



I: 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 Exception 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. Application's for Northern Ireland will be subject to the provisions of Section 5.(2) of the Rehabilitation of Offenders (Northern Ireland) Order 1978, by virtue of Rehabilitation of Offenders (exceptions) Order (Northern Ireland) 1979, which means that convictions that are spent under the terms of the Rehabilitation of Offenders (Northern Ireland) Order 1978 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 Criminal Records Bureau Check or Access NI check, and checks against the POVA and POCA Registers. Any standard or enhanced disclosure made by the CRB / SCRO or Access NI 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:

Signature: _____ Date: _____

If you are appointed to Careforce, you have a duty to inform your Line Manager of any convictions or cautions you may receive in future. Failure to do so may result in a summary termination of your employment.

J: REFERENCES

Please provide details of 2 referees who we may approach with regards to this Job Application. These referees must not be members of your family, and one must be your present or most recent employer:

- 1. Name: _____ Address: _____ Telephone: _____ Occupation: _____
- 2. Name: _____ Address: _____ Telephone: _____ Occupation: _____

K: DECLARATION (Please read carefully before signing this application)

- 1. I confirm that all the 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 retained in my personnel file during employment and up to six years thereafter and understand that 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 Criminal Records Bureau/ACCESS NI/Or equivalent, POVA/POCA, Scottish Criminal Records Office for a standard or enhanced (as appropriate) disclosure. I also agree that the company may apply to my previous employers for references. I understand that should I fail to do so, should the disclosure or reference not be to the satisfaction of the company, any offer of employment may be with drawn or my employment terminated.
- Signed: _____ Date: _____

L: CAREFORCE IS AN EQUAL OPPORTUNITIES EMPLOYER

The sole criterion for selection of applicants will be suitability for the Job Position, regardless of age, gender, background, culture, ethnic denomination, religious affiliation, marital status or disability. To enable us to carry out effective monitoring of this policy, we would be grateful if you would complete and return the separate monitoring form enclosed in this pack.

PLEASE RETURN TO THE ADDRESS ON THE ACCOMPANYING LETTER

Branch / Office Name and Address: _____

POSITION APPLIED FOR: Job Reference:

Please complete this Application Form in block capitals

A: PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms/other): _____ Surname: _____ Forenames: _____

Address: _____

Postcode: _____

Telephone: Private: _____ Business: _____ Mobile: _____

Email: _____

NI Number: _____

Are you eligible to work in the UK? YES / NO Do you require a work permit to work in the UK? YES / NO

Languages (other than English): _____ SPOKEN / FLUENT / WRITTEN / READ

_____ SPOKEN / FLUENT / WRITTEN / READ

B: HEALTH & DISABILITIES

Do you have any disabilities which may be relevant to this job application? YES / NO

If so, please describe them and indicate any adjustments which maybe required: _____

(this is to ensure appropriate adjustments can be made at interview and/or employment)

C: DRIVING RECORD

Are you a car owner? YES / NO Are you willing and able to use your own car for work purposes? YES / NO

Do you have valid car insurance which includes business use? YES / NO Do you have a valid MOT? YES / NO

Current Driving Licence: PROVISIONAL / FULL / PSV / NONE Driving Licence valid from: _____ to: _____

Details of current endorsements: _____

Have you ever been disqualified from driving, or had insurance refused? YES / NO If YES please provide details: _____

NB If appointed to Careforce, you have a duty to inform your manager of any endorsements or convictions you may receive in the future.

D: JOB FLEXIBILITY

Prepared to work: FULL TIME / PART-TIME If PART-TIME please indicate preferred hours: _____

and days available: _____

NB Please be aware you may be required to work weekends and the branch will advise you accordingly

Details of any other work which you will continue to undertake if you are offered this Job Position: _____

Please provide details of any outstanding holidays to be taken: _____

Available to take up this employment from: _____



E: EDUCATION & PROFESSIONAL TRAINING (FROM YEAR 11)

Please use continuation sheet if necessary

Education Centre (school, college etc.)	DATES		Qualifications Gained
	from	to	
1. Secondary Education (secondary school)			
2. Higher Education (university / college / polytechnic)			
3. Professional Training			
4. Courses Attended			
5. Membership of Professional Organisation / Trade Union			

F: VOLUNTARY & COMMUNITY WORK EXPERIENCE

DATES		Employer	Position(s)	Held Duties
from	to			



G: EMPLOYMENT HISTORY

Please provide details of **ALL** employment since leaving school, beginning with your present or most recent job first. Please use continuation sheet if necessary. Please explain any gaps in your employment history.

DATES		Employer	Salary	Position(s) Held	Reason for leaving (this must be completed)
from	to				

H: SUPPORTING INFORMATION

Please describe below your reasons for applying for this post:

Please detail below your main achievements to date and the strengths you would bring to this post:

Please explain below what dignity means to you:

Please specify below any care experience where you have promoted independence and choice for an individual, giving details of the care and support that you provided: