The information will be treated as confidential and used solely for monitoring purposes to assist us in seeking to be an Equal Opportunities Employer.

(*Please use black ink as this form will be photocopied)*

**PERSONAL DETAILS**

**POST APPLIED FOR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TITLE:**  \_\_\_\_\_\_\_\_\_\_**FIRST NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SURNAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you find out about this job? Please specify source/publication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TELEPHONE (HOME):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MOBILE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DRIVING LICENCE: YES NO**

**POSTCODE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE OBTAINED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NATIONAL INSURANCE NUMBER** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENDER**

**MALE FEMALE**

**ASYLUM & IMMIGRATION ACT 1996**

YES NO

Do you need a work permit (Please tick the relevant answer?)

If yes, do you have a current valid work permit? (Please tick the relevant answer?)

**ETHNIC ORIGIN**

How would you describe your racial/cultural origin? (Please tick the relevant answer?)

Black- African White

Black- Caribbean Chinese

Black-Other Mixed-White & Black African

Asian-Bangladeshi Mixed-White & Black Asian

Asian-Pakistani Mixed-Other

Asian-Other

**DISABILITY DISCRIMINATION ACT 1995**

 Yes No

Do you consider yourself to have a disability? (Please tick the relevant answer?)

If you consider yourself to have a disability, we would be grateful if you would indicate its nature and also any adjustments to the workplace that would assist you both at interview and in the role.

Where more than one disability applies please tick all that apply, Space is provided for you to give further information should you wish to do so.

**NATURE OF DISABILITY**

Autism Aspergers Syndrome

Learning Difficulties Physical Coordination Impairment

Other Mental Health Hearing Impairment

Vision Impairment Speech Impairment

Mobility Impairment Physical Disability

Progressive Condition Other/Unknown Disability

|  |
| --- |
| **Further Information (Optional):** |

**ADJUSTMENTS NEEDED:**

|  |
| --- |
| **At Interview:** |

|  |
| --- |
| **In the workplace:** |

*Please note that this information will be treated confidentially and will not be disclosed to those responsible for short listing.*

*This information will be used for the purposes of assisting in setting up an interview or making adjustments to the workplace if applicable. There may be on occasions when the information is used for monitoring and statistical purposes. In such cases, names and other unique identifiers will be excluded.*

***QUALIFICATIONS:***

Please give details of all your qualifications including professional (P*roof of professional qualifications/status will be required before an offer is made)*

|  |  |  |
| --- | --- | --- |
| **Qualifications** | **Establishment Name** | **Year of Qualification** |
|  |  |  |

***OTHER RELEVANT TRAINING COURSES COMPLETED:***

|  |  |  |
| --- | --- | --- |
| **Organising Body and Title** | **Brief Description of Course Content** | **Year** |
|  |  |  |

*Please continue on another sheet if necessary*

***EMPLOYMENT DETAILS OF CURRENT OR LAST EMPLOYMENT:***

Employers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary & Other Benefits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notice Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Briefly describe your current/most recent position highlighting skills, duties and responsibilities, or experience relevant to the post for which you are applying.**

|  |
| --- |
|  |

*Please continue on another sheet if necessary*

***DETAILS OF ALL PREVIOUS EMPLOYMENT: Please include gaps in employment and the reasons why.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates of Employment** | **Length of Service** | **Employers Full Name & Address** | **Job Title, Salary/other benefits and brief description of duties & responsibilities** | **Reason for Leaving** |
|  |  |  |  |  |

*Please continue on another sheet if necessary*

*Using the job description as a guide, please summarize how you meet the requirements for the post. Please focus on why, what and context sections of the job description only and give structured answers demonstrating how you meet the criteria listed in these sections.*

*Please continue on another sheet if necessary*

|  |
| --- |
|  |

***REFERENCES:***

Please give the names of two people who may be approached for a reference. These include the following: your present or most recent employer or school, college or university if you have not been in employment, and a personal referee.

Please state in what capacity you know each of the below.

Name

Position

Company Name

Address

Postcode

Email Address

Tel. Number

Relationship to you  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*References may be sought before interview unless you request otherwise by placing an* ***X*** *in the above boxes*

***CRIMINAL CONVICTIONS:***

Because of the nature of the work for which you are applying to undertake, the particular to be given on this form are exempt from provisions of section 4 (2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (exceptions order 1975). Applicants are therefore not entitled to withhold information about convictions which for other purposes are “spent” under the provisions of the Act.

Please will you:

1. Append to this application details of any criminal convictions in a court of law, including the date of the offence, the nature of the offence, the place where it occurred, the name of the court which gave the conviction, and the penalty imposed. Such a statement must be SIGNED AND DATED.
2. If there are no convictions, state ‘NONE’ here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As this post meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974, all applicants who are offered employment will be subject to a criminal record check from the Criminal Records Bureau before the offer is confirmed. This will include details of cautions, reprimands or final warnings as well as convictions.

A criminal record will not necessarily be a bar to employment.

I confirm that the information given in this application is correct to the best of my knowledge and understand that wrongful completion will invalidate ***any*** contract of employment which may be offered to me by Crediton Care & Support Homes Ltd.

***Applicants Signature:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Date*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return to:*** Crediton Care & Support Homes Ltd

Creedy Court

Shobrooke

Crediton

Devon

EX17 1AD

Or email to: recruitment@autismcare.co.uk

**Office Use**

**Offered Job? YES NO**

**Salary/Hourly Rate Offered: £** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of offer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date references requested:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_