Job application form

Stately Care is committed to equal opportunities in employment and we positively welcome your application irrespective of your gender, race, disability, colour, ethnic or national origin, nationality, sexuality, gender identity, marital status, responsibility for dependants, religion, trade union activity and age.

**Please complete all sections on the form. If any section does not apply to you, enter not applicable (n/a).**

1. **Vacancy Details** **This section must be completed**

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| Job title: | Job reference number: |
| Directorate: | Service: |

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| **2. Personal Details** | | | | | | | | | | | | | | | | | |
| First name(s): | | |  | | | | Last name: | | |  | | | | Title: e.g. (Mr,Mrs,Ms): | | |  |
| Former name(s): | | |  | | | | | | | | | Date of Birth: | |  | | | |
| Address: | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Postcode: | |  | | | |
| Daytime tel no: | | |  | | | | Evening tel no: | | |  | | | | | | | |
| Mobile tel no: | | |  | | | | Email: | | |  | | | | | | | |
| Please indicate if you are happy to receive correspondence via your email address e.g. invite to interview letter: | | | | | | | | | | Yes No | | | | | | | |
| National Insurance Number, if you have one | | | | | | | |
| Do you have the Right to Work in the UK? Yes No  Please note: original identification documents verifying your right to work in the UK will be requested, checked and a photocopy will be taken. If your application is successful and you commence employment the copy of your identification documents will be retained on file under the regulations governed by the Immigration, Asylum and Nationality Act. | | | | | | | | | | | | | | | | | |
| Current driving licence (if this is a requirement of this job): | | | | | | | | | | Yes No | | | | | | | |
| If YES, type of licence | | | | |  | | | | | | | |  | | | | |
| **3.** | **Arrangements for interview** | | | | | | | | | | | | | | | | |
|  | If you have a disability, are there any arrangements which we can make for you if you are called for an interview and/or work based exercise? Yes No | | | | | | | | | | | | | | | | |
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| **4. Education/Qualifications** (including overseas) Please start with secondary education. | | | | | | | | | | | | | | | | | | |
| From | | To | | | | Secondary School/ | | | | | Examinations taken | | | | Results | Date | | |
| mth | yr | mth | | yr | | College/University etc | | | | | or to be taken | | | | & grades | gained | | |
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| **5. Training** Please list any course(s) which you have undertaken which are relevant to the job and/or specified on the person specification. | | | |
| Year | Organising body | Course title | Length |
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| **6. Membership** Please indicate membership of any organisation(s) relevant to this job. | | |
| Name of organisation | Type of membership | Date of membership |
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| **7. Past Employment & Experience** (if any) include voluntary or other relevant experience. | | | | | | |
| From | | To | | Employer | Job Title | Reason for change |
| mth | yr | mth | yr |  |  |  |
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| Please continue on separate sheet if necessary. |

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| **8. Present or Most Recent Employment** (if any) | | | | | |
| Job title: |  | | Employer: |  | |
| Salary: |  | | | | |
| Date Started: |  | | Date left (if applicable): | |  |
| Address: |  | | | | |
|  | | | | Postcode: |  |
| Reason(s) for leaving (if applicable): | |  | | | |
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| **9. Ill Health Retirement/Dismissal** | | | | | |
| Have you ever taken ill health retirement or been dismissed for some other reason?  Yes No | | | | | |
| If yes, please give the date and department/directorate: | | |  | | |
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| **10. References** Please give details of two referees one of which must be your current or most recent line manager/supervisor, or other person designated within the organisation to provide references. | | | | | | |
| Please put a cross in the appropriate box(es) below if you do not wish us to take up a reference without  your consent. | | | | | | |
| Name: |  | | | | |  |
| Address: |  | | | | | |
|  | | Postcode: | |  | | |
| Tel no: |  | Email: | |  | | |
| Job title: |  | Relationship to you: | | |  | |
| If this referee knows you by another name please give that name: | | |  | | | |
|  | | | | | | |
| Name: |  | | | | |  |
| Address: |  | | | | | |
|  | | Postcode: | |  | | |
| Tel no: |  | Email: | |  | | |
| Job title: |  | Relationship to you: | | |  | |
| If this referee knows you by another name please give that name: | | |  | | | |
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| Please note some jobs may require a Criminal Records Bureau check, further information regarding this will be contained in the application pack, if applicable. |

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| **11. Other information in Support of your Application** |
| In order for us to decide whether to call you for interview, it is essential that you provide us with sufficient details of any experience and skills which demonstrate how you meet the requirements of this job, as set out in the person specification. |

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| Please continue on separate sheet if necessary.  **12. Data Protection Act 1998 - Consent and Certification of Details** |
| The information detailed in this application form may be used by the company in the monitoring and progression of its employment policies and practices, and in particular its Equal Opportunities in Employment Policy. This monitoring is for statistical purposes only and you will not be identifiable from this process. However, your personal details contained in the application form may be used in the prevention and detection of fraud. Where this occurs you will be identifiable. The information may be disclosed to the following third parties:   * Survey and research organisations (for monitoring purposes only). * Local Government Authorities * Central Government Authorities * Organisations that handle or investigate the proper use of public funds * Law Enforcement Authorities   Application forms of unsuccessful candidates will be destroyed after six months following an appointment to the job. Giving false information will result in your application not being pursued or your contract being terminated if you have already been appointment to the job.  I, (print name): |
| Consent to Statelycare recording and processing the information detailed in this application form. I understand that this information may be used by the company in pursuance of its business purposes and my consent is conditional upon the company complying with their obligations under the Data Protection Act 1998.  I also confirm that the information contained in this application form is correct.  Signature: Date: |
| **If you are making your application in Braille or on audio tape you must declare that you have read and understood this section and that the information you have given is true and correct at the time of completion. You may also be required to sign a declaration to this effect at a later date.** |
| **Application forms not fully completed may be refused.** |

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| **Return Address:** [**info@statelycare.co.uk**](mailto:info@statelycare.co.uk) |

**Updated: 092010**