





			Person	al Details			
First Names:				Address:			
Surname:							
Maiden Name:							
Previous Names:							
Marital Status:				-			
Gender:				Postcode:			
Place of Birth:				Nationality:			
Telephone number:				NI Number:			
Mobile Number:				Email Address:			
Are you a Driver:	Y	es	No	Own Transport	Yes	No	N/A
How long have you had licence?	la			Any Endorsements:	Yes	No	N/A
Are you a United Kingdo National	om (UK),	Europear	n Community (EC), European Economic Are	ea (EEA)	Yes	No*
*If no, Please detail you	ır current	immigrat	ion status and the	e relevant visa currently h	neld (includir	ng Visa numb	per)
Are you related to any	of our cur	rent men	nbers of staff or S	ervice Users?		Yes	No
that has a "substantial"	" & "long	term adv	erse effect" on y	on of disability is if you ha our ability to carry out no nd at: <u>www.gov.uk/defini</u>	ormal day-to	o-day activiti	es. Further
				, is there anything you wonts during the process?	ould like us	Prefer no	ot to say







Education *(All qualifications will	be subject to a satis	sfactory check).
School / College / University	Date From:	Date To:	Examinations, Qualifications*

Training Courses at	tended or completing	g (evidence of attend	ling courses is required)
Subject	Location	Date	Details

	Professional Membe	erships / Registration	ons
Name of Organisation	Registration Number	Renewal Date	Details







Employment History

Please record below the details of your **full employment history** beginning with your current or most recent first. Any gaps must be explained. Use a separate attached sheet if required; please sign the sheet(s)

			Current / M	ost recent empl	oyer	
Start Date:		E	End Date:		Salary:	
Job Role:				Employer Na	ame:	
Reason for Leavin	g:			Contact Nan	ne:	
Duties:				Address:		
				Postcode:		
				Telephone:		
				Email:		
			Emplo	yment History		
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Start Date:		1	End Date:		Salary:	
Job Role:				Employer Na	ame:	
Reason for Leavin	g:			Contact Nan	ne:	
				Address:		
Duties:				Postcode:		
				Telephone:		
				Email:		







Employment History Cont				ntinued (Copy this p	page if requ	ired)	
Start Date:			End Date:		Salary:		
Job Role:		,		Employer Name	e:		
Reason for Leavin	g:			Contact Name:			
				Address:			
Duties:				Postcode:			
				Telephone:			
				Email:			
Start Date:			End Date:		Salary:		
Job Role:				Employer Name	9:		
Reason for Leaving	g:			Contact Name:			
				Address:			
Duties:				Postcode:			
				Telephone:			
				Email:			







		Employr	ment History Conti	nued (Copy this p	page if req	uired)	
Start Date:			End Date:		Salary:		
Job Role:				Employer Name	:		
Reason for Leaving	g:			Contact Name:			
				Address:			
Duties:				Postcode:			
				Telephone:			
				Email:			
Start Date:			End Date:		Salary:		
Job Role:				Employer Name	:		
Reason for Leaving	g:			Contact Name:			
				Address:			
Duties:				Postcode:			
				Telephone:			
				Email:			
	Explanat	tion of Ga	ps Use this section	to detail any gaps	s in emplo	yment an	d why







References: Please provide names, addresses and telephone numbers for referees below who we may approach for a reference. In line with CQC requirements, we require references (or other satsifactory evidence as the employer may determine) from all previous employers concerned with the provision of services relating to health or social care, or children or vulnerable adults which should include details of why their employment came to an end (note that this is not time limited). If your previous employment does not concern the provision of services relating to health or social care, or children or vulnerable adults, you must provide references from your two most recent employers.

Please provide two character references if you are unable to obtain two professional references, e.g. in the case of an applicant who has been raising children for ten years. 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.

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	Referee One	Referee Two
Contact Name:		
Business Name:		
Address:		
Postcode:		
Telephone:		
Email:		
Capacity in which known		
	Referee Three	Referee Four
Contact Name:		
Business Name:		
Address:		
Postcode:		
Telephone:		
Email:		
Capacity in which known		
	Additional Referee	Additional Referee
Contact Name:		
Address:		
Postcode:		
Telephone:		
Email:		
Professional / Character:		
Capacity in which known		

Please use additional paper if required.







Safeguarding / Ex-Offenders Declaration: Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest confidence.

The Rehabilitation of Offenders Act 1974 aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

Answering 'yes' to the question below will not necessarily prevent your employment. This will depend on the relevance of the information you provide in respect of the nature of the position and the particular circumstances.

Are you currently bound over or do you have any current UNSPENT convictions that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?	Yes*	No
Do you have any current UNSPENT police cautions, reprimands or final warnings in the United Kingdom or in any other country?	Yes*	No

Privacy Statement

We will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this application form, you consent to holding the information contained within this application form. If successfully shortlisted, data will also include shortlisting scoring and interview records. We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you). When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles.

We have privacy policies that you can request for further information. Please be assured that your data will be securely stored by the Registered Manager and only used for the purposes of recruiting for this vacant post.

You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time, please contact the Registered Manager to discuss.

	Decla	ration	
misrepresentation in the appl	ication form will be grounds for	. I agree that any deliberate om rejecting this application or sul cation regarding professional r	bsequent dismissal if
Print Full Name:			
Signature:		Date:	







Supporting Statement
Please add here your reasons for applying. You should refer to the job description and person specification to guide you. It would also be of value to describe particular strengths and talents that set you apart from others as well as including skills gained from work, home and other activities.







s should be completed before attending any interview. It will be discussed as part of the interview process. If I was a Service User, I would like:		
	·	
I haliova that the Service User's fan	nily and Relatives would like the following:	
Theneve that the Strvict Ostr 5 lan	mily and iteratives would like the following.	
I believe that I can su	pport a Service User because:	
As a member of the te	eam, I would feel valued when:	
I believe that a good relationship bety	ween me and the Service User depends upon:	
I believe that I learn best when:	I believe that a good working team is made by	
I believe that my role in	relation to the Service User is:	
I believe that my role in	n relation to the Service User is:	
I believe that my role in	n relation to the Service User is:	
I believe that my role in	n relation to the Service User is:	
I believe that my role ir	n relation to the Service User is:	
	n relation to the Service User is:	