

# APPLICATION FORM

## PLEASE COMPLETE CLEARLY USING BLACK INK

Please supply the information requested by completing all sections of this form. Please do not write 'see C.V.' in any section, although you are welcome to send a C.V. to supplement the information given on the form. If you would like a digital copy of this form or need any assistance please contact us.



Margate: 01227 469960

<b>Application for the position of:</b>	
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Surname		Forename(s)	
		Title	
Address			Post Code
Home Telephone		Mobile	
Email		Do you have or need a current work permit to work in the U.K.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
National Insurance Number		Under the Asylum and Immigration Act 1996 you will need to provide documentary evidence of your National Insurance Number and work permit.	
Do you have a current UK driving licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have the use of your own transport?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Secondary Education

School(s)	From	To	Examinations and results

### Further/Higher Education (University/College/Apprenticeships etc)

School(s)	From	To	Examinations and results

**Short and Part-time Courses** (continue to next page)

Date	Details

**Current / Most Recent Employment** (please delete as appropriate)

Company Name		Employers Business	
Address			
Position Held			
Date Started		Date Left (if applicable)	
Brief description of duties and responsibilities			
Reason for leaving		Notice Required	

**Previous Employment** (Most recent first. It is **compulsory** that you explain any gaps including your most recent if applicable, use additional sheet if necessary)

Name and address of employer	From	To	Position held	Reason for leaving

If appointed, do you have any business or other interests that may conflict with duties of this post, including employment elsewhere?    Yes     No     If yes, please give details below.

Have you ever been employed by the company before?    Yes     No

Have you ever applied for a job with the company before?    Yes     No

Are you related, by birth, marriage, partnership, or any other close relationship, including close friendship, to any current employee of All Seasons?

Yes  No  If yes, please give details below.

Reason for applying and why you consider you would be suitable for this position (use an additional sheet if necessary)

**References**

Please give details of three people (not relatives), one of whom **must** be your present or most recent employer, from whom confidential references may be obtained.

**Referee 1:** Permission to Contact prior to interview? Yes  No

Name		Occupation	
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Company Name & Address	Post Code		
Relationship to Referee?			
Email (preferred)		Telephone No.	

**Referee 2:** Permission to Contact prior to interview? Yes  No

Name		Occupation	
Company Name & Address	Post Code		
Relationship to Referee?			
Email (preferred)		Telephone No.	

**Referee 3:** Permission to Contact prior to interview? Yes  No

Name		Occupation	
Company Name & Address	Post Code		
Relationship to Referee?			
Email (preferred)		Telephone No.	

By signing the declaration on page 5 you authorise any person, organisation or company listed on this application to provide All Seasons with any and all information concerning your previous employment, education and qualifications for employment. You also authorise All Seasons Community Support LLP to request and receive such information.

### **Criminal Offences**

Because of the sensitive nature of the duties the post holder in a care environment is expected to undertake, you are requested to disclose details of any criminal record you may have.

Have you ever been convicted or bound over by the courts or cautioned, reprimanded or given a warning by the police? *(Please note that care positions are exempt from the Rehabilitation of Offenders Act 1974, which means that convictions, cautions, reprimands and warnings must be disclosed)*

YES  NO

If YES, please record details of offences (including the nature of the offence and penalties incurred) and dates:

Date	Nature of offence	Penalties incurred

Are you aware of any past or current police enquiries undertaken following allegations made against you, or any enquiries by Social Services or other statutory bodies, which may have a bearing on your suitability for a post in the care sector?

YES  NO

If YES, please record details of enquiries (including the nature of the offence and penalties incurred) and dates:

Date	Nature of enquiry

Any information you declare will not necessarily preclude you from employment with All Seasons Community Support LLP as every application is considered on its merits as a whole. Any information that you give us will, of course, be treated in strict confidence in accordance with the Data Protection Act.

If you would like a copy of our Criminal Records Policy please contact us on 01227 469960 or email [recruitment@allseasons.org.uk](mailto:recruitment@allseasons.org.uk) with your request.

### Declaration and Authorisation

I declare that the information that I have provided in support of this application is complete and true and understand that knowingly to make a false statement is grounds for you to refuse employment, or be liable for instant dismissal without notice or pay in lieu should I be employed. I understand that any offer of employment will be subject to satisfactory references and an enhanced disclosure from the Disclosure and Barring Service (formally Criminal Record Bureau).

Signed:-	Date:-
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**Please return completed application forms to: All Seasons, 3<sup>RD</sup> Floor, Mill Lane House, Mill Lane, Margate, Kent, CT9 1LB**



## EQUAL OPPORTUNITY POLICY MONITORING FORM

All Seasons Community Support LLP is committed to an equal opportunities policy without regard to sex, sexual orientation, age, marital status, race, colour, ethnic or national status. To help us check that we are recruiting people in a fair and non-discriminatory way, all job applicants are asked to complete monitoring data about themselves. Please complete the sections below by ticking the appropriate box. This information will be treated as confidential. It will be separated from your application form and will not be seen by any members of the recruitment process. The information will be used solely for monitoring purposes and has no part in any selection process.

Your Postcode \_\_\_\_\_ (this will only be used for monitoring area equal opportunity data)

Please tick the relevant boxes: **POSITION APPLIED FOR** \_\_\_\_\_

1) Gender  Male  Female  Prefer not to say

<b>2) Age Group</b>	Under 21	<input type="checkbox"/>	21-30	<input type="checkbox"/>	31-40	<input type="checkbox"/>	41-50	<input type="checkbox"/>	51-65	<input type="checkbox"/>	Over 65	<input type="checkbox"/>
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### 3) Ethnicity:

Asian or Asian British – Bangladeshi	<input type="checkbox"/>	Black or Black British – African	<input type="checkbox"/>	Mixed – White & Asian	<input type="checkbox"/>
Asian or Asian British – Indian	<input type="checkbox"/>	Black or Black British – Caribbean	<input type="checkbox"/>	Mixed – White & Black Caribbean	<input type="checkbox"/>
Asian or Asian British – Pakistani	<input type="checkbox"/>	Black or Black British – Other*	<input type="checkbox"/>	Mixed – White & Black African	<input type="checkbox"/>
Asian or Asian British – Other*	<input type="checkbox"/>	White – British	<input type="checkbox"/>	Mixed – Other*	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	White – Irish	<input type="checkbox"/>	<b>*Please Specify</b>	
Chinese – Other*	<input type="checkbox"/>	White – Other*	<input type="checkbox"/>		

4) The Disability Discrimination Act (1995) describes a disability as ‘a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day-to-day activities’.

Would you consider yourself disabled under this definition?  Yes  No

Do you need any equipment, support or special consideration because of your disability/ies if you are selected for interview?  Yes  No

Please specify:
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**5) How did you find out about us?**

Direct contact from us	<input type="checkbox"/>	Internal Candidate	<input type="checkbox"/>	Website (please state)	
Word of Mouth	<input type="checkbox"/>	Job Centre	<input type="checkbox"/>	Advert (where seen)	
Other (please state)					

**Data Protection Act 1998: Information given on this form will be entered onto a computer database for the purpose of recruitment administration and equal opportunity monitoring and for no other purposes; this information is secure and is never passed to any third party.**

***THANK YOU FOR YOUR CO-OPERATION IN COMPLETING THIS FORM***