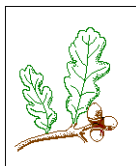


Private &amp; Confidential



# Country View Homecare Services Ltd

PO Box 149 Havant Hants PO9 2WA  
Tel: 01243 373757

Office Use

## Job Application Form

Title of post \_\_\_\_\_

Closing Date \_\_\_\_\_

Surname	Forenames	National Insurance No:
Title (Mr/Mrs/Ms/Dr etc)		
Permanent Address		
Post Code		
Telephone No.	Mobile No.	E-mail
Nationality	Date of birth	Work Permit No (If applicable)
Previous surnames	Earliest date available for work	
Where did you hear of the vacancy?		
Do you require a work permit or visa to work in the U.K?		
Do you have any physical or mental disabilities relevant to this application? (If yes give details)		
Would you be willing to have a medical if required?		
Have you ever been dismissed from any employment? (If yes give details)		
Are you a member of a professional organisation?		
Are you registered with the General Social Care Council (GSCC)?		<b>Ref:</b>
Are you registered with the Independent Safeguarding Authority (ISA)?		<b>Ref:</b>
Do you smoke?		
Do you hold a full UK driving license?		
Do you have the use of a car?		
How would you describe your overall state of health?		
Have you recently been resident outside the U.K? (If yes give details)		
Would you be prepared to undertake an NVQ where no relevant qualification is held?		

Private & Confidential

**Employment History** - Please give your full employment history for the last 10 years, starting with the most recent. All gaps must be accounted for. Continue on a separate sheet if necessary.

Employer's Name & Address	Dates		Position held & Duties	Reason for leaving
	From	To		

**Education & Qualifications** - Please include all qualification starting with your most recent. Continue on a separate sheet if necessary.

School/College/University/ Establishment	Dates		Courses Taken	Qualifications Gained
	From	To		

**References** - Please give the names of two recent professional referees. One of these **must** be your current or last employer.

Employer Name	Contact Details	Period of Service	May we contact your referee before interview?
Position	Tel:		
Position	Tel		

## Private &amp; Confidential

<b>Criminal Records</b>		
By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 1986, the provisions of section 4.2 of the Act do not apply to this type of engagement.		
<b>Your answer should include any “spent” convictions.</b>		
Have you ever been convicted of a criminal offence?		Signature
If you have answered <b>YES</b> please attach details including dates and penalties.		

<b>Declaration</b>		
I declare that the information that I have provided in support of this application is complete and true and understand that to knowingly make a false statement may constitute a criminal offence. I understand that should I be offered work and subsequently false information is discovered this may cause my contract to be terminated.		
I understand that if my application is successful all statutory checks will be completed which includes an Enhanced Criminal Records Bureau (CRB) disclosure and checks against the appropriate registers.		
Country View Homecare Services Ltd undertakes “Regulated Activities” as defined by The Safeguarding Vulnerable Groups Act 2006. All posts are deemed to fall into this category and it is a criminal offence for barred persons to seek employment in them.		
Signature:	Date:	

Please check that you have fully completed the application form, signed the Criminal Records section & the Declaration. Incomplete or unsigned forms will be rejected. Additional information may be submitted on a separate sheet. Proof of identification will be required in support of this application.

**Return to: Country View Homecare Services Ltd, PO Box 149, Havant. PO9 2WA.**

<b>Equal Opportunities – Voluntary Information</b>		
The organisation seeks to recruit on the basis of their general suitability and aims to ensure that consideration of age, sex, marital status, disability and racial or ethnic origin should play no part in this process. In order to monitor the effectiveness it would be helpful to complete this part of the form. Its completion is entirely voluntary.		
<b>Marital Status</b>	Single <input type="checkbox"/>	Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
<b>Sex</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<b>Ethnicity</b>	White Euro. <input type="checkbox"/>	Asian <input type="checkbox"/> White Other <input type="checkbox"/>
	Black African <input type="checkbox"/>	Black Carib. <input type="checkbox"/> Black Other <input type="checkbox"/>
<b>Disabilities</b>		