# APPLICATION FOR EMPLOYMENT

PLEASE RETURN TO [enquiries@catherinecare.com](mailto:enquiries@catherinecare.com)

AT UNIT 13A JEROME ROAD BUSINESS PARK, NORTON CANES, WS11 9UE/38 HILTON LANE, GREAT WYRLEY, WS6 6DS OR EMAIL IT TO [enquiries@catherinecare.com](mailto:enquiries@catherinecare.com)

**Private and Confidential**

|  |  |
| --- | --- |
| Position applying for: |  |
| Title |  |
| Forename(s) |  |
| Surname |  |
| Address |  |
| Postcode |  |
| Email |  |
| Telephone (Home) |  |
| Telephone (Mobile) |  |
| National Insurance Number |  |
| Current Driving Licence? | Yes No |
| [License Categories/Groups](https://www.gov.uk/old-driving-licence-categories): |
| Expiry date / / |
| Details of any endorsements: |
| Are there any restrictions on you taking up employment in the UK? | Yes No  (If *yes*, please provide details) |

## Education

|  |  |  |
| --- | --- | --- |
| School/College/University | Qualifications & grade achieved | Year achieved |
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Employment History

(Please complete in full and use a separate sheet if necessary)

Start with the most recent employment.

|  |  |
| --- | --- |
| Company name & address |  |
| Dates of employment | From / / To / / |
| Job Title |  |
| Rate of pay |  |
| Brief description of duties |  |
| Reasons for leaving |  |
| Notice required |  |

|  |  |
| --- | --- |
| Company name & address |  |
| Dates of employment | From / / To / / |
| Job Title |  |
| Rate of pay |  |
| Brief description of duties |  |
| Reasons for leaving |  |
| Notice required |  |

|  |  |
| --- | --- |
| Company name & address |  |
| Dates of employment | From / / To / / |
| Job Title |  |
| Rate of pay |  |
| Brief description of duties |  |
| Reasons for leaving |  |
| Notice required |  |

|  |  |
| --- | --- |
| Company name & address |  |
| Dates of employment | From / / To / / |
| Job Title |  |
| Rate of pay |  |
| Brief description of duties |  |
| Reasons for leaving |  |
| Notice required |  |

**Current membership of professional bodies (i.e. CIPD, NMC)** Please note any professional bodies you are a member of or are registered with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_

**Professional Registration Number** (where applicable)

|  |  |
| --- | --- |
| Registration/PIN Number (nursing) |  |
| GMC Certificate Number (doctors) |  |

**Other Employment?** Yes No

Please note any other employment that you would continue with if you were to be successful in obtaining this position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_

## Leisure Interests

Please note here your leisure interests, sports and hobbies, other pastimes etc.

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_

## References

Please note here the names and addresses of two persons from whom we may obtain both character and work experience references, preferably one from your current or most recent employer.

|  |  |  |  |
| --- | --- | --- | --- |
| Name 1: |  | Name 2: |  |
| Position: |  | Position: |  |
| Address: |  | Address: |  |
| Postcode: |  | Postcode: |  |
| Email: |  | Email: |  |
| Telephone: |  | Telephone: |  |
| May we approach the above prior to interview? | Yes No | May we approach the above prior to interview? | Yes No |

## Covering Letter / General Comments:

Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the person specification and job description. (You may attach a separate piece of paper if required)

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## Cautions, Rehabilitation and Criminal Records

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

In addition you are required to submit to an Enhanced Disclosure and Barring check. Any disclosure made by the Disclosure and Barring Service will remain strictly confidential.

Have you ever been convicted in a court of law and/or cautioned in respect of any offence? YES / NO (delete as required). If YES, please give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Special Requirements (Care Sector)

Because this position involves the care of children and/or vulnerable adults, employment is dependent on the following:

1. Your written consent to obtaining a Disclosure certificate from the Disclosure and Barring Service.

2. Such disclosure being acceptable to us.

3. Proof of identity - birth or marriage certificate (where appropriate) and passport (if available)

4. Two satisfactory references.

5. That you will supply a photograph of yourself for retention in your records.

6. Evidence of physical or mental suitability for your work.

Declaration(Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be processed in accordance with the Data Protection Act.

3. I agree that should I be successful in this application, I will, if required, apply to the Disclosure and Barring Service for an Enhanced Disclosure Certificate. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed Date