

Independent Care

Independent Care and Support Limited

Unit F1, Knights Park, Knights Road, Strood, Rochester, Kent ME2 2LS

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www.independent-care.co.uk

APPLICATION FOR EMPLOYMENT PART 1

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 Offenders 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:	Post Code:
Telephone Number:	Mobile Number:
National Insurance Number:	Email address:
Are you in good health? Please state how many times you have been off sick in the last two years and the nature and duration of each illness	

Are you registered disabled? If so, what is your registration number:
Do you hold a full driving license (not provisional)?
Do you own a car at present?
Please give details of any criminal convictions or cautions:

APPLICATION FOR EMPLOYMENT PART 2

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	
2. 15- 20 Hours	
3. 20- 25 Hours	
4. 25- 30 Hours	
5. 30- 40 Hours	

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

1. Full Time	
2. Part Time	
3. Evenings	
4. Nights	

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 when 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 your employment:

Present grade and salary:

APPLICATION FOR EMPLOYMENT PART 3

EDUCATION AND TRAINING

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

SCHOOL/COLLEGE/UNIVERSITY	COURSE/LEVEL- GCSE, A-LEVEL etc	GRADE ACHIEVED and date if applicable	DATE ACHIEVED / ATTENDED

DETAILS OF PROFESSIONAL OR OTHER RELEVANT QUALIFICATIONS

Please include details of professional memberships held, registration number and expiry/renewal date, inc. GMC. We will need sight of your qualification certificates at interview.

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TRAINING-Including apprenticeships, courses, seminars relevant to the post for which you are applying (if currently studying, please state the completion date.)

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APPLICATION FOR EMPLOYMENT PART 4

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

Name and address of employer	Employed From	Employed To

Please supply 3 references:

Name Address
Name Address
Name Address

Independent Care and Support Ltd are an equal opportunities employer.

Declaration

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 true and complete record. I understand that the terms of the Contract of Employment Act, 1972 (as amended) apply to the post.

Signed:	Dated:
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EQUAL OPPORTUNITY IN EMPLOYMENT

Independent Care Ltd is committed to achieving equal opportunity in employment. The Organisation aims to ensure that there is no direct or indirect discrimination against any person on the grounds of race, colour, nationality, ethnic or national origin, gender, marital status, sexual orientation or disability when recruiting, selecting, training and promoting staff.

MONITORING

For the Equal Opportunities to be effective and to help in identifying areas where positive action may be required, monitoring must take place. This means that the Trust must be able to collect information on applicants' ethnic origin, marital status, gender and disabilities.

This information is for monitoring purposes only and will be treated in strictest confidence. This questionnaire will be separated from the rest of the application form before short listing and only referred to after appointment has been made for the purposes of recording Equal Opportunity data.

NAME	
DATE OF BIRTH	
POST	
ETHNIC ORIGIN – refers to the people or culture with which a person's immediate family identify. Please tick the appropriate box.	
White:- British <input type="checkbox"/>	Irish <input type="checkbox"/> Any other white background <input type="checkbox"/>
Mixed:- White and Black Caribbean <input type="checkbox"/>	White and Black African <input type="checkbox"/>
White and Asian <input type="checkbox"/>	Any other mixed background <input type="checkbox"/>
Asian or Asian British:- Indian <input type="checkbox"/> Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/> Any other Asian background <input type="checkbox"/>
Black or Black British:- Caribbean <input type="checkbox"/>	African <input type="checkbox"/> Any other Black background <input type="checkbox"/>
Other Ethnic Groups:- Chinese <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/> Not stated <input type="checkbox"/>
GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>
NATIONALITY: Please state	
Are you an EC National? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you require a work permit? YES <input type="checkbox"/> NO <input type="checkbox"/>
MARITAL STATUS	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/>
	Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
DISABILITY: Are you a disabled person?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Brief description of disability:	