**Proactive Care (Manchester) Ltd**

**Employment Application Form**

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| Candidates are required to complete **all sections** of the application form on a PC or with clear black ink.  **Please send you current CV to accompany your completed application form**.  ***Please read the job description prior to completing this form***. | | | | | | | | | | | | | | | | | | |
| **Post Applied For:** |  | | | | | | | | | | | | | | | | | |
| **Where/How did you hear about the vacancy?** |  | | | | **Preferred Employment Option *(Delete as appropriate):*** | | | | | | | * Full Time * Part Time * Bank Staff | | | | | | |
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| **Personal Details** | | | | | | | | | | | | | | | | | | |
| **Surname:** |  | | | | | | | | | | **Title:** | | | |  | | | |
| **Other Name(s):** |  | | | | | | | | | | **Over 21 years old:** | | | | Yes / No | | | |
| **Address:** |  | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | **Postcode**: | | |  | | |
| **Telephone number:** | **Home**: |  | | **Work**: | | | |  | | | | | **Mobile**: | | |  | | |
| **Email Address:** |  | | | | | | | | | | | | | | | | | |
| **National Insurance Number:** |  | | | | | | | | **DOB:** | | | | |  | | | | |
| **Passport Number:** |  | | | | | | | | | | | | | | | | | |
| **Are you entitled to work in the UK?** | | | Yes / No | | | **Do you need a visa to work in the UK? *If yes, do you hold a current work permit, please provide details*** | | | | | | | | | | | | Yes / No |
| **How long have you lived at your current address?** | | | | | |  | | | | | | | | | | | | |
| **If less than 5 years, please provide all other addresses you have lived at in the last 5 years (continue on a separate sheet of paper if necessary, and attach to this form):** | | | | | | | | | | | | | | | | | | |
| **Do you hold a current (UK) full driving manual licence?** | Yes / No | | | | | | **If yes, date licence gained: dd/mm/yy** | | | | | | | | / / | | | |
| **Driving License Number:** |  | | | | | | **Please confirm that you have, or will obtain, insurance for business use on your car insurance prior to starting work?** | | | | | | | | Yes / No | | | |
| Does your licence have penalty points or Endorsements?  If yes, please give details: - | | | | | | | | | | | | | | | | | | |
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| **References**  Please provide details of two referees who have knowledge of your work, going back at least five years, one of whom should be your present employer. If you are currently not working one referee should be your last employer. References will be requested if you are short-listed for interview. **Please delete the options as appropriate. If you do not wish contact to be made with a referee prior to an interview being held, detail why below**. After interview, if we are considering offering you an appointment, referees will be contacted. | | | | | | | | | | | | | | | | | | |
| **Reference One** | | | | | | | | | | | | | | | | | | |
| Full Name:  ***Do/Do not contact now*** | | | | | | | | | | | | | | | | | | |
| Job Title: | | | | | | | | | | | | | | | | | | |
| E-mail address: | | | | | | | | | | | | | | | | | | |
| Company Name & Full Address  Post Code: | | | | | | | | | | | | | | | | | | |
| Telephone No. | | | | | | | | | | | | | | | | | | |
| Capacity known to referee: | | | | | | | | | | | | | | | | | | |
| **Reference Two** | | | | | | | | | | | | | | | | | | |
| Full Name:  ***Do/Do not contact now*** | | | | | | | | | | | | | | | | | | |
| Job Title: | | | | | | | | | | | | | | | | | | |
| E-mail address: | | | | | | | | | | | | | | | | | | |
| Company Name & Full Address  Post Code: | | | | | | | | | | | | | | | | | | |
| Telephone No. | | | | | | | | | | | | | | | | | | |
| Capacity known to referee: | | | | | | | | | | | | | | | | | | |
| **If you do not wish us to approach one or both of your referees prior to interview, please mark the above boxes and give a reason below:** | | | | | | | | | | | | | | | | | | |
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| **Education and Qualifications** | | | | | | | | | | | | | | | | | | |
| **Please provide details of school/university/colleges since the age of 11.**  **(You will be required to provide evidence prior to appointment if a qualification is relevant to this job.)** | | | | | | | | | | | | | | | | | | |
| **Name & Address of School/College/University** | | | **Qualification** | | | | | | | **Subject** | | | | | | | **Date Gained** | |
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| **Other Training, Courses in Progress**  Please give details e.g. short courses, relevant specialist training. Continue on a separate sheet if necessary. | | | | | | | | | | | | | | | | | | |
| **Name & Address of Organisation** | | | **Qualification** | | | | | | | **Subject** | | | | | | | **Date Gained** | |
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| **Employment** | | | | | | | | | | | | | | | | | | |
| **Present Employment (or most recent)** | | | | | | | | | | | | | | | | | | |
| **Job Title**: | | | | | | | | | | | | | | | | | | |
| **Date started:** | | | | | | **Date left (if applicable):-** | | | | | | | | | | | | |
| **Name and Address of employer:** | | | | | | | | | | | | | | | | | | |
| **Amount of Notice required:** | | | | | | | **Current rate of pay:** | | | | | | | | | | | |
| **Reason for leaving/wishing to leave:** | | | | | | | | | | | | | | | | | | |
| **Main Duties and Responsibilities: *(use additional sheet if required):*** | | | | | | | | | | | | | | | | | | |

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| **Previous Employment** | | | | | |
| Please provide details of your past employment history to date, **including months and years**, starting with your most recent. Please detail any gaps accounting for any periods of time not spent in further education or employment. *(Continue on separate sheet if necessary).*  **Please note that we reserve the right to contact all previous employers and that references may be sought from any of your previous employers.** | | | | | |
| **Start Date:** | **Date Left:** | **Job Title:** | **Name, address and contact details of employer** | **Reason for leaving/gap(s)** | |
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| **Have you been in prison or on remand either in the UK or in any other country.** | | | **YES / NO** | | |
| **If yes, give detail:** | | | | | |
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| **Additional Information**  **MANDATORY (Continue on a separate sheet if necessary)** | | | | |
| **Please state your reason for applying for this post. Concentrating on the special skills and personal qualities you will bring to it. We are particularly interested in your reflections on your own personal history and the experiences which have shaped you.** | | | | |
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| **Please give details of any experiences or skills which you feel are relevant to the post applied for. This can include training, qualities, achievements at work, non-work related or voluntary work experience.** | | | | |
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| **Please indicate your level of competency with Microsoft Word / Excel / Outlook (e-mail): *(Delete as appropriate).*** | | | | |
| **None / Basic / Intermediate / Advanced**  **Details:** | | | | |

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| **Records Check** | |
| The disclosure of a criminal record will not debar you from appointment unless the selection panel considers that the conviction renders you unsuitable for appointment. However, this post is exempted employment within the terms of the Rehabilitation of Offenders Act 1974 (Exemptions) Order, as amended. You are therefore required to declare any convictions, whether or not they would, in terms of the Act, be classed as spent.  Failure to disclose important information may disqualify you from appointment or lead to summary dismissal.  If selected for the position, we will check your details against criminal records held by the Police, prior to an offer of employment.  **Disclosure**  ***Please be aware that any undisclosed information that comes to light in the future could have a bearing on your employment with Proactive Care and may lead to dismissal.*** | |
| **Are you registered on the DBS Update service?**  YES/NO | I**f yes, do you grant Proactive Care permission to view your DBS status on line if an offer of employment is made and for all on-going checks required?**  YES/NO |
| **Have you been convicted of any criminal or civil convictions and or any cautions (including driving offences)?**  If yes, please give details: -    **Are you presently the subject of investigation into any criminal or civil convictions and or any cautions (including driving offences)?**    If yes, please give details: - | |

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| **Equality Act 2010** | |
| **Do you consider yourself to be disabled under the Equality Act Act?** | YES / NO |
| **If Yes, are there any adjustments that you think we could make to overcome a disability in relation to the essential requirements of this job?** | YES / NO |
| If Yes, please provide further details: | |
| **If selected for interview, do you require any assistance/adaptations to help you attend?** | YES / NO |
| **If Yes, what assistance/adaptations do you require?** | |

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| **Declaration IMPORTANT (Please read carefully before signing)** | | | |
| Data Protection  In accordance with the Data Protection Act of 1988, the information entered onto this form and any accompanying papers will be used to assess your suitability for the post and will not be released to anyone who does not require it for this purpose. If you are employed the information you have provided on this form will be used for personnel record and payroll purposes. If you are not employed the information will be destroyed six months after the post has been filled.  You have the right to require us to correct any inaccuracies in your information.  I certify that to the best of my knowledge all statements given by me on this form are true and accurate. I understand and accept that if it is subsequently discovered that any statement is false or misleading or that I have withheld information, my employment may be terminated without notice. | | | |
| Signature |  | Date |  |

**AS PART OF THE APPLICATION PROCEDURE YOU ARE ALSO REQUIRED TO COMPLETE AND SUBMIT THE EQUAL OPPORTUNITIES MONITORING FORM and our additional questions form WHICH are INCLUDED WITH YOUR APPLICATION PACK**

**applications that are not complete will not be processed.**

*If you return your application electronically and are selected for interview,*

*you will be asked to sign a hard copy of your application forms.*