

APPLICATION FORM

THE INFORMATION SUBMITTED ON THIS APPLICATION FORM WILL BE TREATED AS STRICTLY CONFIDENTIAL. PLEASE ENSURE THAT YOU COMPLETE ALL SECTIONS AS FULLY AS POSSIBLE.

Post applied for:	Location:
Where did you learn about this vacancy?	
If you have been interviewed by Horizonseducare in the past, please give the name of the interviewer, name of the establishment at which the interview was held and the approximate date of interview.	

PERSONAL DETAILS

Title: Mr/Mrs/Ms/Miss/Dr/	Surname:
Forenames: (UNDERLINE THE NAME YOU NORMALLY USE)	Maiden Name: (IF APPLICABLE)
Address: (we need 5 years)	Telephone Numbers: (INCLUDE STD)
Postcode:	Home:
	Work: Are we able to contact you at work?: Yes/No (we appreciate this may be difficult for some people)
	Mobile:
	E-mail:
Date of Birth: <small>(This information is required as Care Standards dictate that a full employment history/gaps must be explored)</small>	NI Number:
Do you have a full, current UK driving licence? Yes/No	Please give details of any current endorsements.
Are you a car owner? Yes/No	If successful at interview, would you be happy to drive the company vehicle(s) for the purpose of supporting individuals to activities, appointments, home visits etc? Yes/No
Do you require a work permit or visa to work and live in the UK? Yes/No If yes, when does this expire?	Are you able to provide documentation proving your right to work legally in the United Kingdom? Yes/No

EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS (if you have a CV which includes this information, please attach to the application form and leave this section blank)

School/College	Examinations Taken	Grade	Date
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Please continue on a separate sheet if necessary

EMPLOYMENT HISTORY

Please detail all previous employment, including dates, starting with your present or last job where applicable. Please include any unpaid or voluntary work and explain what you were doing during any gaps in employment.

Dates (include month and year)	Employer	Position held and details of main responsibilities	Salary	Reason for leaving (provide full details; include reasons for leaving current employer)
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CURRENT/LAST EMPLOYER

From: / Month Year To: / Month Year	Name: Address: Contact Name: Telephone:			
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May we contact the above referee before interview?

Yes/No

From: / Month Year To: / Month Year	Name: Address: Contact Name: Telephone:			
From: / Month Year To: / Month Year	Name: Address: Contact Name: Telephone:			
From: / Month Year To: / Month Year	Name: Address: Contact Name: Telephone:			

Please continue on a separate sheet if necessary

GENERAL INFORMATION

Applications are welcomed from disabled persons. A disability will not prejudice your application.

Please state if you have a disability which you would like us to know about at this time. Please give details of your disability and how it would impact on the duties of the post as described in the Job Description, so that reasonable adjustments can be considered.

All applicants must have the capability to carry out manual handling and lifting, to provide personal care and to work in a challenging environment. Any information you can provide below of your experience or capability in these areas will be helpful.

Due to the nature of our service and the need to provide continual support please indicate whether you are applying for:

- Regular full time work? Yes/No
- Regular part time work? Yes/No
- Can you work on the weekends? Yes/No
- Can you work evenings/nights? Yes/No
- Are you available to work overtime? Yes/No
- Can you work long days? (8.30am-9pm) Yes/No

Alternatively, please indicate whether you are interested in:

- Temporary work (such as Bank Relief/Volunteer)? Yes/No

Are you a member of the DBS update service?

Yes/No

If you answered yes to the last question, if you are successful at interview, do you give permission for us to use your current DBS certificate and carry out an online check to see if any new information has come to light since its issue?

Yes/No

We are committed to person-centred principles at all times. We endeavour to include the people we support within our recruitment process and will therefore share only this section of your application with them if you are short-listed for interview. What do others admire about you?

Please continue on a separate sheet if necessary

What matters to you in your life (e.g. what you like to do, important people, what are your values etc)?

Please continue on a separate sheet if necessary

DISCLOSURE OF CRIMINAL HISTORY

Due to the nature of the work for which you are applying, we are required to carry out enhanced DBS checks. Anything appearing on a DBS will be risk-assessed based on the position you are applying for. Do you have any unspent or spent convictions, cautions, reprimands, warnings or Bind Over orders that will appear on a DBS check; are you subject to on-going police or regulatory investigation or proceedings, or been disqualified from professional practice?

Yes/No

If you answered yes to the above, please give further details below, including date of offence(s), description of offence(s) and details of sentence(s) (if any) you were given:

DECLARATION

We will use the information you give us and information from other sources for the administration and management of your employment (including pensions administration) and related activities as we require for the operation of the business. By entering into this agreement, you consent to our processing sensitive personal data about you for our legitimate employment administration and management purposes only. This may include information relating to your health, the commission of offences and your ethnic background for the purposes described above.

To the best of my knowledge the information I have given above is true and accurate. I understand that providing misleading or incorrect information could result in dismissal or an offer of employment being retracted.

Signature:

Date: