



NOBLE CARE JOB APPLICATION FORM

Post Applied for:

Post Number:

Closing Date:

Interview Date:

The answers you provide will be treated in strictest confidence and will not be seen by anyone except management nor will any of the information be disclosed to any third party without your permission. However the Care Quality Commission, whose requirements you will have to satisfy (including those imposed by the Care Standards Act 2000 and related Regulations), have the right to scrutinise all recruitment paperwork including this form. Please complete this form fully using black ink or type. C.V.s are not accepted.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

1. PERSONAL DETAILS

Last Name:

First Name:

Address:

Postcode:

Daytime Telephone No:

Letters Numbers Letter

Home Telephone No:

National Insurance No:

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Mobile Telephone No:

E-mail address:

Can we contact you at work?

Yes

No

Are you free to remain and take up employment in the UK with no current immigration restrictions?

Yes

No

Driving Licence:

Do you hold a FULL (not provisional), clean driving licence valid in the UK?

Yes

No

Are you willing to drive a company vehicle with Service Users?

Yes

No

If you have any endorsements on your driving licence, please provide details here (including points and details of offences committed)

Are there any restrictions on your ability to work shifts (we operate a 24 hour 7 days a week rota system)?

Yes

No

Details

2. PRESENT EMPLOYMENT (IF NOW UNEMPLOYED GIVE DETAILS OF LAST EMPLOYER)

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment:

Salary:

Department / Section:

Brief description of duties: *(Continue on a separate sheet if necessary)*

Period of Notice:

Last day of service *(if no longer employed)*:

Reason for leaving or for seeking other employment:

3. PREVIOUS EMPLOYMENT

Previous Employment (most recent employer first). Please cover your entire employment history and state nature of business

Name of Employer:

Address:

Postcode:

Position Held:

Date of Appointment:

Date of Departure:

Salary:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode:

Position Held:

Date of Appointment:

Date of Departure:

Salary:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode:

Position Held:

Date of Appointment:

Date of Departure:

Salary:

Summary of duties:

Reason for leaving:

4. EDUCATION

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first.
Continue on a separate sheet if necessary.

College or University	Course	Qualifications and grades obtained

School	Subjects	Qualifications and grades obtained

PROFESSIONAL, TECHNICAL OR MANAGEMENT QUALIFICATIONS

Please give details:

Professional/Technical/ Management Qualifications	Course Details

Membership of any Professional / Technical Associations - Please state level of Membership:

Continue on a separate sheet if necessary

5. TRAINING AND DEVELOPMENT

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course	Date of Completion

Continue on a separate sheet if necessary

6. PERSONAL STATEMENT - WHY DO YOU THINK YOU ARE SUITED TO THIS JOB?

Abilities, skills, knowledge and experience.

Please use this section to explain in detail how you meet the requirements of the Employee Profile and the experience you have had supporting people with learning disabilities and/or mental health issues. If you are or have been involved in voluntary/unpaid activities, please also include this information.

Continue on a separate sheet if necessary

7. REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1975

Due to the nature of NobleCare's work with vulnerable adults, we use the Disclosure & Barring service to make checks at an enhanced level on persons offered employment. This position is exempt from the above Act and you are therefore not entitled to withhold information about "spent or unspent convictions". If you have ever been convicted of any offence by a court of law, please give details of the offences with dates below. If you have ever been cautioned by a constable in respect of any offence and at the time you were cautioned you admitted the offence(s) please give details of the offences with dates below. If your name is on a Protection of Vulnerable Adults (POVA) Register this must be declared. The failure to declare any conviction and/or caution is sufficient grounds for instant dismissal.

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order? Yes No

Enhanced Checks

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post? Yes No

»» If **Yes**, please give details / dates of offence(s) and sentence:

8. REFERENCES

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Reference 1

Name:

Position (job title):

Work Relationship:

Organisation:

Address:

Postcode:

Telephone No:

E-mail:

Are you willing for this referee to be approached prior to the interview? Yes No

Reference 2

Name:

Position (job title):

Work Relationship:

Organisation:

Address:

Postcode:

Telephone No:

E-mail:

Are you willing for this referee to be approached prior to the interview? Yes No

Media

Please state where you saw this post advertised

9. DECLARATION

A. Statement to be Signed by the Applicant

Signature of this document indicates that you have read the job description and any other information issued relating to the vacancy and can comply with its requirements. In addition it indicates that all the information given by you is accurate. Incomplete or misleading information may, on discovery, result in summary dismissal.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold

Signed:

Date:

NobleCare undertakes to treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

If you are returning this form by email, you will be asked to sign your application at interview.

RETURNING THIS FORM



By Hand or Post:

NobleCare
Human Resources
Britannia House
11 Glenthorne Road
Hammersmith
London W6 0LH

By E-Mail:

recruitment@noblecare.co.uk

Enquiries:

Telephone: 020 8748 2527