



**EMPLOYMENT HISTORY** Please also give satisfactory explanations of any gaps in employment

Employers Name and Address	Dates From/To	Position Held/ Main Duties	Salary on Leaving

**RELEVANT QUALIFICATIONS & TRAINING.** (Please supply documentary evidence)

Qualification	Grade	Qualification	Grade

Please tell us about yourself. (continue on a separate sheet if necessary)

## HEALTH DECLARATION

- Do you or have you suffered from any long term illness? Yes  No
- Do you suffer with any back or neck injuries? Yes  No
- Have you ever required sick leave for a back or neck injury? Yes  No
- Have you been in contact with anyone who is suffering from a contagious illness within the last six weeks? Yes  No
- Do you suffer with a Communicable disease? Yes  No
- Are you currently receiving active medical attention? Yes  No

If you have answered 'yes' to any of the above, please give details.

Are you registered disabled? Yes  No

How many days have you been absent from work due to illness in the last 12 months? \_\_\_\_\_ days

State reason(s) for absence

G.P. Name \_\_\_\_\_

G.P. Address \_\_\_\_\_

May we contact for health check? Yes  No

The above information will be held in strict confidence. If you aware of any health issue that you feel may affect your ability to undertake responsibilities of the post it is your responsibility to inform the Care Manager immediately. Again any details discussed in the meeting will be held in strict confidence.

## REFERENCES

Please give the names and addresses of two referees (one of whom MUST be your present/Last employer).

**Referee 1** Mr/Miss/Ms/Mrs

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

Tel No. \_\_\_\_\_ Relationship \_\_\_\_\_

**Referee 2** Mr/Miss/Ms/Mrs

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

Tel No. \_\_\_\_\_ Relationship \_\_\_\_\_

**Please supply following information if appropriate.**

Please supply following information if appropriate.

If you have previously worked in a position which involved work with children or vulnerable adults, verification, so far as reasonably practicable, of the reason why you ceased to work in that position.

Also

Evidence of a satisfactory knowledge of the English language, where your Qualifications were obtained outside the United Kingdom.

**Details of any Criminal Offences**

- (a) of which the person has been convicted, including details of any convictions which are spent within the meaning of section 1 of the Rehabilitation of Offenders Act 1974(a) and which may be disclosed by virtue of the Rehabilitation of Offenders (Exceptions) Order 1975 (b): or
- (b) in respect of which he has been cautioned by a constable and which, at the time the caution was given, he admitted.

**Declaration**

I declare that all the information given in support of this application are true and correct to the best of my knowledge and belief. I also understand that I will be liable for a cost of £55.00 for a CRB that will be applied for immediately to comply with the Commission for Social Care Inspection Guidelines.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Interviewed by

Date

Commencement Date

Comments