



APPLICATION FORM

Application for the post of:.....

A. PERSONAL DETAILS (please complete in BLOCK CAPITALS)

Surname:.....
Forename(s):.....
Address:.....
.....
..... Post Code:.....
Telephone:
Date of birth:.....
N.I Number.....
:

B. ADDITIONAL PERSONAL DETAILS (please complete in BLOCK CAPITALS)

Nationality.....
Religion.....
Are you registered disabled? YES NO
RDP Number:.....
Are you in good health? YES NO
Are you aware of any medical or physical factors which might affect your performance of the job for which you are applying
E.g. weak back/lifting)?
If 'yes', please give details below: YES NO
.....
.....

Available to take up employment with effect from (date):...../...../.....

Prepared to work (please tick)

FULL

PART -TIME

C. PREVIOUS ADDRESS (Provide your most recent address where you have lived in the last 5 years, use additional sheet if necessary)

Address:.....

Town/City:.....

County:.....

Post Code:..... Country:.....

Period at previous address: From date:...../...../..... To date:...../...../.....

Address:.....

Town/City:.....

County:.....

Post Code:..... Country:.....

Period at previous address: From date:...../...../..... To date:...../...../.....

D. ADDITION INFORMATION (please tick)

Current marital status: Single Married Divorced Widowed Separated

Other:.....

Number of children under 18:.....

Employment status: Employed Self-Employed Part-time Employed

Unemployed Student Other.....

Do you currently have a full UK Driving Licence? YES NO

Do you own a car? YES NO

Are you eligible to work in the UK?

YES NO

(if you are not a UK resident, you will need to provide proof)

E. EDUCATION / QUALIFICATION

SCHOOL/COLLEGES	DATE FROM	DATE TO	DETAILS OF QUALIFICATION	DATE

F. TRAINING (please give details of all training and other courses, which you have Undertaken, particularly those relating to care)

YEAR	COURSE TITLE	ORGANISING BODY	LENGTH OF COURSE

G. EMPLOYMENT HISTORY (please provide details of all employment beginning with your present or most recent job)

DATES		EMPLOYER	SALARY	POSITION(S) HELD	REASON FOR LEAVING
FROM	TO				

H. NEXT OF KIN

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other.....
Surname:.....
Forename(s):.....
Contact Number(s):.....
Relationship:.....

CRIMINAL RECORDS BUREAU

Excellence Healthcare is registered with the Criminal Records Bureau (CRB) Disclosure service. This service is used to assess the suitability of applicants for positions of trust, it is the policy of Excellence Healthcare that all appointments are subject to verification from the CRB Disclosure service and it undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of conviction or other information revealed. In accordance with the Rehabilitation of offenders Act 1974 we require all applicants to disclose any unspent criminal convictions.

Have you ever been convicted of any criminal offence other than a spent conviction under Rehabilitation of offenders Act 1974? (Please tick as appropriate) YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES please give details below:
.....

**REFERENCES please provide details of two people (Not friends or relatives) who
Contacted for references in connection with the application.**

Name:..... Company Name:..... Job Title:..... Address:.....Post code..... Tel:..... Fax:..... Capacity in which known to..... Can we contact the above prior to interview? YES <input type="checkbox"/> NO <input type="checkbox"/>	Name:..... Company Name:..... Job Title:..... Address:.....Post code..... Tel:..... Fax:..... Capacity in which known to..... Can we contact the above prior to interview? YES <input type="checkbox"/> NO <input type="checkbox"/>
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DECLARATION:

I declare that all statement given in this form are true and correct to the best of my knowledge. I understand that should I make any false statement or knowingly give incorrect information or conceal any fact relevant to this application I will, if appointed, be liable to dismissal.

Signed..... Date:.....

EQUAL OPPORTUNITIES MONITORING

In order to assist us in monitoring the effectiveness of our equal opportunities policies and procedures you are requested to give the following information.

Applicant..... Age..... Male Female

ETHNIC ORIGIN

I would describe my ethnic origin as:

<input type="checkbox"/> Indian	<input type="checkbox"/> Black – African
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Black - Caribbean
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Black – other.....
<input type="checkbox"/> White – united kingdom	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> White – other.....	<input type="checkbox"/> other.....

Birthplace Town and country.....

Language used..... Religion (if any).....

CONFIRMATION

I confirm that above information is correct,
Signature.....
Date.....

