

CARE UNIQUE LTD
APPLICATION FOR EMPLOYMENT
PRIVATE AND CONFIDENTIAL

Our **equal opportunities policy** includes the provision that in recruitment, the only consideration must be that the individual meets or is likely to meet the genuine requirements of the job. No one will be discriminated against on the basis of sex, age, race, colour, ethnic origin, disability, marital status, sexual orientation, caring or parental responsibilities or belief in any matters such as religion and politics.

POSITION APPLIED FOR: _____

Title	Date of birth	Address
Surname	N.I. No.	
Forename(s)	Home Tel. No.	
Male/Female	Mobile No.	
Do you have use of a car for work? YES/NO If yes, please provide Driving Licence No.		Postcode

LANGUAGE SKILLS

Please state languages spoken and written, other than English.

Are there any restrictions on you working in the UK? YES/NO
If yes, please provide details

Where did you hear about the vacancy?

EDUCATION HISTORY

Schools	Qualifications gained
Colleges/Universities	Qualifications gained

Other Relevant Training

OTHER EMPLOYMENT

Please give details of any other employment you would continue with if you were to be successful in obtaining the position.

Notice required in current post:

EMPLOYMENT HISTORY

Please complete in full and use a separate sheet if necessary. It is also necessary to explain any gaps in employment. State current or most recent employer first.

FROM - TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	START AND FINISH SALARY	REASONS FOR LEAVING

HEALTH DETAILS

Have you suffered from any of the following conditions?

Asthma	YES/NO
Bronchitis or chest infection	YES/NO
Heart disease	YES/NO
High blood pressure	YES/NO
Epilepsy or fits of any description	YES/NO
Psychiatric or nervous condition requiring treatment	YES/NO
Skin disease or allergic reaction	YES/NO
Back injury or back trouble	YES/NO
Are you suffering from any illness or disability at the present time?	YES/NO

If yes, please give details.

Are you a disabled person, whether or not registered?	YES/NO
If registered please provide registration number.	Reg. No.
Is your Hepatitis B immunisation up to date?	YES/NO
Is your TB immunisation up to date?	YES/NO

Please detail any form of medicine, drugs or treatment you are currently or regularly receiving.

Please list all absences from work in the past 12 months and the reason for such absences.

AVAILABILITY ONLY COMPLETE THIS IF YOU ARE APPLYING FOR CAREWORKER POSITION. Please state times available.

	Mornings	Afternoons	Evenings	Over night (sleep)	Over night (sit)
Weekdays					
Saturdays					
Sundays					

Area (s) you are interested in working

Specific weekdays you can/cannot work

Date on which you can commence employment

Type of work you are interested in. Please circle.

Personal Care Domestic Both

REFERENCES

Please provide names and addresses of 2 referees from whom both character and work experience references may be obtained. One of these referees must be your most recent employer. Close relatives are not acceptable as referees.

<p>1. Name</p> <p>Address</p> <p>Post Code</p> <p>Tel. No.</p> <p>Relationship/Job Title</p>	<p>2. Name</p> <p>Address</p> <p>Post Code</p> <p>Tel. No.</p> <p>Relationship/Job Title</p>
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ADDITIONAL INFORMATION

Use the space below to show reasons for this application. Please state knowledge and experience to do the job. You may wish to include details of work in the community or voluntary groups and the strengths that you would bring to this post.

ETHNICITY Please state your Ethnic origin. (used only for equal opportunity monitoring)							
White	English		Mixed	White/Black Caribbean		Asian or	Indian
	Scottish			White/Black African		Asian	Pakistani
	Welsh			White/Asian		British	Bangladeshi
	Irish			Other			Other
	Other			Caribbean		Other	Chinese
			Black	African		Ethnic	Eastern European
				Other		Groups	Other

CRIMINAL RECORD

The nature of the work that is applied for, is exempt from the provisions of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Accordingly it is a requirement that previous convictions are declared, even those which would otherwise regarded as "spent". Details of any convictions must be recorded on this application form. Any such information will be treated confidentially and considered only in relation to the application.

Details of any convictions/reprimands or cautions

If no convictions please fill in the following statement:

I declare that I have no convictions/reprimands or cautions.

Signed Date

DECLARATION

1. I confirm that the information provide in this application is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the company reserves the right to require me to undergo a medical examination. (should we require further information and wish to contact your GP 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 GP). I agree that this information will be retained in my personnel file during employment and up to 6 years thereafter and understand that information will be kept in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau Office for an enhanced disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated.

Signed..... Print Name..... Date.....

Please return to : Care Unique Ltd, Sancorp House, 836 Leeds Rd, Bradford, BD3 9TX.

OFFICIAL USE ONLY

I Registered Manager of Care Unique, certify that is medically fit to work.

Signed..... Date.....

