

Application for Employment



The Glenmore Trust, 9 Northumberland Street, Carlisle, CA2 5HD

All sections of this form must be completed; failure to do so may result in non selection for interview

Post applied for: _____

PERSONAL INFORMATION

Preferred hours of work: 16 Hours/20Hours 25 Hours or
30 Hours or Relief

Area willing to work:
Carlisle/Wigton/Penrith

(please indicate) _____

(please indicate) _____

Surname: _____

Forenames: _____

Surname at birth (if different): _____

NI Number: _____

Nationality: _____

Permanent address: _____

Address for letters (if different): _____

Post Code _____

Post Code _____

Email address: _____

Fax: _____

Home telephone: _____

Daytime telephone: _____

(where a message may be left)

What notice are you required to give your present employer? _____

Do you hold a current driving licence? Yes No

Do you have access to a car? Yes No

Do you have any current endorsements? Yes No

If yes, please specify:

Are you eligible to be employed in the UK? Yes No

ADVERTISING AND PUBLICITY

Please indicate how you heard about this vacancy:

Word of Mouth Current Employee Website Newspaper Job Centre Other-(Please specify)

EDUCATION

Please give details of schools, colleges or universities attended:

Name and Address of Institution	Dates		Subjects Taken & Grades	Level of Qualification	Full or Part - Time
	From	To			

QUALIFICATIONS

Please give details, including dates, of any educational certificates, professional or other qualifications, with standard obtained, if applicable. Also include any NVQ & common induction/foundation courses relating to Health & Social Care.

Qualifications & level obtained	Awarding body	Training Provider	Date Achieved

TRAINING

Please give details, including dates of any work related training or other training you have successfully completed.

Course Title	Subject	Date	Relevant information

CURRENT EMPLOYMENT INFORMATION

Name and Address of Most Recent or Present Employer	Dates		Job Title and Nature of Work	Reason for Leaving <i>(if appropriate)</i>
	From	To		
Basic Salary			Allowances/Bonuses <i>(if applicable)</i>	

PREVIOUS EMPLOYMENT INFORMATION

Please give details of all full-time and part-time work, including any periods of self-employment

Name and Address of Previous Employers <i>(Please list in order starting with the most recent)</i>	Dates		Job Title and Nature of Work	Reason for Leaving <i>(if appropriate)</i>
	From	To		
Give details of any time not already accounted for (including unemployment & raising family)				

ADDITIONAL INFORMATION

Using the 'Essential' and 'Desirable' criteria outlined in the Person Specification, please provide relevant examples of your experience, knowledge, skills and abilities applicable to the post you are applying for.

ADDITIONAL INFORMATION CONTINUED

Please give details of your hobbies and interests:-

Empty box for hobbies and interests.

Will you require any reasonable adjustments to be made to enable you to attend an interview?

Empty box for reasonable adjustments.

REFEREES

Please give details of two responsible persons to whom you are not related & to whom reference can be made. Your First referee must be your present or most recent employer.

FIRST REFEREE

SECOND REFEREE

Name: _____

Name: _____

Address: _____

Address _____

Post Code _____

Post Code _____

Telephone: _____

Telephone: _____

E-mail Address: _____

E-mail Address: _____

In what context does this referee know you?

In what context does this referee know you?

If you do not wish your present employer to be approached at this stage please indicate below:-

I give consent to my first referee (present employer) being contacted at this stage YES NO

DECLARATION

All information in this form will be treated as strictly confidential.

All successful applicants will be subject to an enhanced Disclosure and Barring Check. This is a requirement of the Care Standards Act 2000.

We have a positive approach to the recruitment and selection of ex-offenders, and all applicants are treated fairly.

However, failure to disclose any cautions or convictions at this stage could affect your offer of employment.

Have you ever been cautioned or convicted of any offence? Yes _____ No _____

If YES please give full details below :-

(Please note that due to the nature of work undertaken with vulnerable adults **NO** previous convictions can be classed as 'spent')

Details of offences:-

I confirm that this application was completed by myself: Yes _____ No _____

If no please state the reason why?

I confirm that I have received and read the job description and understand the type of work and the hours I will be required to carry out if I am a successful applicant. Some services operate on a 24/7 basis, therefore I understand that I may be expected to work evenings, weekends & sleep-ins.

I declare that the details given on this application are to the best of my knowledge and belief, true and complete. I understand that my application may be rejected or, if I am already appointed, I may be dismissed if I withhold relevant details or give false information. I hereby give my consent to the Company processing the data supplied on this application form for the purpose of recruitment and selection.

All the information you have provided throughout this application will be shared with the Skills for Care National Minimum Data Set (NMDS). For an explanation as to why NMDS need your information please visit www.skillsforcare.org.uk.

Signed: _____

Date: _____

Name: _____