

## APPLICATION FORM

PLEASE COMPLETE THIS FORM IN BLACK INK

**CONFIDENTIAL**

<b>Post Title:</b>		
<b>Location:</b>	<b>Full time:</b>	<b>Part time:</b>
<b>Where did you learn about the vacancy?</b>		

<b>Surname:</b>		<b>Forenames:</b>	
<b>Maiden name:</b>		<b>Marital status:</b>	
<b>Title: MR / MRS / MISS / MS / OTHER</b>		<b>Number of Dependents:</b>	

<b>Address:</b>		
<b>Postcode:</b>		<b>Email:</b>
<b>Home tel no:</b>	<b>Business tel no:</b>	<b>Mobile tel no:</b>

<b>Do you hold a current driving licence?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Do you have any endorsements?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Do you have your own transport?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
--	---	---

<b>Do you hold a work permit?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> for the UK	<b>State expiry date:</b>
---	---------------------------

<b>What hours are you available to work? Please refer to the Job Description. (you may tick more than one box)</b>					
Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Nights only <input type="checkbox"/>	Days only <input type="checkbox"/>	- state hours <input type="text"/>	
Waking Night's <input type="checkbox"/>	Sleep-ins <input type="checkbox"/>				

<b>Do you have any special requirements in relation to your interview arrangements?</b> (If yes please give further information on a separate sheet)	<b>YES</b>	<b>NO</b>
---	------------	-----------

<b>National Insurance no:</b>
-------------------------------

<b>Next of Kin:</b>	<b>Relationship:</b>
<b>Address:</b>	
	<b>Post code:</b>
<b>Home tel no:</b>	<b>Work tel no:</b>

## EDUCATIONAL HISTORY

Please list in chronological order from age 11

School/College	From	To	Qualifications gained/subjects	Grades

## PROFESSIONAL QUALIFICATIONS

Qualifications gained	Name & address of College/Training Centre	From	To

## PROFESSIONAL BODIES

Name of Professional Body	Type of Membership	Date joined	Method of qualification eg examination

Please list any professional organisations or trade unions of which you are a member:

PIN Number:

Expiry Date:

## PRESENT OR LAST EMPLOYER

<b>Name:</b>			
<b>Address:</b>			
			<b>Post code:</b>
<b>Dates</b>		<b>Position held:</b>	<b>Notice required:</b>
<b>From:</b>	<b>To:</b>		
<b>Responsibilities:</b> Please describe your position indicating to whom you are responsible and who reports to you			
<b>Reasons for leaving:</b>			
<b>Current salary:</b>		<b>Other benefits:</b>	

## PREVIOUS EMPLOYER

<b>Name:</b>			
<b>Address:</b>			
			<b>Post code:</b>
<b>Dates</b>		<b>Position held:</b>	
<b>From:</b>	<b>To:</b>		
<b>Responsibilities:</b> Please describe your position indicating to whom you were responsible and who reported to you			
<b>Reasons for leaving:</b>			

**WORK EXPERIENCE** Please list in reverse chronological order your employment details for the last 10 years

Name and address of employer	Dates		Position held & brief responsibilities	Reasons for leaving
	From	To		

Have you been or are you subject to any disciplinary/investigative procedures or legal action? **YES**  **NO**

Please detail on a separate sheet any additional information regarding the above.

## **RELEVANT KNOWLEDGE, EXPERIENCE & SKILLS**

Please use this space or on separate sheets to explain how you meet the job requirements as detailed in the person specification. You may draw on knowledge, skills, abilities and experiences etc. gained from paid or unpaid work, domestic responsibilities, education, leisure interests and voluntary activities. It is recommended that you use the headings from the person specification to help you organise you information. Use separate sheet if required.

---



**TRAINING** Please indicate courses attended (use separate page if required)

Course title	Tutored by eg in-house/name of external training provider	No. of days	Date attended	Qualifications/Certificates

Please indicate below any public offices held:

State interests and hobbies:

**REFERENCES** Please give name and address of two employers one of which should be your last or current employer

<b>Name:</b>	<b>Name:</b>
<b>Position in company:</b>	<b>Position in company:</b>
<b>Address:</b>	<b>Address:</b>
<b>Tel no:</b>	<b>Tel no:</b>
<b>Permission to take up reference prior to interview:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Permission to take up reference prior to interview:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>

Are you related to any service user or staff member of Options? YES NO    
If yes, please state name and relationship below

## DBS Check

The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account.

Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website:-

[www.gov.uk/government/news/disclosure-and-barring-service-filtering](http://www.gov.uk/government/news/disclosure-and-barring-service-filtering)

Do you have any unspent convictions, cautions, reprimands or warnings?

Yes                      No                      (if yes please give details)

Please give below, details of all 'unprotected' spent convictions

--

Are you aware of any police enquiries undertaken following allegations made against you which may have a bearing on your suitability for this post (enhanced disclosure only)?

YES  NO

If yes, please give details below

--

I understand that it is a requirement of my employment to undergo a DBS check and I confirm that I give permission to Options to apply for a disclosure on my behalf. I also understand that it is a criminal offence to apply for a position working with children or vulnerable adults if I am aware that I am listed under the relevant Barring lists which indicate those that are banned from working with children and those considered unsuitable to work with vulnerable adults. I confirm that I am not listed on the relevant lists.

<b>Signature:</b>	<b>Date:</b>
-------------------	--------------

**The information provided above will be used as laid down in the CRB Code of Conduct  
A copy is available for you to view on request  
Declaration by Applicant and Notice under Data Protection Act 1998**

I confirm that to the best of my belief the information entered onto this form is correct and understand that any misleading statement or deliberate omission may be sufficient grounds for cancelling any offer of employment or terminating my employment. I agree that, should I be offered and accept a position, I will undergo a medical examination if requested.

By signing this form I agreed that the contents are correct and that Options may keep this information about me on their files. I understand that such information may be disclosed to and recorded and used by those persons as

---



may be necessary for the purposes of them obtaining references relating to my employment record with Options, including any potential employers, as well as assisting the DSS in their enquiries when requested.

<b>Signature of Applicant:</b>	<b>Date:</b>
--------------------------------	--------------