



STEWARTRY CARE APPLICATION FORM

Please fill in the Application form, which is split into two parts; Part A and Part B. Please fill in both parts of the form and check it carefully before returning it. Please note that questions marked with an asterisk * are mandatory and therefore must be answered.

Return to: Stewartry Care, Unit C Millisle, Craignair Street, Dalbeattie. DG5 4AX

For Office Use Only

Interview Date:

References Sent:

Date PVG Sent:

Post Applied For	
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APPLICATION FOR EMPLOYMENT – PART A

Personal Details

* Surname		Title (please circle)	Mr Mrs Miss Ms Other
* Forename		* Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
* Address			
* Postcode		Home Telephone	
National Insurance No		Mobile Telephone	
* Date of birth		May we contact you at work? If yes please provide contact phone number	<input type="checkbox"/> Yes <input type="checkbox"/> No Work Phone No
Email Address			

Rehabilitation of Offenders Act

Due to the nature of the work involved, this post is exempt from the provisions of the above Act. You are therefore obliged to mention spent convictions. Please detail all convictions below. Failure to do so could lead to dismissal. Any details will be held in the strictest confidence.

* Have you at any time received, or had pending, a court conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details	

Are you registered with a Professional Body Yes No

If Yes Please State NMC SSSC GTCS Other Please state

Registration number _____ (office use only) SSSC checked DATE _____

Printed copy of SSSC check	YES	NO
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Employment History

Please indicate if you have previously worked in the Care Sector

YES

NO

If yes Please State Company name and dates worked.

APPLICATION FOR EMPLOYMENT – PART B

Education & Professional Qualifications

Include in this section all relevant qualifications. Please also indicate subjects currently being studied.

Subject/Qualification	Place of Study	Grade/result	Year

Training Courses Attended

Include in this section any relevant training courses that you have attended or details of courses that you are currently undertaking.

Course Title	Training Provider	Duration	Date Completed

Please record below the details of your current or most recent employer

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date		End Date	
Reason for leaving (if applicable)			

Previous Employment

Please record below the details of your previous employment beginning with the most recent first. Please add additional employers/information on a separate sheet.

Previous Employer 1

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 2

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Additional Personal Information

Preferred Employment Type	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Flexible Hours
Availability?	
Do you have a valid driving licence for the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have access to a vehicle, which can be used, for work purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a current PVG If yes what is it for ADULT CHILD or BOTH	<input type="checkbox"/> Yes please state which No <input type="checkbox"/>

References

Referee 1

* Surname		Forename	
Job Title			
* Address			
* Post Code			
Telephone			
Email			
* Relationship		*Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Referee 2

* Surname		Forename	
Job Title			
* Address			
* Post Code			
Telephone			
Email			
* Relationship		* Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

STATEMENT TO SUPPORT APPLICATION

Please provide any information that may be relevant to your application. Please continue on a separate sheet if necessary.

DECLARATION

The information in this form (Parts A & B) is true and complete. I agree that any deliberate omissions, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. This applies equally to any medical questionnaire/forms I may complete.

I agree to the above declaration			
Signature			
Name		Date	