



**Practical Care Solutions Ltd  
Beaumont Enterprise  
Centre  
Boston Road  
Leicester  
LE4 1HB**

Post Applied for:

## Job Application Form

Closing Date:  Interview Date:

Please complete this form fully using black ink or type. Please ensure that all sections are completed and that any gaps in the employment history are recorded and explained. If you have any queries when completing this application form, please call the office.

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

### Section 1 Personal details

Last name:  First Name:

Address:


Postcode:

Home Telephone No  National Insurance No:

Daytime Telephone No:

Date of Birth:

Mobile Telephone No:

E-mail address:

Are you permitted to work in the UK  
immigration restrictions? Yes  No  with no current

If no, please give further details include restrictions.

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Do you hold a full, clean driving licence valid in the UK? Yes  No

Are you willing to drive company vehicles in line with our insurance policy and car procedures?

Yes  No

If you are successful you will be required to provide relevant evidence of the above prior to your appointment.

## Section 1a

### Address History

Address:			
	Postcode:		
From:		To:	

Address:			
	Postcode:		
From:		To:	

Address:			
	Postcode:		
From:		To:	

Address:			
	Postcode:		
From:		To:	

Address:			
	Postcode:		
From:		To:	

Address:			
	Postcode:		
From:		To:	

## Section 2 Present Employment

**Present Employment** (If you are currently unemployed please confirm your current situation i.e. registered with Job Centre Plus, caring for relatives, raising family)

Name of Employer:

Address:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode:

Post Title:

Date of Appointment (MONTH/YEAR):  Day:

Department / Section:

Brief description of duties:

Period of Notice:  End Date (MONTH/YEAR) (If no longer employed):

Reason for leaving (if no longer employed):

### Section 3 Previous Employment

Previous Employment (most recent employer first). Please cover the last 10 years and state nature of business. Please ensure that any gaps in the employment history are explained, i.e. unfit to work, unemployment, caring for relatives. When completing dates, please include the month as well as the year.

Name of employer:

Address:

Postcode:

Start Date:  End Date:

Position Held:

Summary of Duties:

Reasons for leaving:

Name of employer:

Address:

Postcode:

Start Date:  End Date:

Position Held:

Summary of Duties:

Reasons for leaving:

Name of employer:

Address:

Postcode:

Start Date:  End Date:

Position Held:

Summary of Duties:

Reasons for leaving:

## Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first

College or University	Dates attended from and to	Courses	Qualifications and grades obtained
School	Dates attended from and to	Subjects	Qualifications and grades obtained

## Professional, Registered or Management Qualifications

e.g. NVQ 4,

Please give details:

Professional/Registered/ Management Qualifications	Course Details

## Section 5 PREVIOUS EXPERIENCES AND TRAINING

Please give details

Experience Description Tick

**Personal Care:**

Yes

No

Bathing or showering

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Hair washing and dressing

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Helping to the toilet/using aids

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Moving and handling

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Incontinence care

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Medication assistance

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Health related tasks

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**Preparation Of Food:**

Menu planning

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Preparing culturally suitable food

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Feeding

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**General Duties:**

Housework

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Laundry and Ironing

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Shopping

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Finances

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**Have You Ever Worked With People Suffering From:**

Dementia/Alzheimer's Disease

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Learning Disability

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Physical Disability

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Signed: ..... Print Name: ..... Date: .....

## **Section 6 Personal Statement**

### **Abilities, skills, knowledge and experience**

Please use this section to explain in detail how you meet the requirements of the job specification. Please state if you were or are involved in voluntary/unpaid activities. Attach additional sheets if you wish.

## Section 7 Rehabilitation of Offenders Act (1974)

This post is offered subject to a satisfactory enhanced Disclosure and Barring Service (DBS) check and is exempt from the provision of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. **Applicants are not entitled to withhold information when asked about convictions which for other purposes are “spent” under the provision of the Act.** In the event of employment any failure to disclose such convictions could result in dismissal or disciplinary action. Information given will be completely confidential.

**If you would like to discuss any conviction, caution or reprimand that you think may affect your application, please give details/ dates of offence (s) and sentence:**

## Section 8 Protecting Children and Vulnerable Adults

### 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

## Section 9 Interview arrangements

Do we need to make any specific arrangements in order for you to attend the interview?

Yes  No

If yes, please give details:



## Section 10 References

Please provide details of two people to whom we may write to for a reference.

The first referee **must** be your most current or most recent employer as listed in your work history **unless** you can provide a valid reason where indicated. If you cannot provide your current or most recent employer as your first referee, please give details of your next most recent employer as your first referee.

**Friends or relatives are not acceptable as referees.**

### First referee

<b>Name</b>
<b>Organisation or School/College</b>
<b>Address</b>
<b>Post Code</b>
<b>Phone No.</b>
<b>Email address</b>

Dates of employment/study from \_\_\_\_\_ to \_\_\_\_\_

### Second referee

<b>Name</b>
<b>Organisation or School/College</b>
<b>Address</b>
<b>Post Code</b>
<b>Phone No.</b>
<b>Email address</b>

Dates of employment/study from \_\_\_\_\_ to \_\_\_\_\_

### Third referee

<b>Name</b>
<b>Organisation or School/College</b>
<b>Address</b>
<b>Post Code</b>
<b>Phone No.</b>
<b>Email address</b>

Dates of employment/study from \_\_\_\_\_ to \_\_\_\_\_

## Section 11 Declaration

**Please read and confirm that you understand and agree to the following:**

**Your Personal Information.** The information you have provided in this form (and any other personal information we may receive from you or your referees) is confidential and will be handled in line with the Data Protection Act 1998.

Your information will be used to make a decision about whether or not you are suitable for the position you have applied for. Prior to such a decision being made, your information will not be used for any purpose other than monitoring of our own recruitment processes. Where your information is used for statistical analysis, it will be anonymised.

If your application is not successful, we will retain only basic information about you; all other information will be destroyed.

If your application is successful, the personal information you have provided will be used for legitimate purposes in relation to your ongoing employment; your contract of employment, which you will be asked to sign before starting work, will include further details on how your information may be used.

By signing this form, you confirm that you understand this privacy notice and you consent to the processing of your personal information for the purposes described or as otherwise permitted or required by law in line with our registration with the Information Commissioner.

**Do you understand and agree to this statement?** Yes

No

**General Statement** - *I declare that the information I have given in this application is accurate and true to the best of my knowledge. I understand that the company may make checks to verify the information I have provided and that providing misleading or false information may disqualify me from appointment or, if I have already been appointed, may result in my dismissal.*

**Do you understand and agree to this statement?** Yes

No

**Did you complete this application form yourself?** Yes

No

**Signed:**

**Dated:** ...../...../.....

### What happens now?

- If you received the form by post**, return it in the pre-paid envelope provided along with your completed Equalities Monitoring Form. We will be in touch with you to notify you of whether you will be invited to an interview.
- If you downloaded the form from the internet**, post it to the above address, please make sure that you also download and complete the Equalities Monitoring Form. We will be in touch with you to notify you of whether you will be invited to an interview.
- If you completed the form at our office**, hand the form back to the person that gave it to you, along with your completed Equalities Monitoring Form. It will be explained to you in person what will happen next.