

# PERSON CENTERED CARE LTD



OFFICE 8, 29 VICTORIA STREET, KETTERING, NN16 0BU

## APPLICATION FORM

**POSITION APPLIED FOR:** \_\_\_\_\_

The Following Information will be Treated in the Strictest Confidence  
(Please Complete This Section in BLOCK CAPITALS)

**Personal**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

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

\_\_\_\_\_

Postcode: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Mobile Telephone Number: \_\_\_\_\_

Full Driving Licence: **Yes/No**                      Endorsements: **Yes/No**

If YES, please give further details including dates: \_\_\_\_\_

\_\_\_\_\_

Are you involved in any Activity which might limit your availability to work or your working hours e.g. local government? **Yes/No**

If YES, please give full details: \_\_\_\_\_

Are you subject to any restrictions or covenants which might restrict your working activities?  
**Yes/No**

If YES, please give details: \_\_\_\_\_

Are you willing to work weekends and overtime if required? **Yes/No**

Please give details of any hours which you would not wish to work: \_\_\_\_\_

Have you any convictions, including both spent and unspent convictions under the Rehabilitation of Offenders Act 1974? (A copy of the Company's Equal Opportunities Policy and Disclosure Information Policy is available on request. These reflect the CRB/Disclosure Scotland Codes of Practice).

If YES, please give full details: \_\_\_\_\_

# PERSON CENTERED CARE LTD



If offered employment, you will be required to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination before employment?

**Yes/No**

Have you ever worked for this Company before?

**Yes/No**

If YES, please give full details: \_\_\_\_\_

Have you applied for employment with this business before?

**Yes/No**

Do you need a work permit to take up employment in the U.K.?

**Yes/No**

How much notice are you required to give to your current employer? -----

## Education

Schools Attended since age 11	From	To	Examinations & Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job Related Training Courses Name of Organisation	Date	Subject	

# PERSON CENTERED CARE LTD



Please give details of membership of any technical or professional associations:

---

---

---

Please list languages spoken and the level of competence:

---

---

---

## Employment Details

Please give details of your past employment, excluding your present or last employer, stating the most recent first:

Name and Address of Employer	Dates	Position held/Main Duties	Reason for Leaving

# PERSON CENTERED CARE LTD



## Present or Last Employer

Are you currently employed? Yes/No

Name of Present or Last Employer: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Job Title & Brief Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Length of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

## Interests, Achievements, and Leisure Activities

(e.g. hobbies, sports, club memberships)

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

## Supplementary Information

Please set out below any further information to support your application  
(e.g. past achievements, future aspirations, personal strengths)

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

# PERSON CENTERED CARE LTD



## Declaration

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of on-going personnel administration and payroll administration in compliance with the Data Protection Act 1998. I undertake to notify the Company immediately of any changes to the above details.

Given the nature of the job to which I have applied, I understand that any offer of employment will be subject to information on my criminal record being disclosed to the Company by the Criminal Records Bureau/Disclosure Scotland. I have been given a copy of the Company's Equal Opportunities Policy, which includes information relating to the recruitment of ex-offenders.

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

PRINTED: \_\_\_\_\_

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

## References

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? **Yes/No**

Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:

## Source of Application

How did you hear of this vacancy? \_\_\_\_\_



<b>MEDICAL QUESTIONNAIRE</b>					
<b>This will be treated as strictly private and confidential</b>					
<b>Name:</b>					
Please indicate whether you have had any of the following illnesses by ticking the corresponding boxes:					
	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Back Strain			Typhoid		
Any Back injury			Epilepsy/ blackouts		
Rheumatism or arthritis			Asthma		
Tuberculosis			Diabetes		
Hepatitis			Ulcers		
Gastro – enteritis			Ruptures		
Allergies			Heart Disease		
Dysentery			High blood pressure		
Bronchitis			Fainting attacks/ giddiness		
Chest pain or shortness of breath					
Any other serious accident or illness Details:			Any mental health illness Details		
<b>If you have answered YES to any of the above conditions please give the following details:</b>					
Illness/ Condition:			Year:		
How long you were ill with it:			Treatment given:		
<b>Have you suffered from diarrhea, sore throat, or skin trouble within the last month?</b>					
<b>Please list any vaccinations that you have had that are relevant: e.g. Hepatitis, Tetanus etc.</b>					
<b>Please record how many days sickness you have had in the last two years:</b>					
<b>DECLARATION</b>					
I certify that I am at present in good physical and mental health, I declare that the above information is true and correct to the best of my knowledge and that I have omitted no relevant details. I understand that if false statements are knowingly made this may result in my dismissal from Next Steps Limited.					
<b>Print Name:</b>			<b>Sign:</b>		
<b>Date:</b>					



## EQUAL OPPORTUNITIES MONITORING

The following information will be treated as strictly confidential. It will be used for equal opportunities monitoring only. You do not have to complete this part of the form if you do not wish to.

### ETHNIC ORIGIN

How would you describe your ethnic origin? Please tick corresponding box

<b>White – British</b>	<input type="checkbox"/>	<b>White – Irish</b>	<input type="checkbox"/>
<b>Other White Background</b>	<input type="checkbox"/>	<b>Black or Black British – Caribbean</b>	<input type="checkbox"/>
<b>Black or Black British – African</b>	<input type="checkbox"/>	<b>Other Black Background</b>	<input type="checkbox"/>
<b>Asian or Asian British – Indian</b>	<input type="checkbox"/>	<b>Asian or Asian British – Pakistani</b>	<input type="checkbox"/>
<b>Asian or Asian British – Bangladeshi</b>	<input type="checkbox"/>	<b>Chinese</b>	<input type="checkbox"/>
<b>Other Asian Background</b>	<input type="checkbox"/>	<b>Mixed – White and Black Caribbean</b>	<input type="checkbox"/>
<b>Mixed – White and Black African</b>	<input type="checkbox"/>	<b>Mixed – White and Asian</b>	<input type="checkbox"/>
<b>Other Mixed Background</b>	<input type="checkbox"/>	<b>Other Ethnic Background</b>	<input type="checkbox"/>
<b>Not Known</b>	<input type="checkbox"/>	<b>Prefer not to say</b>	<input type="checkbox"/>

### DISABILITY

<b>Do you consider yourself to have a disability?</b>	<input type="checkbox"/>
<b>If so, are you registered disabled?</b>	<input type="checkbox"/>
<b>Do you have any special requirements to attend an interview?</b>	<input type="checkbox"/>
<b>Please give details:</b>	

<b>How would you describe your sexual orientation:</b>
<b>Age:</b>
<b>Do you speak any language other than English?</b>
<b>Do you require a work permit to work in this country?</b>