



APPLICATION FORM

Please use black ink and write clearly. Please refer to guidance notes on completion of this application form.

1 JOB DETAILS

Application for Post of: _____

Department/Location: _____

Post Ref: _____

Where did you see the post advertised? _____

2 PERSONAL DETAILS

Title (Mr, Miss, Mrs, Ms, other): _____

Forename(s): _____ Surname: _____

Previous Surname: _____ Known as: _____

Address: _____

_____ Postcode: _____

Date of Birth: _____ N.I Number: _____

Marital Status:

Single Married Divorced Widowed

Telephone Numbers:

Daytime: _____ Evening: _____ Mobile: _____

Have you been employed by this Company before? Yes/No

If yes, please state where and when: _____

3 PRESENT / LAST EMPLOYER

Name of Organisation: _____

Contact Name: _____ Telephone Number: _____

Address: _____

_____ Postcode: _____

Dates From: _____ To: _____ Position Held: _____

Main duties / responsibilities: _____

_____ Level / Grade: _____

Salary: _____ Benefits package: _____

Period of notice required: _____

If last employer – reason for leaving: _____

If present employer – reason for this application: _____

4 PREVIOUS EMPLOYMENT

Please provide details of your previous employment, accounting for any gaps. You should use a separate box for each position held, starting with the most recent and work back. Continue on a separate sheet if required.

Name of Organisation: _____

Address: _____

_____ Postcode: _____

Telephone Number: _____ Date appointed: _____

Main duties / responsibilities: _____

_____ Level / Grade: _____

Reason for leaving: _____

4 PREVIOUS EMPLOYMENT - CONTINUED

Name of Organisation: _____
Address: _____
_____ Postcode: _____
Telephone Number: _____ Date appointed: _____
Main duties / responsibilities: _____
_____ Level / Grade: _____
Reason for leaving: _____

Name of Organisation: _____
Address: _____
_____ Postcode: _____
Telephone Number: _____ Date appointed: _____
Main duties / responsibilities: _____
_____ Level / Grade: _____
Reason for leaving: _____

5 QUALIFICATIONS

Please give details of all qualifications you have attained starting with your secondary education and working up to present day. You should continue on a separate sheet as required.

Qualification	Level – e.g. GCSE, NVQ, BSc + grade	Date achieved / expected to achieve

If selected for interview, you will be asked to provide evidence of relevant qualifications achieved.

6 TRAINING

Please give details of any training and development you have completed, including vocational ones that you feel are relevant to your application and are not covered by any other section.

Date	Training	Development	Provider	Duration

If selected for interview, you will be asked to provide evidence of relevant training certificates.

7 MEDICAL HISTORY

Please give details of any occasions of absence from work in the last two years.

8 How many episodes of illness have you had during the past two years?

EPISODES _____

9 How many days in total have you been ill and unfit for work over the same two year period?

DAYS IN TOTAL _____

Please provide any comment you wish to make regarding your health or attendance record:

YOUR EMPLOYMENT WILL BE SUBJECT TO A SATISFACTORY COMPLETION OF A PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

10 THE REHABILITATION OF OFFENDERS ACT 1974 (EXEMPTION ORDER 1975)

If you have any previous convictions (for this position, **you must not withhold** information about convictions or cautions which for other purposes are “spent” under the provision of the Act) – please enter any details below. Failure on your part to do so could result in subsequent dismissal. *Any information given will be completely confidential.*

Have you ever had a Criminal Records Bureau check made by an employer?

Yes No

If yes, when was it requested and was it approved? _____

As the European Wellcare Group meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974 (Exemption Order 1975), all applicants who are offered employment will be subject to an enhanced criminal record check from the Criminal Records Bureau before the appointment is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions.

11 ENTITLEMENT TO WORK IN THE UK

To comply with the Asylum and Immigration Act 1996 all prospective employees will be asked to supply evidence of eligibility to work in the UK.

We will ask to see an appropriate official document (for example, a document showing your National Insurance Number, your birth certificate or passport). **DO NOT SEND THESE NOW.** Further information will be sent to you if you are short-listed.

Do you require a work permit to work in the UK? Yes No

If you already have a work permit, please give the expiry date: _____

Please note that you will be required to show your original work permit documentation to the Human Resources Department.

12 PROFESSIONAL REFERENCES

These must be your manager, not colleagues (we reserve the right to contact all previous employers).

Name:	Name:
Company:	Company:
Position:	Position:
Address:	Address:
Post Code:	Post Code:
Telephone:	Telephone:
Fax:	Fax:
Email:	Email:

Name:
Company:
Position:
Address:
Post Code:
Telephone:
Fax:
Email:

References will be sought before a job offer is made please indicate below if this is acceptable.

Reference 1. Yes No

Reference 2. Yes No

Reference 3. Yes No

13 DECLARATION

I certify that the information given by me in this application is accurate and complete to the best of my knowledge. I understand that if any of these statements are found to be false, this will be grounds for dismissal. I also understand that the first three months of employment will be a probationary period.

Signed: _____

Date: _____

14 OFFICE USE ONLY

Short listed

Yes

No

If unsuccessful why _____

Interview successful

Yes

No

Reason for outcome _____

			Date of Action	Comments
1	Suitable vacancy confirmed	Y / N	_____	
2	Outcome notified verbally	Y / N	_____	
3	Induction foundation course booked	Y / N	_____	
4	CRB application form completed	Y / N	_____	
5	New employee form completed	Y / N	_____	

STATEMENT OF MAIN TERMS AND CONDITIONS DETAILS

Main place of work:

Line Manager:

Start Date/Induction Date:

Contracted hours per week:

Hourly rate/Salary:

Days / Nights / Both:

Holiday entitlement:

AUTHORITY TO ISSUE CONTRACT WITH THE ABOVE TERMS AND CONDITIONS TO BE SIGNED BY OPERATIONS MANAGERS ONLY!

Signed

Date

Job Title