

# Chester House

9 Windsor End

Beaconsfield

HP9 2JJ

Tel: 01494 678811

**Application Form**

**Role applied for: ………………………………………………………………………….**

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| **Personal Details:** | **Address:** |
| Surname: |  |
| Forenames: |  |
| Title: Mr / Mrs / Miss / Ms | Telephone (work): |
| Maiden / Former Names: | Telephone (home): |
| Date of Birth: | Telephone (mobile): |
| National Insurance No: | Email Address: |

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| **Further Personal Information:** | |  |
| Do you hold a valid Driving Licence? | | YES / NO |
| Do you own a car? | | YES / NO |
| Is it subject to any endorsements? | | YES / NO |
| Have you had any health problems or had any sickness over two week’s duration, within the last two years? If YES, give details below. | | YES / NO |
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| How many days sick during previous 12 months and brief reason for sickness. | | |
| If you are registered disabled, please state your registration number: |  | |

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| EMERGENCY CONTACT NAME |  | RELATIONSHIP | |  |
| Address:  Post Code: |  |  | |  |
| Tel. No: | Day: | | Evening: | |

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| **Social Interests:** |

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| **What do you know about Universal Care?** |

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| **How did you hear about Universal Care, and what prompted you to apply for a position with us?** |

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| **Education** | | | |
| **Secondary School** | **From** | **To** | **Examinations / Results** |
| **College / University** | **From** | **To** | **Courses / Results** |
| **Further Education / Training** | **From** | **To** | **Courses / Results** |

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| **Please state membership of professional bodies and qualifications you hold, or are studying for, with dates and registration numbers where applicable.** |

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| **Present/ Most Recent Employer** | | | | |
| **Name of Employer** | **Post Held (grade & salary)** | **From** | **To** | **Duties** |
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| **Reason for Leaving:** | | | | |

**EMPLOYMENT HISTORY:** Please list employment over the last 5 years commencing with the most recent (continue on a separate sheet if necessary). Please also enclose a copy of your CV.

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| **Name of Employer** | **Post Held (grade & salary)** | **From** | **To** | **Duties** |
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| **Employment history Continued:** |  |  |  |  |
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| **References**  Please state here names and addresses of three referees. At least one should be your present or most recent employer. | | |
| Name | Name | Name |
| Address | Address | Address |
| Occupation | Occupation | Occupation |
| Position | Position | Position |
| Tel. No. | Tel. No. | Tel. No. |
| **I Hereby consent for Universal care to contact references prior to appointment.** | **Date:** | **Signed:** |

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| **Rehabilitation of Offenders Act 1974**  Have you ever been cautioned by a constable for an offence which you admit, convicted of an offence or have any convictions pending, served a sentence, had a suspended sentence or received preventative detention? YES / NO  If YES, please give details: **………………………………………….…………………………………………**  **…………………………………………………………………………….……………………………………….** |

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| **Additional Information**  How did you hear of this post? |
| Have any of your friends been either a client / carer? |
| Length of notice required by present employer: |
| First available date for employment: |

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| **Equal Opportunities**  Universal Care is an Equal Opportunities employer. All decisions in employment are based solely on the merits and abilities of each applicant, regardless of sex, marital status, sexuality, religion, ethnic origin, race of disability. |

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| I acknowledge and agree that Universal Care will use my personal data for the purposes of processing and assessing my application for employment. The information I have provided will be used in accordance with the Data Protection Act 2018.  Signed: Date: |