**INDEPENDENT CARE & SUPPORT LTD**

Unit F1 Knights Park, Knights Road, Strood, Kent ME2 2LS
Tel 01634 730004

Email office@independent-care.co.uk

**APPLICATION FOR EMPLOYMENT**

NOTE: Because of 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 Offender Act 1974 by virtue of the Rehabilitation of Act 1974 (exemptions) order, 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are “spent” under the provisions of the act and in the event of employment any failure to disclose such convictions could result in dismissal or disciplinary action by the company. Any information given will be completely confidential and will be considered only in relation to an application for position for which the order applies.

|  |  |
| --- | --- |
| Surname Mr/Mrs/Miss | Maiden Name |
| Forenames | Married/Widowed/Single |
| Date of Birth | Age |
| Address |
| Telephone number | Mobile number |
| National insurance number | Email address |
| Please state how many days you have had of sick in the last 2 years and the nature and duration of the illness |  |

|  |
| --- |
| Are you registered disabled? If so, what is your registration number? |
| Do you hold a full driving licence (not provisional)? |
| Do you own a car at present? |
| Do you have any unspent convictions, cautions, reprimands or warnings? |
| What position are you applying for? |

Please indicate the number of hours you would prefer to work within the range of hours set out below.

|  |  |
| --- | --- |
| 1. 10-15 hours
 |  |
| 1. 15-20 hours
 |  |
| 1. 20-25 hours
 |  |
| 1. 25-30 hours
 |  |
| 1. 30-40 hours
 |  |

Please indicate your preference for the times of day you would be available to work

|  |  |
| --- | --- |
| 1. Full time
 |  |
| 1. Part time
 |  |
| 1. Evenings
 |  |
| 1. Weekends
 |  |

Due to the nature of the service we provide to the community the company may be requested to provide home care at short notice.

Would you be willing to respond at short notice if requested YES/NO

|  |
| --- |
| Date able to start |
| Briefly, state your experience if any, relevant to the position |
| Are you at present employed, if so please state  |
| Your employers name, address and telephone number |
| Nature of employment |
| Present grade and salary |

EDUCATION AND TRAINING

Please give details of examination course taken at secondary school, college or university level

|  |  |  |  |
| --- | --- | --- | --- |
| School/college/university | Course/level/GCSEA level etc | Grade achieved and date if applicable | Date achieved/attended |
|  |  |  |  |

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| --- |
| Details of professional or other relevant qualifications. Please include details of professional memberships held, registration number and expiry/renewal date, including GMC. We will need sight of your qualification certificates at interview |
|  |
| Training-including apprenticeships, courses, seminars relevant to the post for which you are applying (if currently studying, please state the completion date) |
|  |

Particulars of previous employment, please put in order of most recent first please

|  |  |  |
| --- | --- | --- |
| Name and address of employer | Employed from | Employed to  |
|  |  |  |
|  |  |  |
|  |  |  |

Please supply 2 references from the previous employer

|  |
| --- |
| Name/address |
| Name/address |

Independent Care and Support Ltd is an equal opportunities employer

Declarations

I, the undersigned being a candidate for the before named appointment, do hereby declare that the particulars entered by me are, to the best of my knowledge and belief, a tru and complete record. I understand that the terms of the Contract of Employment Act 1972 (as amended) apply to the post.

|  |  |
| --- | --- |
| Signed | Dated |