 **AGAPE CARE SOLUTIONS LTD**

**369-371 Ashley Road**

**Poole**

**Dorset**

**BH14 0AS**

**APPLICATION FORM FOR THE POST OF**:

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| --- |
| Job Title:  Where did you see the post advertised? |

**PERSONAL DETAILS:**

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| --- |
| Surname: Title:  First Name (s):  Home Address:      Post Code:  NI Number:  Home Tel.No: Mobile No:  Work Tel. No: May we use this to contact you? (Yes/No)  Email address:  Full Driving Licence: (Yes/No)  Are there any restrictions regarding your eligibility for employment (Yes/No)  Do you require a work permit? (Yes/No)  If you answer yes, you must supply details on a separate sheet of paper. |

**DIVERSITY MONITORING FORM**

Agape Care Solutions seeks to reflect the diversity of the local community in terms of ethnic and cultural background, gender, age and disability. As such Agape Care Solutions asks all potential employees to complete and return this monitoring form. Upon receipt, it is separated from your application form and is not seen by the selection panel. The information will be used for compiling statistics for monitoring purposes and will be treated confidentially and play no part in the selection process.

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| --- |
| Surname: First Name(s) |
| Post Applied for |
| Date of Birth: Age: |

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| **Ethnic Group: (please tick relevant box)** |
| **Black or Black British Asian White Mixed** |
| Caribbean  Indian  British  White and Black Caribbean |
| African  Pakistani  Irish  White & Black African |
| Other Black background  Bangladeshi  Other White  White and Asian |
| Other Asian background  Other mixed background |
| **Other** |
| Chinese  Other background |

**Religion:**

**Language (s) spoken:**

**Gender:**  Male  Female

**Sexual Orientation:**  Heterosexual  Homosexual  Bisexual

**Disability:**

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| Under the Disability Discrimination Act 1995 (DDA) a disability is defined as “physical, sensory or mental impairment which has or had, a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities.”  Do you consider yourself to have a disability as defined under the Disability Discrimination Act 1995 (DDA)?  Yes  No  If you have answered ‘yes’ to the above question then please indicate which category best describes your disability:  Hearing  Sight  Physical/motor disability  Language disability  Learning difficulties  Other  If ‘other’ please specify: |

**Data Protection Act 1998**

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| Your personal details will be treated as confidential and kept for no longer than necessary. If your application is successful, your application monitoring forms will become part of your personal records. Some of the information may be held on a computer database.  Signed: Date: |

**EDUCATION, QUALIFICATIONS & TRAINING (list most recent first)**

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| --- | --- | --- | --- |
| **Name of School/College/**  **University/training body** |  | **Dates** | **Qualifications gained/examinations passed/grades** |
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**Membership of Professional Body (**please identify) :

**Status No**: **Registration No:**

**Date Obtained:**

**EMPLOYMENT RECORD –MOST RECENT EMPLOYER**

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| **Name of Employer:**  **Address:**      **Position Held:**  **Summary of Duties:**      **Salary £ per day/month Start Date:**  **Notice required: Date left (if no longer employed)**  **Reason for leaving:** |

**EMPLOYMENT RECORD – PREVIOUS EMPLOYMENT**

Please list (most recent first) All previous jobs held since leaving school including any voluntary or unpaid work. Please provide reasons for any gaps in employment where relevant.

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| **1. Name of employer:**  **Address:**    **Job Title:**  **Summary of duties/responsibilities:**    **From: To:**  **Reason for leaving:** |

**EMPLOYMENT RECORD – PREVIOUS EMPLOYMENT (Continued)**

Please list (most recent first) All previous jobs held since leaving school including any voluntary or unpaid work. Please provide reasons for any gaps in employment where relevant.

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| **2. Name of employer:**  **Address:**  **Job Title:**  **Summary of duties/responsibilities:**  **From: To:**  **Reason for leaving:** |
| **3. Name of employer:**  **Address:**    **Job Title:**  **Summary of duties/responsibilities:**    **From: To:**  **Reason for leaving:** |
| **4. Name of employer:**  **Address:**    **Job Title:**  **Summary of duties/responsibilities:**  **From: To:**  **Reason for leaving:** |

**SUPPORTING INFORMATION:**

Please use the space below to give us further details of your career, activities and personal interests which you think are relevant to your application.

Short listing will be undertaken by comparing the evidence presented by you with the requirements of the post as outlined in the Job Description and Person Specification

Please use Appendix B if space below is insufficient (identifying that you have done so in the space provided below)

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| **Appendix B used (Yes/No) No of pages:** |

**Health & General Attendance**

Days absent in the last two years as a result of ill health.

Please give details in the space below of any illness which have caused you to be absent from work for ten or more consecutive days during the last two years:

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| GP Name  Tel Number:  Address:    (Your GP will not be contacted without your permission) |

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| Full Name:  Relationship:  Tel Number:  Address: |

**References:**

Please give details of two referees, one of whom should be your present/last employer and neither should be friends or relatives. Please ensure that personal references are not used. Where you have been unemployed or not working for a period of time, it is helpful if a reference can be given from voluntary work, school groups or committees.

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| 1. Referee (present/last employer)  Name:  Address (inc. company name)    Occupation:  Relationship:  Contact Telephone number:  Contact email address:  May we obtain a reference prior to an offer of appointment?(Yes/No)  2. Referee  Name:  Address (inc. company name)    Occupation:  Relationship:  Contact Telephone number:  Contact email address:  May we obtain a reference prior to an offer of appointment? (Yes/No) |

**REHABILITATION OF OFFENDERS ACT 1974**

Due to the nature of the work for which you are applying, this post is exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974.

Applicants are therefore not entitled to withhold information about convictions and cautions, including any driving offences (which for other purposes are “spent” under the provision of the Act). You are required to disclose ALL convictions and/or cautions regardless of the length of time that has passed since receiving them.

**Please complete the section below (using spaces provided):**

|  |
| --- |
| Have you ever been convicted of a criminal offence, caution?  Reprimand or warning, including spent convictions **(Yes/No)**  Have you any pending criminal charges? **(Yes/No)**  Have you ever been cautioned? **(Yes/No)**  If you have answered **Yes** to any of the above you must give details on a separate sheet of paper. |

Applicants who are offered employment will be subject to criminal record check from the Criminal Records Bureau (CRB) before the appointment is confirmed. This will include details of cautions, reprimands or final warnings as well as convictions (even spent). The disclosure of an offence will not necessarily bar you from employment with us, but if you do not tell us about any offence this may put your employment at risk. A copy of the CRB or SCRB (Scotland only) code of practice is available on request.

**DECLARATION**

This information provided on this form will be used in the recruitment and selection process and may be disclosed to all relevant people. It will also form the basis of your confidential personal record if you are the successful candidate. This application form will be destroyed after six months if you are unsuccessful. Please sign and date declaration in the space provided below.

I certify that to the best of my belief, the information I have supplied is true and complete and that I posses all qualifications listed on this form. I confirm that I do not object to the information on this form being transferred onto computer for the purpose of anonymous statistical reporting.

I understand that any false information or failure to disclose relevant medical details, criminal convictions or prosecution pending may disqualify me from employment or render me liable to summary dismissal.

Signature: Date