



## FIRST CHOICE CARE SERVICES

# Application for Employment

(APPLICANTS WILL BE SUBJECT TO A DISCLOSURE CHECK)

(Please complete in black ink or type)

Post : \_\_\_\_\_ Closing Date : \_\_\_\_\_ Reference No.: \_\_\_\_\_  
Please return the completed form to:

### Personal Details :

Surname : \_\_\_\_\_ Forename: \_\_\_\_\_ Title: \_\_\_\_\_

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

(Town): \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel. No: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you require a work permit?  Yes  No

Do you wish to jobshare this post?  Yes  No

How did this vacancy come to your notice?  Website/Intranet,  Print Advert,  Open Day,

Other (please specify)

### References:

Please give details of two referees, one of whom must be your present or most recent employer (friends or relatives may not be submitted for reference). **If you are employed through an Employment Agency please provide contact names as they are considered to be your employer.** Details of a third referee will be required for Consultant appointments. References will be requested **before** interview, unless you place an "X" in the appropriate box below.

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

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

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

Tel. No : \_\_\_\_\_ Tel. No : \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

May we approach if called for interview?

Yes  No

May we approach if called for interview?

Yes  No

# General Education and Qualifications

## Secondary Education:

Name and Address of School / College	From	To	Qualifications Obtained	Date Obtained	Grade

## Further Education and Professional Training:

University / College / Institute	From	To	Course Studied Qualifications Obtained	Date Obtained	Result

## Other Relevant Training:

(e.g. Short Courses, In-Service Training)

Training Provider	From	To	Title of Course	Date Obtained	Result

## Membership of Professional Bodies:

(e.g. UKCC, GMC, CPSM)

Professional Body: \_\_\_\_\_

Registration Type: \_\_\_\_\_

(e.g. full / provisional)

Registration Number / PIN number: \_\_\_\_\_

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

# Employment History

## Current or Most Recent Employer :

Name of Employer : \_\_\_\_\_ Job Title : \_\_\_\_\_

Contact: \_\_\_\_\_ Date Started : \_\_\_\_\_

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

\_\_\_\_\_ Grade (if NHS) : \_\_\_\_\_

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

Telephone Number : \_\_\_\_\_ Date Left : \_\_\_\_\_  
(if applicable)

Reason for leaving : \_\_\_\_\_

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Write a brief description of your present duties and responsibilities in the box below:

## Previous Employment History :

Please give details of previous employment (paid or unpaid) giving the most recent first since leaving school – continue on the separate loose sheet if necessary. If the position you are applying for involves working with Children under the age of 18 please provide details of your **full** employment history. (THE TRUST RESERVES THE RIGHT TO APPROACH ANY PREVIOUS EMPLOYER FOR A REFERENCE WHERE APPLICANTS ARE APPLYING FOR POSTS IN THE CHILD AND ADOLESCENT SERVICES)

Job Title	Name & Address of Employer & Contact Name	From	To	Reason for Leaving

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## Additional Information:

Please read the Job Description, Person Specification and Guidance Notes on completing the application form carefully before completing this section. Use the space below to tell us about any experience, knowledge or skills that you have which are relevant to the job. Remember to include unpaid work or activities outside work if these seem relevant. (Continue on a separate sheet if necessary).

Have you any relatives working for the Trust?      Yes       No

If so, please give details

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### ✓ **Positive about Disabled People:**

It is our objective to ensure that people with disabilities receive fair treatment and are considered solely on their ability to do the job. If you are disabled you are guaranteed an interview if you meet the essential criteria for the post.

Do you consider yourself to be disabled?      Yes       No

**If yes, please state the nature of your disability on a separate sheet.**

### **Rehabilitation of Offenders Act 1974:**

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act (Exemptions) Order 1975. Applicants are not entitled to withhold information about convictions (which for other purposes are “spent” under the provisions of the Act) bind overs, cautions or current police investigations which might lead to a conviction, bind over or caution. In the event of employment, any failure to disclose such convictions, bind overs, cautions or police investigations could result in dismissal or disciplinary action by the Trust. Any information given will be completely confidential and will only be considered in relation to posts to which the order applies. (ALL APPLICANTS WILL BE SUBJECT TO DISCLOSURE).

Have you ever been convicted of a criminal offence, ever been bound over or cautioned or are you currently the subject of any police investigations, which might lead to a conviction, an order binding you ever or a caution in the UK or any other country?      Yes       No

**If yes, please give details:** \_\_\_\_\_

### **Declaration:**

I declare that the information given in this form is true and complete. I understand that any false information may result in my dismissal if appointed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Equal Opportunities Monitoring Form*

First Choice Care Services is committed to achieving equal opportunities in service provision and employment. It is the policy of the company to ensure that no job applicant receives less favourable treatment on grounds such as age, colour, disability, ethnic origin, family circumstances, marital status, national origin, race, religion, sexual orientation or social status class.

In order to assist the company in monitoring its Equal Opportunities Policy, all applicants are requested to answer the following questions voluntarily. This information will be used solely for monitoring purposes and will be treated as confidential. This sheet will be separated from your application form on receipt.

This form will not be used as part of the recruitment and selection process, and will not be seen by the managers considering your application.

**Application for the post of :** \_\_\_\_\_ **Surname :** \_\_\_\_\_

**Department /Ward :** \_\_\_\_\_ **Forename :** \_\_\_\_\_

**Job reference :** \_\_\_\_\_ **Date :** \_\_\_\_\_

**How did this vacancy come to your notice?**  Website/Intranet  Print Advert  Open Day  Other (please specify)

**Nationality :** \_\_\_\_\_

1. Please circle category which you feel best describes your ethnic origin:

**WHITE**

- British **A**
- Irish **B**
- Any Other White Background **C**

**MIXED**

- White and Black Caribbean **D**
- White and Black African **E**
- White and Asian **F**
- Any other Mixed Background **G**

**ASIAN OR ASIAN BRITISH**

- Indian **H**
- Pakistani **J**
- Bangladeshi **K**
- Any Other Asian Background **L**

**Black or Black British**

- Caribbean **M**
- African **N**
- Any Other Black Background **P**

**OTHER ETHNIC GROUPS**

- Chinese **R**
- Any Other Ethnic Groups **S**
- Not Stated **Z**

Please circle the category which best describes your religion.

**Do not wish to reply**

**RELIGION CATEGORIES**

1	NONE
2	CHRISTIAN (including Church of England, Catholic, Protestant and all other Christian denominations)
3	BUDDHIST
4	HINDU
5	JEWISH
6	MUSLIM
7	SIKH
8	ANY OTHER RELIGION (please specify on the form).

Male  Female  Do not wish to reply

3. Do you consider that you have a disability?

Yes  No  Do not wish to reply

If yes, please state the nature of your disability:

\_\_\_\_\_

4. Please state your date of birth: \_\_\_\_\_  Do not wish to reply