References #1 This should be your current or most recent employer	
Title:	
Forename (s):	
Surname:	
Address:	
Postcode:	
Contact No:	
Position:	
May we approach the above prior to interview:	Yes: No:

References #2 This can be a character reference (excluding friends and family)	
Title:	
Forename (s):	
Surname:	
Address:	
Postcode:	
Contact No:	
How are you associated:	
May we approach the above prior to interview:	Yes: No:

Supporting Statement
<p>Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the person specification).</p>

DECLARATION OF CRIMINAL CONVICTIONS

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application. In addition you are required to submit to a Disclosure and Barring check. Any disclosure made by the Disclosure and Barring Service will remain strictly confidential.

Have you ever been convicted in a court of Law and or cautioned in respect of any offence? YES / NO

If you have answered yes, please provide further details.

Date:

SPECIAL REQUIREMENTS (CARE SECTOR)

Because this position involves the care of vulnerable adults and/or children employment is dependent on the following:

1. Your written consent to obtaining a Disclosure and Barring certificate from the Disclosure and Barring Service.
2. Such disclosure being acceptable to us.
3. Proof of identity - birth or marriage certificate (where appropriate) and passport (if available).
4. Two satisfactory written references including one from your most recent employer (**this is a Legal Requirement**)
5. That you will supply a recent photograph of yourself for retention in your records (**this is a Legal Requirement**)
6. Evidence of physical or mental suitability for your work.
7. Documentary evidence of any qualifications relevant for the position (**this is a Legal Requirement**)

DECLARATION OF APPLICANT (Please read this carefully before signing this application)

1. I confirm that the information provided in this application is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organization reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Disclosure and Barring Service for a Disclosure and Barring Certificate. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed:.....

Date:.....