

## EMPLOYMENT APPLICATION FORM

Please fill in this form and return it via email to [info@dignitydirecthomecare.co.uk](mailto:info@dignitydirecthomecare.co.uk) or by post to: Stephen Lawrence Centre, 39 Brook mill Road, London SE8 4HU.

All information provided by applicants will be treated with full confidentiality. Candidates are shortlisted for interview based on the application form alone. It is therefore essential that ALL sections are completed in full. Please do not send a CV in place of your application form as this will be disregarded. You may add a CV to your application if you so wish.

<b>Position applied for:</b>	<b>Reference Code:</b>
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### PERSONAL DETAILS

<b>Title</b>			
<b>First names(s)</b>		<b>Surname</b>	
<b>DOB</b> (dd/mm/yyyy)			
<b>Address</b>			
		<b>Postcode:</b>	
<b>Home phone no</b>		<b>Work phone no</b>	
		Can we contact you here?	YES    NO
<b>Mobile phone no</b>		<b>Email address</b>	

<b>National insurance number</b>	
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<b>Do you require a work permit/visa to work in the UK?</b>	<b>YES</b>	<b>NO</b> <i>(Delete as appropriate)</i>
If yes, what type of visa is it?		
Please state the expiry date of your current visa		

<b>If selected, when would you be able to start work, or how much notice do you have to give to your current employer?</b>	
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<b>Full name:</b>	
<b>Relationship:</b>	
<b>Tel no:</b>	
<b>Address:</b>	



## HEALTH

Do you have any illness or condition which would impair your ability to carry out the duties of this post?

YES

NO (*Delete as appropriate*)

If yes, please give details:

Do you consider yourself to have a disability\* or special need?

YES

NO (*Delete as appropriate*)

If yes, please indicate the nature of this disability:

*\*Disability is defined in the Equality Act 2010 as a physical or mental impairment which has a substantial long-term adverse effect on ability to carry out normal day to day activities. 'Long term' means lasting (or recurring), or likely to last, for a year or more. 'Substantial' means it must regularly limit what you can do.*

If you are invited to an interview, do you have any specific requirements related to your disability?

YES

NO (*Delete as appropriate*)

If yes, please give details:

## CAREER HISTORY

### SECTION 1: CURRENT/MOST RECENT EMPLOYMENT

Your current or most recent employment may include voluntary work or work experience.

<b>Organisation</b>		
<b>Job title</b>		
<b>Dates of employment</b> <i>(State month and year)</i>	<b>From:</b> ____ / ____	<b>To:</b> ____ / ____
<b>Current salary (if any)</b>	£	
<b>Brief description of duties / responsibilities</b>		
<b>Organisation</b>		
<b>Job title</b>		
<b>Dates of employment</b> <i>(State month and year)</i>	<b>From:</b> ____ / ____	<b>To:</b> ____ / ____
<b>Current salary (if any)</b>	£	
<b>Brief description of duties / responsibilities</b>		
<b>Organisation</b>		
<b>Job title</b>		
<b>Dates of employment</b> <i>(State month and year)</i>	<b>From:</b> ____ / ____	<b>To:</b> ____ / ____
<b>Current salary (if any)</b>	£	
<b>Brief description of duties / responsibilities</b>		

### SECTION 3: EMPLOYMENT GAPS

If there are any gaps in your employment, please ensure that you clearly identify the dates and provide information that clarifies the situation. Successful applications will be required to clarify all gaps in employment before a start date can be confirmed.

<b>Date from</b> <i>(State month and year)</i>	<b>Date to</b> <i>(State month and year)</i>	<b>Reason for gap</b>

### EDUCATION & TRAINING

Please provide details of School, College, University or other Further / Higher Education attended.

Please provide details of any other qualifications or courses attended (this includes non-certified courses) which are relevant to this role. You will be required to produce evidence of your relevant qualification(s) on appointment.

<b>Period</b> <i>(state month and year)</i>		<b>Name of establishment</b> (School, University, Organisation etc)	<b>Qualification gained / training completed</b>
<b>From</b>	<b>To</b>		

#### **This section is optional**

If you have done Health & Social Care studies on your own, please indicate below. Be advised you may be asked to provide evidence which could be in the form of conversation or your private study records.

<b>Period</b> <i>(state month and year)</i>		<b>What private studies did you do?</b>	<b>What motivated you to study the subject?</b>
<b>From</b>	<b>To</b>		



## REFEREES

You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

### Current or most recent Employer

Name:

Address:

Post code:

Tel No:

Job title:

### Previous employer to the one above

Name:

Address:

Post code:

Tel No:

Job title:

### Character reference

Name:

Address:

Post code:

Tel No:

Relationship to you:



## CRIMINAL CONVICTIONS

Some posts are exempt from the provisions of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (exemption) order 1975. Therefore, you asked to disclose whether you have any previous convictions, cautions, reprimands, or final warnings, regardless of whether they are “spent” or not. Most posts will be subject to criminal records checks carried out by the Disclosure and Barring Services (DBS). A criminal conviction will not necessarily debar you from employment.

**Have you ever been cautioned / reprimanded / bound over / convicted of a crime (spent or otherwise)?**

**YES      NO**  
*(Delete as appropriate)*

**If yes, please give details below outlining the date, place and nature of the offence and outcome:**

Empty box for providing details of convictions.

## DECLARATION

I declare that the information given on this form is correct to the best of my knowledge. Information on this form may be held on computer/manual records. I understand that any false information or misinterpretation would result in my application being disqualified or, if appointed, could lead to disciplinary action including dismissal. I consent to Dignity Direct Homecare, in line with the Data Protection Act (1998), holding this information in a secure place. If my application is unsuccessful the data will be held for six months and then destroyed.

**Applicant signature:**

**Date:**

