**PLEASE COMPLETE ALL SECTIONS IN CAPITALS.**

| Position applied for: |  |
| --- | --- |
| Approx. No. of Weekly Hours desired: |  |
| Full-time/part-time*(circle as appropriate)* |  |
| Days/Nights/Mornings/Afternoons/Evenings/ Weekends *(circle as appropriate)* |  |
| Surname: |  |
| First name(s): |  |
| Previous surnames:  *(supply documentary evidence e.g. marriage certificate, deed of name changes etc):* |  |
| Middle Name: |  |
| Date of Birth: |  |
| Email: |  |
| National Insurance Number: |  |
| Current address: |  |
| Postcode: |  |
| Date of occupancy: |  |
| Previous address:  ***Note:*** *For Criminal Record check purposes, addresses covering five years up to the application date must be supplied. If necessary, please use another sheet of paper.* |  |
| Postcode: |  |
| Date of occupancy: |  |
| Home Telephone number: |  |
| Work Telephone number: *(will be used with discretion)* |  |
| Clean current Driving Licence**:** *Yes/No (circle as appropriate)*  Details of any endorsements: |  |
| Own Car: *Yes/No (circle as appropriate)*  How long has your licence been held? *(years and months)*  Details: |  |

# EDUCATION

| School/College/University | Date | Examinations Passed/Qualifications gained  *(Please supply copies of certificates )* |
| --- | --- | --- |
|  |  |  |

**TRAINING HISTORY/PROFESSIONAL STATUS**

| Professional Qualification & Location | Date | Please supply copies of certificates/membership details |
| --- | --- | --- |
|  |  |  |

**ANY ADDITIONAL COURSES ATTAINED**

| Subjects | Date | Please supply details of trainer / organization |
| --- | --- | --- |
|  |  |  |

**EMPLOYMENT HISTORY**

Please list full employment/most recent first. Information must detail all previous employment roles and state the reasons for leaving. If required please write more information on an additional sheet of paper which you must date, name and sign.It is essential to check the continuity of employment, as stated in the application form, and to note and investigate any gaps in employment. Failure to carry through such checks has been identified as a significant factor in several recent abuse cases**.**

| Name and address of your most recent/last employer: | **Date employed:** | **Nature of business:** | **Position held and reason for leaving:** |
| --- | --- | --- | --- |
|  |  |  |  |
| **Additional Information** *EXAMPLES : voluntary work, charity or your own home. Please use separate sheet if insufficient space available.* | |  |  |
|  | |  |  |

**NEXT OF KIN**

| Full name: |  |
| --- | --- |
| Relationship: |  |
| Telephone no: |  |
| Home Address: | |

**RIGHT TO WORK IN THE UK**

| Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK? | Yes / No *(circle as appropriate)* |
| --- | --- |
| If yes, please provide details: | |
| **If you are successful in the application, would you require a work permit prior to taking up employment?** | **Yes / No** *(circle as appropriate)* |

**Note:** Minimum age legislation dictates that care workers in general must be 16 years old or older. Please inform us immediately if you do not meet these specifications.

# REFERENCES

You must provide references from your two most recent employers. Please also provide an additional character referee (relatives do not apply as your character referee). All references will be contacted. If you are unable to provide the required references, please discuss this matter directly with us by calling the number above. Please include e-mail addresses for all contacts.

# Current or most recent employer

| Name: |  |
| --- | --- |
| Job title: |  |
| Email Address: |  |
| Telephone No: |  |

Previous employer to the one above

| Name: |  |
| --- | --- |
| Job title: |  |
| Email Address: |  |
| Telephone No: |  |

Character reference

| Name: |  |
| --- | --- |
| Relationship to you: |  |
| Email Address: |  |
| Telephone No: |  |

**CRIMINAL RECORD**

All employees are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS.

Please note, you may not be eligible for work in a care setting if you have a recorded disclosure registered on your DBS. Offer of employment would be subject to a satisfactory DBS check being completed.

| Please declare all criminal convictions, whether spent or not, charges brought, whether proceeded with or not, warnings and cautions in the space provided below. |
| --- |
|  |
| **SIGNATURE & DECLARATION – IMPORTANT – PLEASE READ BEFORE SIGNING** |
| I declare that to the best of my knowledge and belief the information given by me in this application is true, and  I understand that the above information forms the basis of my contract of employment. I understand that if any of  the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached  and my employment may be terminated immediately.  I understand that I will not be offered a post until a satisfactory response has been received with respect to my DBS  Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two  satisfactory references, one of which must be from my previous employer, and that confirmation of the  employment will be subject to a satisfactory criminal record check from the DBS.  I understand that until a satisfactory response is received from the DBS, and my employment will not be confirmed.  If the post I have applied for is as a registered profession, my confirmation of employment will also be subject to a satisfactory search of the professional registering body. I authorise Vitality Support Limited to  request a DBS Register check and criminal records check from the DBS, on initial employment and at any time during  my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal  status changes at any time during my employment, such as by being charged with an offence (other than  motoring offences), the administering of a warning, criminal conviction, referral to any register of barred Care workers, or withdrawal of any registration required by my employment status.  **Signed: Date:** |