

**PLEASE PRINT CAREFULLY IN BLACK INK PLEASE ALSO INCLUDE AN UP TO DATE CV**  
*If you have not heard from us within 2 weeks, please assume that your application has not been successful*

**SECTION 1: PERSONAL DETAILS**

TITLE:	SURNAME:		
FORENAMES (IN FULL):			
PREVIOUS SURNAME(S) AND DATES USED:			
ADDRESS:			
POSTCODE:	NATIONAL INSURANCE NO.		
DATE OF BIRTH*:	E-MAIL ADDRESS:		
HOME PHONE:	MOBILE:		
DRIVING LICENCE: YES <input type="checkbox"/> NO <input type="checkbox"/>	MANUAL /AUTOMATIC	CLEAN LICENCE: YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF NO, PLEASE GIVE DETAILS:			
DO YOU HAVE A CAR AVAILABLE TO YOU?			
DO YOU HAVE ANY CRIMINAL CONVICTIONS WHETHER CONSIDERED SPENT OR NOT? IF YES WHAT			
<b>NEXT OF KIN TO BE NOTIFIED IN CASE OF EMERGENCY</b>			
NAME:	RELATIONSHIP TO YOU:		
ADDRESS:			
POSTCODE:	HOME PHONE:		
MOBILE PHONE:	WORK PHONE:		

**SECTION 2: POSITION AND AVAILABILITY**

POSITION APPLIED FOR:
BANK WORK: <input type="checkbox"/> FULL TIME: <input type="checkbox"/>
WHERE/ FROM WHO DID YOU HEAR ABOUT THIS POSITION?
DO YOU HAVE OTHER WORK COMMITMENTS?
ARE YOU MEDICALLY FIT TO CARRYOUT PHYSICAL INTERVENTION? IF NO PLEASE DESCRIBE.
WHEN WOULD YOU BE AVAILABLE TO START WORK?
DO YOU HAVE ANY FRIENDS/FAMILY WHO CURRENTLY WORK FOR OR HAVE WORKED FOR DCL?

**SECTION 3: RIGHT TO WORK IN THE UK**

I CONFIRM THAT I AM ENTITLED TO WORK IN THE UK ON THE FOLLOWING BASIS:	PLEASE TICK BELOW
EU CITIZEN	
RIGHT OF ABODE IN THE UK	
PERMIT FREE VISA/STUDENT VISA	
SPOUSE OF AN EU CITIZEN	
IF ENTITLED TO A PERMIT FREE STATUS/STUDENT VISA, PLEASE GIVE EXPIRY DATE:	

**DIRECT CARE LTD IS AN EQUAL OPPORTUNITIES EMPLOYER**

**\*Applicants must be no less than 22 years of age as stated in Ofsted Regulations. This policy is exempt from the Age Discrimination Act.**

**SECTION 4: YOUR EMPLOYMENT/VOLUNTARY EXPERIENCE**

PLEASE ENTER ALL PREVIOUS EMPLOYMENT OR VOLUNTARY WORK STARTING WITH THE MOST RECENT FROM SECONDARY EDUCATION ONWARDS. PLEASE DO NOT LEAVE ANY UNEXPLAINED GAPS OR THE APPLICATION WILL BE RETURNED. WE MAY CONTACT EMPLOYERS. USE A SEPARATE SHEET IS NECESSARY.

**PLEASE DO NOT ATTACH A CV ALL ENTRIES MUST BE COMPLETED IN WRITING ON THIS DOCUMENT.**

**ALL DATES MUST BE COMPLETED IN FULL: EXAMPLE 12/03/2001**

EMPLOYER NAME AND ADDRESS	POSITION	DATE FROM	DATE TO	ROLE	REASON FOR LEAVING

**SECTION 5: YOUR EDUCATIONAL BACKGROUND AND QUALIFICATIONS:**

**ALL DATES MUST BE COMPLETED IN FULL**

SCHOOL	DATE FROM	DATE TO	QUALIFICATION
COLLEGE/UNIVERSITY	DATE FROM	DATE TO	QUALIFICATION
OTHER TRAINING: EXAMINING BODY	DATE	DATE	QUALIFICATION

	FROM	TO	

**SECTION 6: REFEREES**

PLEASE GIVE THE NAMES OF TWO PEOPLE, INCLUDING YOUR PRESENT OR MOST RECENT EMPLOYER, WHO CAN COVER THE LAST 5 YEARS, WHOM WE MAY APPROACH FOR PROFESSIONAL REFERENCES.  
ALL REFERENCES MUST BE RECEIVED PRIOR TO COMMENCING EMPLOYMENT

1. NAME:	POSITION:
COMPANY:	
ADDRESS:	
EMAIL:	POST CODE:
TELEPHONE:	CAN WE CONTACT AT THIS STAGE? YES <input type="checkbox"/> NO <input type="checkbox"/>
2. NAME:	POSITION:
COMPANY:	
ADDRESS:	
EMAIL:	POST CODE:
TELEPHONE:	CAN WE CONTACT AT THIS STAGE? YES <input type="checkbox"/> NO <input type="checkbox"/>

PLEASE GIVE THE NAME OF SOMEONE WHO YOU HAVE KNOWN PERSONALLY FOR A MINIMUM OF 5 YEARS, WHOM WE MAY APPROACH FOR A PERSONAL REFERENCE.

3. NAME:	POSITION:
COMPANY:	
ADDRESS:	
EMAIL:	POST CODE:
TELEPHONE:	CAN WE CONTACT AT THIS STAGE? YES <input type="checkbox"/> NO <input type="checkbox"/>

I.....GIVE DIRECT CARE LTD PERMISSION TO OBTAIN REFERENCE FROM THE ABOVE MENTIONED.  
SIGNED: ..... DATED: .....

**SECTION 7: REHABILITATION OF OFFENDERS ACT 1974**

BY VIRTUE OF THE REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS ORDER 1975)(ALL CANDIDATES) THE REHABILITATION OF OFFENDERS ACT 1974 PERMITS A PERSON IN CERTAIN CIRCUMSTANCES TO IGNORE OFFENCES COMMITTED IN THE PAST WHEN ASKED OF PREVIOUS CONVICTIONS. THESE CONVICTIONS ARE KNOWN AS SPENT CONVICTIONS. HOWEVER, THE EXCEPTION ORDER 1975 STATES THAT STAFF CARING FOR THE YOUNG, THE SICK AND THE HANDICAPPED ARE NOT ALLOWED TO WITHHOLD DETAILS OF ANY OFFENCES FOR WHICH THEY HAVE BEEN CONVICTED HOW EVER LONG AGO THESE CONVICTIONS WERE SERVED.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE OR RECEIVED A CAUTION, REPRIMAND OR WARNING?  
YES  NO

IF YOU HAVE ANSWERED YES TO THE ABOVE, PLEASE LIST ANY OFFENCES FOR WHICH YOU HAVE BEEN CONVICTED, CAUTIONED, REPRIMANDED OR WARNED, REGARDLESS OF THE SERIOUSNESS OF THE OFFENCE OR HOW LONG AGO THE NOTICE WAS SERVED.


**PLEASE GIVE 5 YEAR ADDRESS HISTORY:**


**SECTION 8: PROFESSIONAL MISCONDUCT**

HAVE YOU EVER BEEN THE SUBJECT OF DISMISSAL, PROFESSIONAL MISCONDUCT PROCEEDINGS OR SUSPENSION FROM AN EMPLOYER, OR ARE SUCH PENDING OR THREATENED AGAINST YOU?    YES     NO

IF YES, PLEASE GIVE DETAILS:


**SECTION 9: DECLARATION**

**I DECLARE THAT THE INFORMATION GIVEN IN THIS APPLICATION FOR EMPLOYMENT IS CORRECT.**

NAME:

SIGNATURE:	DATE:
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