**Position subject to enhanced disclosure from DBS**

**APPLICATION FORM**

***CONFIDENTIAL***

**EQUAL OPPORTUNITIES**

Accalia Care Services Ltd. is an equal opportunities employer. We aim to ensure that no job application receives less favorable treatment on the grounds of race, colour, nationality, citizenship, ethnicity, religion, disability, gender, sexual orientation, marital status or medical condition.

**Job Details**

Post Applying For ..............................................................................................

Closing Date of Application ..............................................................................

Where did you hear of the vacancy .........................................................................

**Personal Details**

Surname ........................................................................... Address (if you have lived at this address for less than 5 years, please provide details of previous address)

 ............................................................................

Maiden Name or Previous Name ..........................................................................................

 Previous address

.......................................................................................... ..........................................................................................

First Names ..................................................................... ..........................................................................................

 **From**: **To**:

 Correspondence Address (if different from above)

Do you have a current driving license? Yes/No ..........................................................................................

Do you have the use of a car for work? Yes/No ..........................................................................................

Do you have a clean driving license? Yes/No ..........................................................................................

National Insurance No. .................................................. Telephone No. Daytime .................................................

 Evening .................................................

Do you require a work permit? Yes/No

Are you registered with the DBS Update Service? Yes/No

Please provide DBS number:

**EDUCATION AND QUALIFICATIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From | To | Name & Address of School, CollegeUniversity | Full or Part-time | Qualifications gained andGrades |
|  |  |  |  |  |

**MEMBERSHIP OF PROFESSIONAL BODIES**

|  |  |  |
| --- | --- | --- |
| Institute | Level of Membership | Year of Award |
|  |  |  |

**TRAINING** - this includes government training schemes, apprenticeships, short courses, projects, trade and professional training.

|  |  |  |  |
| --- | --- | --- | --- |
| Course Title | Organisation | From | To |
|  |  |  |  |

**DETAILS OF PRESENT/MOST RECENT EMPLOYMENT**

Name and Address of Employer ..................................................................................................................................

......................................................................................................................................................................................

Position held ........................................................................... From ................................. To ..................................

Details of main purpose of job, who you report to and your responsibilities ..............................................................

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......................................................................................................................................................................................

Reason for leaving/wishing to leave ............................................................................................................................

.....................................................................................................................................................................................

Did this job involve working with children or/and vulnerable adults?............................................................................

**EMPLOYMENT PRIOR TO ABOVE** (record all posts you have held starting with the most recent, including any vocational work and service with HM Forces - continue on a separate sheet if required)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name & Address of EmployerNature of Business | From(Exact dates) | To(Exact dates) | Position Held/Duties and Achievements | Reason for Leaving | Did this involve working with Children and/or Vulnerable Adults?Yes/No |
|  |  |  |  |  |  |

What is the earliest date you could commence employment with us?

...................................................................................................................................

**OTHER EXPERIENCE -** please describe time spent since leaving full time education, full details should be given of any period not accounted for by full or part-time employment.

|  |  |
| --- | --- |
| Other Experience | From/To |
|  |  |

**OTHER INTERESTS - (**these include leisure activities, hobbies, any public duties or private business work etc**.** Please list any achievements).

**Why are you applying for this job? What attracted you to the vacancy?**

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**HEALTH**

A separate declaration will be forwarded should your application for employment be successful.

**INFORMATION IN SUPPORT OF YOUR APPLICATION -** please mention any specific skills, experience and achievements you can offer which meets the requirements of the job description and person specification. These skills/experience/achievements may have been gained in your current or previous employment, education, training, domestic activities, voluntary work, leisure interests etc. (cont. on a separate sheet if necessary).

**REFEREES -** Please state the names and addresses of three persons from whom references may be obtained. One must be your current or most recent employer. In the absence of previous employment experience, a reference from your last place of full-time education will be a suitable alternative.

|  |  |
| --- | --- |
| **CURRENT EMPLOYER**1. Name......................................................... | **PREVIOUS EMPLOYER**2. Name......................................................... |
| Address........................................................................................................................................................................... Email Address: ...................................................... | Address........................................................................................................................................................................... Email Address: ...................................................... |
| Tel No: ......................................................... | Tel No: ......................................................... |
| Occupation | Occupation |
| Relationship to Applicant | Relationship to Applicant |
| How long has the Referee known you? | How long has the Referee known you? |
| **CHARACTER REFERENCE**3. Name......................................................... |
| Address........................................................................................................................................................................... Email Address: ...................................................... |
| Tel No: ......................................................... |
| Occupation |
| Relationship to Applicant |
| How long has the Referee known you? |

Please note that the above named people should not be friends or relatives.

The company reserves the right to contact any of the employers listed under previous employment if it is considered necessary.

Note: references will normally be taken up if you are called for interview. Please indicate if this is likely to cause you problems. Yes/No.

**REHABILITATION OF OFFENDERS ACT**

Because the nature of the work for which you are applying involves substantial access to children, it is exempt from the provision of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendments) Order 1986. You are therefore NOT entitled to withhold information about convictions which for other purposes are “spent” under the provision of the Act. A conviction, bind over or caution will not automatically disqualify you from employment, but any failure to disclose such information could result in dismissal or disciplinary action being taken by The Company any information given will be kept in strict confidence.

Failure to declare a conviction may, however, disqualify you from appointment, or result in summary dismissal when the discrepancy comes to light. (**Please note, that we carry out an enhanced DBS check on new and current employees, which will highlight any juvenile convictions)**

Have you ever been convicted at a court or cautioned by the police? Yes/No

If yes, give details .....................................................................................................................................................................................

...........................................................................................................................................................................................

Continue on a separate sheet if necessary.

Do you have any possible prosecutions pending? Yes/No

If yes, give details ..............................................................................................................................................................

Continue on a separate sheet if necessary.

**DISCIPLINARY**

Please list any disciplinary offences and type of disciplinary action you have received at any time.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Offence(s) | Type of DisciplinaryAction | Outcome | Date | Reason for Leaving |
|  |  |  |  |  |

**DECLARATION**

I understand that the information on this application form will be treated as confidential and I declare that the above statements are true, to the best of my knowledge. I understand that if any deliberate, false or misleading information is given to this application, it may render me liable to dismissal, if engaged.

Signed ......................................................................... Date ...........................................................

Please return this form to the Manager at the address printed on the top of the application form. Please note that Curriculum Vitae will not be accepted and neither will any application form, which is received after the closing date.

The following documents should be included with the application form.

* Equal Opportunities Monitoring Form

Note: Health Declaration must only be sent to applicants who are offered employment.