



## Education and training (...continued)

2

Start with the most recent and work back. Continue on a separate sheet if necessary.

Other training

## Employment history

Start with your most recent job and work back. Continue on a separate sheet if necessary.

Employer (name and address)

Position held

Dates in employment to

Salary/hourly rate

Description of duties

Reason for leaving

Notice period



Employer (name and address)

Position held

Dates in employment to

Salary/hourly rate

Description of duties

Reason for leaving

**Employment history (...continued)**

**Employer (name and address)**

**Position held**

**Dates in employment** to

**Salary/hourly rate**

**Description of duties**

**Reason for leaving**



**Employer (name and address)**

**Position held**

**Dates in employment** to

**Salary/hourly rate**

**Description of duties**

**Reason for leaving**



**Employer (name and address)**

**Position held**

**Dates in employment** to

**Salary/hourly rate**

**Description of duties**

## Employment history (...continued)

4

Reason for leaving

## Membership of professional bodies

Please enter the name of any bodies you are currently member of and registration numbers where relevant.

## Referees

We require names and contact details of two referees who are familiar with your work experience.

### Referee 1

Name

Occupation/position

Relationship  
to applicant

Contact details

### Referee 2

Name

Occupation/position

Relationship  
to applicant

Contact details

## Supporting statement

Please state reasons for your interest in this job and your knowledge, skills and experience that are relevant to the job you are applying for.

## Cautions, rehabilitation and criminal records

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

In addition, you are required to submit to a Disclosure and Barring check. Any disclosure made by the Disclosure and Barring Service will remain strictly confidential.

### Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence?

Yes      No

**If yes, please provide details:**

## Special requirements (care sector)

Because this position involves the care of vulnerable adults employment is dependent on the following:

1. **Your written consent to obtaining a Disclosure and Barring certificate form the Disclosure and Barring Service.**
2. **Such disclosure being acceptable to us.**
3. **Proof of identity - birth or marriage certificate (where appropriate) and passport (if available).**
4. **Two satisfactory written references.**
5. **That you will supply a photograph of yourself for retention in your records.**
6. **Evidence of physical or mental suitability for your work.**

## Declaration

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my employee file during my employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that my previous employers may be approached for references. I also agree that should I be successful in this application, I will apply to the Disclosure and Barring Service for a Disclosure and Barring certificate. I understand that should I fail to do so, or should the disclosure or reference not be satisfactory, any offer of employment may be withdrawn or my employment terminated.

**Signed:**

**Date:**