

**APPLICANT – PLEASE TICK THE BOX WHERE YOU SAW THIS POSITION ADVERTISED**

**OTHER (PLEASE SPECIFY)**

**FLYER**

**FACEBOOK**

**UNIVERSAL JOBMATCH**

Dear applicant,

Thank you for your enquiry we would like to draw your attention to the following points with regards to your application form -

* All sections must be completed in full, in black ink or type. We cannot accept ‘see CV’ or ‘see attached’ in lieu of information requested on the form.
* You must fill in all questions i.e. provide full employment history or details of any gaps in employment from leaving school to date, education and/or any courses completed (you will be required to bring the copies of any relevant qualification or certificates to the interview) and answer the three questions in the Criminal Conviction section (should your application be successful, we are legally required to obtain a DBS clearance for you). If needed please also complete the continuation sheet for employment history
* You must sign the form on page 4. If emailed you will be required to sign the form should you be invited for interview.
* You must complete the employment record with contact persons of at least your last two employers or tutors if you just have left school, and your consent to request a reference if your application is successful.

We look forward to hearing from you and wish you good luck with your application.

Best regards

I Care Group Recruitment Team

01253 351366

I CARE GROUP

**APPLICATION FORM**

The information supplied on this application form will be treated as strictly confidential

And will be used only for the purpose of personnel administration

# Unit 3, Kincraig Business Park, Kincraig Road, Blackpool, FY2 0PJ

Tel: 01253 508277 Fax: 01253 508255

Email: hr@icaregroup.co.uk

**PERSONAL DETAILS *please print clearly in black ink***

|  |  |  |  |
| --- | --- | --- | --- |
| Surname:  Forename(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Position applied for: | | Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: | Home Telephone Number: | | Mobile Telephone Number: |
| Postcode: | Email Address: | | Preferred contact method:  *(If not stated we will contact via email)* |
| As part of of the Asylum and Immigration Act 1996, we are required to establish your eligibility to work in the UK. Please provide your N.I. number here for that purpose  National Insurance Number:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | | | | |
| Do you have a valid UK driving licence?  YES NO  If you have any endorsements, please give details | | I have to give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ notice  My earliest start date will be \_\_\_\_\_\_\_\_\_\_\_\_\_ | |

### GENERAL

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please indicate when you wish to work   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **M** | **T** | **W** | **T** | **F** | **S** | **Su** | | **AM** |  |  |  |  |  |  |  | | **PM** |  |  |  |  |  |  |  | | **EVENINGS** |  |  |  |  |  |  |  | | **NIGHTS** |  |  |  |  |  |  |  |   Earliest Start Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Latest Finish Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If the Company has interviewed you previously, please state for which post and when |
| If offered this position, will you continue to work in any other capacity? YES NO  If YES please give details: |
| How many hours do you want to work?  8-15 16-30 30+ |

### EDUCATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name and Address of  School or College | From | | To | | Examinations taken and grades |
| Month | Year | Month | Year |
|  |  |  |  |  |  |
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*You may be requested to produce any certificates obtained*

### EMPLOYMENT RECORD

**In accordance with the Care Quality Commission you must provide details of present and past employment. Please begin with your current or most recent employer, include all jobs since leaving full time education. To enable us to establish full employment history please do not leave any gaps without explanation.**

**If for some reason there is no way of obtaining a work reference (e.g. a parent is returning to work after 10 years or someone who has been self employed) we could accept character references but it must be from a professional body from the list below -**

* **Priest, Vicar or other religious cleric**
* **GP**
* **Head Teacher/Teacher**
* **Accountant (must be ACCA or Chartered)**
* **Solicitor or Barrister**
* **Justice of the Peace / Judge**
* **Policeman**
* **Armed forces personnel – ranking of Captain or Higher**
* **Other Professional person**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company Name:  Company Address:  Company Tel: |  | Position Held: | | | |
|  | | Month | Year |
| From: | |  |  |
| To: | |  |  |
| Final Wage: | | | |
| Main Duties: | | Reason for Leaving: | | | |
| **I consent for ICare GB Ltd to obtain references from the above named employment on my behalf:** | | **Candidate Name:**  **Candidate Signature:  Date:** | | | |
| Company Name:  Company Address:  Company Tel: |  | Position Held: | | | |
|  | | Month | Year |
| From: | |  |  |
| To: | |  |  |
| Final Wage: | | | |
| Main Duties: | | Reason for Leaving: | | | |
| **I consent for ICare GB Ltd to obtain references from the above named employment on my behalf:** | | **Candidate Name:**  **Candidate Signature:  Date:** | | | |
| Company Name:  Company Address:  Company Tel: |  | Position Held: | | | |
|  | | Month | Year |
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| Company Name:  Company Address:  Company Tel: |  | Position Held: | | | |
|  | | Month | Year |
| From: | |  |  |
| To: | |  |  |
| Final Wage: | | | |
| Main Duties: | | Reason for Leaving: | | | |
| **I consent for ICare GB Ltd to obtain references from the above named employment on my behalf:** | | **Candidate Name:**  **Candidate Signature:  Date:** | | | |
| **Please account for any gaps in employment here, this also needs to include the reason as to why you may not have worked before or for a period of time.** Please also give the details of 2 professional character references as stated on page 3 if you are unable to provide 2 employment referees -  **If you have provided character references above, please sign and date below in order to give your consent for us to obtain the references on your behalf:** | | | | | |
| **I consent for ICare GB Ltd to obtain references from the above named character references on my behalf:** | | | **Candidate Name:**  **Candidate Signature:  Date:** | | |
| **Verified By HR (Name):** | | |
| **Signature of Verifier:** | | | **Date of Verification:** | | |

**CRIMINAL CONVICTIONS**

|  |
| --- |
| **This employment is exempt from the provisions of the Rehabilitation of Offenders Act 1974. Accordingly applicants are obliged to declare convictions and/or cautions received for ANY and ALL spent and unspent offences. Failure to declare unspent convictions/cautions, which subsequently come to light, will result in automatic withdrawal of application, or summary dismissal if appointed before discovery.**  Please note:  Do you have any spent or unspent convictions, cautions, reprimands or warnings? **YES / NO**  If YES please give confidential details (please attach a separate sheet)  Have you ever been the subject of any disciplinary procedure or been asked to leave employment or voluntary activity due to inappropriate behaviour towards vulnerable adults or children? **YES / NO**  If YES please give confidential details (please attach a separate sheet)  Has any Social Service Department, Police Service or any other persons ever conducted an enquiry or investigation into any allegations or concerns that you may pose an actual or potential risk to vulnerable adults or children? **YES / NO**  If YES please give confidential details (please attach a separate sheet) |

**DECLARATION**

|  |
| --- |
| Have you ever been dismissed from any employment? Yes / No  If YES please give confidential details (please attach a separate sheet)  I hereby declare that to the best of my knowledge the information contained in this form is true and accurate.  I understand that **any false declaration may render me liable to dismissal.**  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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**CONTINUATION SHEET** (if required)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company Name:  Company Address:  Company Tel: |  | Position Held: | | |
|  | Month | Year |
| From: |  |  |
| To: |  |  |
| Final Wage: | | |
| Main Duties: | | Reason for Leaving: | | |
| **I consent for ICare GB Ltd to obtain references from the above named employment on my behalf:** | | **Candidate Name:**  **Candidate Signature:  Date:** | | |
| Company Name:  Company Address:  Company Tel: |  | Position Held: | | |
|  | Month | Year |
| From: |  |  |
| To: |  |  |
| Final Wage: | | |
| Main Duties: | | Reason for Leaving: | | |
| **I consent for ICare GB Ltd to obtain references from the above named employment on my behalf:** | | **Candidate Name:**  **Candidate Signature:  Date:** | | |
| Company Name:  Company Address:  Company Tel: |  | Position Held: | | |
|  | Month | Year |
| From: |  |  |
| To: |  |  |
| Final Wage: | | |
| Main Duties: | | Reason for Leaving: | | |
| **I consent for ICare GB Ltd to obtain references from the above named employment on my behalf:** | | **Candidate Name:**  **Candidate Signature:**  **Date:** | | |