

CONFIDENTIAL

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Please complete this form using BLOCK CAPITALS and return it to the address shown below.		
Application for the post of:		Please return form to:
Closing date for applications:		Supported Lives Rebecca House Rebecca Street BRADFORD BD1 2RX

1. Personal Information		
Surname:	First name(s):	Title (please specify):
Home address:	Home telephone number:	
Post Code:	Work telephone number:	
	May we telephone you at work? (Yes/No)	
Date of birth:		

Total hours you would be available each day of the week:			
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			
Please give details of holiday and fixed commitments in the next 12 months:			
Due to the nature of the work you may be asked to work at short notice, How much notice would you require?			
Do you work for any other agency or care home?			Yes / No
How many hours do you currently work?			

Please say if any of the following apply to you:	
Have you been registered unemployed for at least 6 months?	Yes / No
Are you a single parent on order books for at least 26 weeks?	Yes / No
Are you returning to work after 2 or more years and not claiming benefits?	Yes / No

2. Qualifications and Training

Please list below all the qualifications you have or training courses you have attended, which are relevant to the post for which you are applying. Please give dates and grades and state whether the course was full or part-time.

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3. Work Experience

Please give details of all the posts you have held, starting with your current post.
If space is insufficient, please attach a separate sheet.

Dates Employed	To:	From:
Job Title and Description of Duties		
Employer's Name and Address and Nature of Business		
Final Salary or Grade		
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Final Salary or Grade		
Dates Employed	To:	From:
Job Title and Description of Duties		
Employer's Name and Address and Nature of Business		
Final Salary or Grade		

3. Work Experience (continued)

Please give details of all the posts you have held, starting with your current post.
If space is insufficient, please attach a separate sheet.

Dates Employed	To:	From:
Job Title and Description of Duties		
Employer's Name and Address and Nature of Business		
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Final Salary or Grade		
Dates Employed	To:	From:
Job Title and Description of Duties		
Employer's Name and Address and Nature of Business		
Final Salary or Grade		

4. Background

Please tell us why you think your background makes you a good candidate for this post? If you wish please include relevant aspects of your non-paid work experience, voluntary activities or time spent in caring responsibilities at home. Please indicate what your likely availability will be (e.g. hours per week, which days, times of day.) If there are any times you are *not* available, please also indicate these.)

5. Please Supply 3 References (At least one must be from an existing employer):

Can we take up this reference prior to interview? Please delete as appropriate ↓

1) Name, address, telephone number	YES / NO
2) Name, address, telephone number	YES / NO
3) Name, address, telephone number	YES / NO

6. Driving Licence

Do you hold a current full driving licence?

YES / NO

If yes, do you have any points or driving convictions?

YES / NO

7. Source of Application

Where did you find out about this vacancy?

8. If Appointed

When could you take up duties?

9. Health Declaration Please answer the following questions as fully as possible

Name & address of your doctor

Are you a registered disabled person?

YES / NO

If yes, what is your disability?

Please list any diseases, disorders or allergies from which you may have suffered or do suffer:

Please give details of any medication, drugs or treatment you are currently or regularly receiving:

Please list any operations or in-patient treatment you have received in the last five years (this includes treatment for drug or alcohol abuse:

Please list any absences from work, the reasons in the last 12 months and the duration

10. Disclosure and Convictions

Please give details of any criminal convictions or cautions you have had which might relate in any way to the post for which you are applying. (Under the terms of the Rehabilitation of Offenders Act 1974 and the Rehabilitation of Offenders Act (Exception) Order 1975: and the Rehabilitation of Offenders (Northern Ireland) Order 1978 and the Rehabilitations of Offenders (Exception) Order (Northern Ireland), you do not have to disclose information about certain convictions depending upon their seriousness and how long ago they were).

11. Declaration

1. I declare that the above is complete and correct and that any untrue or misleading information will give my employer the right to terminate my employment.
2. I hereby give my authority for SUPPORTED LIVES to contact my own doctor for any further details of my state of health.
3. I agree that SUPPORTED LIVES reserves the right to require me to undergo a medical examination with my written permission in each instance.

Signed _____

Date _____