

Job Application Form

Before completing this form, please read the accompanying guidance notes. Please write clearly in black ink or type.

CONFIDENTIAL

Role Applied For:		Job Ref:	
1. Personal Details (BLOCK CAPITALS PLEASE)			
Surname:		Forenames:	
Former Surnames (if different)		Preferred Name or Title (Optional)	
Home Address:		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
		DOB	
	Post Code:	Mobile No	
DBS Cert. No		Nat. Insurance No.	
Update Service No. (if applicable)		Nationality:	
Current Driving Licence	Yes <input type="checkbox"/> No <input type="checkbox"/>	Expiry Date	Full <input type="checkbox"/> Provisional: <input type="checkbox"/>
Do you have points/penalties on your licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please provide details:	
1. Do you need a work permit to be employed in the UK?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Do you have access to a car?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Are there any restrictions on you taking up employment in the UK?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If your answer to question 1 and 2 is 'Yes' please provide details:			
If you already have a work permit, when does it expire? Date:		If you are not a British passport holder or a European Citizen, or you do not have the permanent right to remain in the UK, you will require a work permit.	
(Please note that your current work permit may not be valid for this post)		What permit do you currently hold?	

Share Code <i>(If applicable)</i>	Where did you learn of the post?	
Preferred work arrangements	<input type="checkbox"/> Permanent Full-time	<input type="checkbox"/> Permanent Part-Time <input type="checkbox"/> Bank
<input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Flexible Shift (Bank) <input type="checkbox"/> Live-in		

1. EDUCATION AND PROFESSIONAL QUALIFICATIONS *(Original documents as proof of qualification will be required at interview)*

Secondary School / College / University	Dates		Degrees/ Examinations taken	Grades
	From	To		

Current Membership of Professional bodies (i.e. CIPD, NMC) Professional Qualifications currently held how obtained, grade and date <i>(Please use additional sheets if required)</i>	Registration/PIN Number (Nursing):	
	Dates and Grades:	
	GMC Certificate Number (Doctors):	
	Dates and Grades:	
Other relevant Educational or Training Courses, with dates <i>(Please use additional sheets if requires)</i>		

2. PRESENT POST

Title of Post:		Salary/Grade:	
Name of Employer:		Business of Employer:	
Employer's Address:		Date Commenced:	
		Date Ended (if applicable):	
	Postcode:	Mobile No:	

Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable):

Reason for leaving or wishing to leave:	
Period of notice required to terminate present employment:	
Please notify us of any dates you are available for interview:	

3. PREVIOUS EMPLOYMENT

Please provide 10 years of employment history without gaps, any gaps must be accounted for including time education, maternity or job search

(Please use continuation sheet if necessary)

Name and Address of Employers	Position held	Reason for leaving	Final grade/salary
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Name of Employer			
Address:		Start Date:	
Post Code:		End Date:	

Description of duties:

Name and Address of Employers	Position held	Reason for leaving	Final grade/salary
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Name of Employer:			
Address:		Start Date:	
Post Code:		End Date:	

Description of duties:

Name and Address of Employers	Position held	Reason for leaving	Final grade/salary
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Name of Employer:			
Address:		Start Date:	
Post Code:		End Date:	

Description of duties:

Name and Address of Employers	Position held	Reason for leaving	Final grade/salary
Name of Employer: Address: Post Code:		Start Date: End Date:	

Description of duties:

RELEVANT SKILLS, ABILITIES, KNOWLEDGE, EXPERIENCE AND YOUR REASONS FOR APPLYING FOR THIS JOB

Personal Statement:

4. LEISURE

Please note here your leisure interests, sports and hobbies, other pastimes, etc.:

5. REFERENCES

Referee 1			
Title (Mr, Mrs, Dr. etc):		Position Held:	
Full Name:			
Organisation?			
Address			
Post Codes:		Mobile No.	
Business No.		Email Address:	
May we approach the above prior to interview?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Referee 2			

Title (Mr, Mrs, Dr. etc):		Position Held:	
Full Name:			
Organisation?			
Address			
Post Codes:		Mobile No.	

Business No.		Email Address:	
May we approach the above prior to interview?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Referee 3			
Title (Mr, Mrs, Dr. etc):		Position Held:	
Full Name:			
Organisation?			
Address			
Post Codes:		Mobile No.	
Business No.		Email Address:	
May we approach the above prior to interview?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Please Note: We require 2 professional references and 1 character reference			

Cautions, Rehabilitations & Criminal Records

The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provide that when applying for certain jobs and activities, certain convictions and cautions are considered 'protected'. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account. Guidance about whether a conviction or caution should be disclosed can be found on the Ministry of Justice website. 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 Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application. In addition you are required to submit to a Disclosure and Barring check. Any disclosure made by the Disclosure and Barring Service will remain strictly confidential. Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? YES/NO (delete as required). If YES, please give details.

Special Requirements

Because this position involves the care/support of children and/or vulnerable adults employment is dependent on the following:

1. Provision of a Disclosure and Barring certificate from the Disclosure and Barring Service.
2. Such disclosure is acceptable to us.
3. Proof of identity – birth or marriage certificate (where appropriate) and passport (if available).
4. Two satisfactory written references including one from your most recent employer (this is a Legal Requirement).
5. That you will supply a recent photograph of yourself for retention in your records (this is a Legal Requirement).
6. Documentary evidence of any qualifications relevant for the position (this is a Legal Requirement).

Data Protection

1. We are aware of our obligations under data protection legislation, including the obligation to collect only the data that is required for our specific purpose. The information collected in this application form is specific to our recruitment exercise and necessary for the performance of the role that you have applied for. If you are recruited for the role you have applied for, or any other role you are offered by us, the information provided will then be used for the purposes of your employment with us, together with further information collected upon recruitment for those purposes.
2. We will treat all personal information about you with utmost integrity and confidentiality. Our data protection policy sets out our approach to ensuring that your data is processed in line with the data protection principles within current data protection legislation.
3. Our privacy notice for job applicants gives you information on, amongst other things, the data we will hold about you during the recruitment exercise and what we use it for. You can view the privacy notice at www.gabbyspencer.co.uk.

Declaration (please read this carefully before signing this application)

1. I confirm that the information provided in this application is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination.
3. I agree that should I be successful in this application, I will, if required, apply to the Disclosure and Barring Service for a Disclosure and Barring Certificate. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed:

Date:

Print Name