



*"To provide quality care and positive experiences for people with complex needs."  
The information you provide on this form will be treated in confidence.*

## Application form

*(PLEASE TYPE OR WRITE IN BLOCK CAPITALS USING BLACK INK)*

<b>Post applied for:</b>	
<b>Contract (Full-time/ Part-time):</b>	
<b>Available start date:</b>	
<b>How did you hear about us?</b>	

### Personal details

<b>Forename(s):</b>		<b>Surname:</b>	
<b>Date of Birth:</b>		<b>Email address:</b>	
<b>Daytime Tel No.:</b>		<b>Evening Tel No.:</b>	
<b>Address:</b>			<b>Postcode:</b>
<b>Nationality:</b>		<b>National Insurance No:</b>	

<b>Do you require an employment sponsorship from Connifers Care?</b>		<b>Please confirm your current right to work status in the UK</b> (e.g. British Passport, Status under the EU Settlement Scheme, Skilled worker visa, Student visa, Indefinite leave)
<b>If your right to work status is time limited, please confirm the expiry date</b>		<b>How many hours are you entitled to work?</b>

*Please bring your Right to Work document on the day of the interview.*

<b>Do you have a Valid Adult Workforce (enhanced) DBS registered with DBS update service?</b>	
<b>Do you have a Full Valid UK/EU Driving License?</b>	
<b>Do you speak or read any other languages? (If yes, please give details)</b>	
<b>What are your hobbies/ interests?</b>	
<b>Covid -19 Vaccination Dates (1<sup>st</sup> &amp; 2<sup>nd</sup> Dose):</b>	
<b>Country where vaccination was done:</b>	UK <input type="checkbox"/> <b>ABROAD</b> <input type="checkbox"/> <i>(Please state country)</i>

## Education and training

Please give details:

Name of Schools/ University attended	Place of Study	Date		Qualifications
		From	To	

## Further Education

Please give details (including Care certificates):

Type of Training/ Qualifications	Place of Study	Date		Issuing Body
		From	To	

## Employment history

Please provide full employment history: career history from the age of first employment (use a continuation sheet if necessary).

Information must outline all periods of employment or self-employment (whether or not related to health or social care), showing beginning and end dates, (actual or approximated month and year), together with an explanation of periods of non-employment.

<b>Present or Most Recent Employer:</b>		
<b>Type of Business:</b>	<b>Job Title:</b>	<b>Salary:</b>
<b>Start date:</b>	<b>Leaving date:</b>	<b>Reason for leaving:</b>
<b>Address:</b>		
<b>Post code:</b>		
<b>Duties/Responsibilities:</b>		

<b>Previous Employer:</b>		
<b>Type of Business:</b>	<b>Job Title:</b>	<b>Salary:</b>
<b>Start date:</b>	<b>Leaving date:</b>	<b>Reason for leaving:</b>
<b>Address:</b>		
<b>Post code:</b>		
<b>Duties/Responsibilities:</b>		

<b>Previous Employer:</b>		
<b>Type of Business:</b>	<b>Job Title:</b>	<b>Salary:</b>
<b>Start date:</b>	<b>Leaving date:</b>	<b>Reason for leaving:</b>
<b>Address:</b>		
<b>Post code:</b>		
<b>Duties/Responsibilities:</b>		

<b>Previous Employer:</b>		
<b>Type of Business:</b>	<b>Job Title:</b>	<b>Salary:</b>
<b>Start date:</b>	<b>Leaving date:</b>	<b>Reason for leaving:</b>
<b>Address:</b>		
<b>Post code:</b>		
<b>Duties/Responsibilities:</b>		

<b>Previous Employer:</b>		
<b>Type of Business:</b>	<b>Job Title:</b>	<b>Salary:</b>
<b>Start date:</b>	<b>Leaving date:</b>	<b>Reason for leaving:</b>
<b>Address:</b>		
<b>Post code:</b>		
<b>Duties/Responsibilities:</b>		

## Gaps In Education/ Employment History

If unemployed for any period of your adult life, please provide statement detailing reasons for unemployment.

Date		Comments
From	To	

## Supporting statement

Please tell us why you applied for this job and why you think you are the best person for the job.  
Attach your CV, detailing any gaps below.

If the space provided is insufficient, you may add a separate attachment.

## Interview arrangements and availability

If you have a disability, please tell us if there are any reasonable adjustments, we can make to help you attend the interview. (We will provide access, equipment, or other practical support).

Are there any dates when you will not be available for interview?

## Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long-term effect on his or her ability to carry out normal day to day activities.

**Do you have a disability which is relevant to your application?**

Yes

No

If yes, please give details:

## Rehabilitation of Offenders Act (1974)

Because of the nature of the work for which you are applying, this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation to any application for positions to which the order applies. If you are in doubt as to whether you need disclose a prior conviction, you should declare it.

**Do you have any convictions that are unspent under the Rehabilitation of Offenders Act 1974?**

Yes

No

If yes, please give details / dates of offence(s) and sentence:

## Protecting Children and Vulnerable Adults

An Enhanced Criminal Checks is required to be able to work with vulnerable adults. You will be asked to complete a DBS (Disclosure Barring Service) police check if you are successful in the interview process.

**Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post?**

Yes

No

If yes, please give details / dates of offence(s):

## References

Please give the names and contact details of your **two most recent employers/ education institutions**. These referees should have management responsibilities and be able to comment on your professional competence and personal qualities.

**(Referees will be contacted following successful interviews)**

<b>Name:</b>	<b>Job Title:</b>
<b>Address:</b>	<b>Post code:</b>
<b>Tel No.:</b>	<b>Official email address:</b>
<b>Was this person your manager?</b>	<b>If no, please state relationship?</b>

<b>Name:</b>	<b>Job Title:</b>
<b>Address:</b>	<b>Post code:</b>
<b>Tel No.:</b>	<b>Official email address:</b>
<b>Was this person your manager?</b>	<b>If no, please state relationship?</b>

## Declaration

I confirm that to the best of my knowledge the information I have provided on this form is correct and I accept that providing deliberately false information could result in my dismissal. I also understand that the appointment will be subject to a satisfactory medical examination, and if appropriate, confirmation of statutory Qualification/ Registration, a criminal record disclosure check and checks under the Asylum and Immigration Act 1996.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return your completed form to:**

**Human Resources, Connifers Care, 1 Hamilton Avenue, Edmonton, London N9 7PP.**

## Equal Opportunities Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes.

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM.

### Gender

Female:

Male:

Other:

### Age Group

16 - 25:

26 - 35:

36 - 45:

46 - 55:

56 - 65:

65+:

### Marital Status

Single:

Married:

Divorced:

Widowed:

Separated:

Other:



**Ethnicity**

**WHITE**

British

Irish

Other White

**MIXED**

White and Black Caribbean

White and Black African

White and Asian

Other Mixed

**ASIAN**

Indian

Pakistani

Bangladeshi

Other Asian

**BLACK OR BLACK BRITISH**

Caribbean

African

Other

**CHINESE OR OTHER ETHNIC GROUP**

Chinese

**ANY OTHER ETHNIC GROUP**

PLEASE SPECIFY \_\_\_\_\_