**ALL ABOUT CARE (SOUTH WEST) LTD**

G8 Lynch Lane Offices
Lynch Lane
Weymouth
Dorset DT4 9DN

01305 261177

STAFF APPLICATION FORM

*Please complete in block capitals and in black ink.*

APPLICATION FOR POST OF: ...........................................................................

PERSONAL DETAILS

Surname: .................................. Forename/s: ................................................

Address: .................................................................................................................

 ....................................................................................................................

Postcode: .......................................

Home Telephone: .......................... Work Telephone: .......................................

Mobile: .......................................... National insurance no: ...............................

Do you need a Work Permit to work in the UK?: Yes/No

Do you hold a current full UK driving licence?: Yes/No

Do you have use of a motorised vehicle?: Yes/No

Are you registered disabled?: Yes/No

If yes, are there any special arrangements or adaptations needed in order for you to fulfil the job role?: Yes/No (if Yes, please detail below)

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EDUCATION AND TRAINING

Secondary School attended: From: To:

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Further education establishments:

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................................................... ......................... ......................

Professional Qualifications:

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Relevant training courses attended: Dates:

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GENERAL

Hobbies and Interests:

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If offered this position will you continue to work for another employer?: Yes/No

If yes, please give details: ……………………………………………………………………

REHABILITATION OF OFFENDERS ACT

Due to the nature of the work involved, this position is exempt from the provisions contained in the *Rehabilitation of Offenders Act.* Therefore your right to withhold information in respect of spent convictions is negated.

Have you ever been convicted of a criminal offence?: Yes/No

If yes, please give details below: (Failure to disclose convictions can lead to summary dismissal):

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An enhanced Criminal Records Bureau check and a check of the POVA Register will be undertaken prior to any firm offer of employment being made.

Any disclosure made will be treated in the strictest confidence and will be considered in relation only to this application.

EMPLOYMENT HISTORY

Please list below previous and present employment, beginning from the date you left full time education, explaining any breaks in employment. Full C.Vs will be accepted. Give employers name, start date, end date. Continue on a separate sheet if necessary.

REFERENCES

Please give details of two referees, one of which must be your present or most recent employer.

Name: ...................................... Name: .........................................

Position: .................................. Position: .....................................

Address: .................................. Address: .....................................

 ..................................... ........................................

Postcode: ................................ Postcode: ...................................

Telephone: ............................. Telephone: .................................

DECLARATION

I confirm that the above statements are true and correct and I understand that if there is any misrepresentation then I may be subject to summary dismissal.

Signed: ……………………………………….

Date: …………………………………………

Dated: