APPLICATION FORM

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| Personal Details | | | | |
| Name |  | | | |
| Title |  | | | |
| Address |  | | | |
| Contact Information | Home |  | | |
| Mobile |  | | |
| Email |  | | |
| National Insurance Number |  | | | |
| PVG Reference Number (if known) |  | | | |
| Employment History  Please give full employment history with an explanation for any gaps in history. Please start with most recent post. Please use separate sheet if required. | | | | |
| Current or Last employment: | | | | |
| Name & Address of current or last employer |  | | Start Date | Date Ended (if applicable) |
| Job Title |  | | Notice Period |  |
| Brief Description of Duties and Responsibilities: | | | | |

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| Previous Employment History | | |
| Employer including date of employment: | Post Held (with brief details): | Reason for leaving: |
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| Education Achievements |
| Please list relevant achievements |
| Relevant training in working with Adults and Older people with disabilities |
| Training undertaken |
| Other experience and interests relevant to this post |
| Any personal experiences which have enhanced your understanding of the impact of an illness/disability on day to day life: |

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| Additional Information | |
| Please state why you think you are suitable for this post (please use additional sheet if required): | |
| Other information | |
| Please state any medical conditions that may affect your employment: | |
| Are there any circumstances, which require to be made should you be invited for interview? If so, please state here | |
| Details of current or former Registration with the SSSC | |
| Proof of Identity and Right to Work in the UK: | |
| Do you have the right to work in the UK?  Please answer YES/NO, If you are unsure please see to the attached sheet ‘Right to work in the UK’ |  |
| DDL Care Hub will need to establish your identity and ensure you have the right to work in the UK, to be able make any offer of employment. Please provide evidence of Proof of Identity and Right to Work in the UK if invited to interview. | |

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| **References** | | |
| Please give details of two referees with whom you have worked/been professionally associated, one of which should be your current or previous employer | | |
| **Referee 1** | | |
| Name |  | |
| Company (if applicable) |  | |
| Contact Details | Address |  |
| Contact Number |  |
| Email |  |
| How long have you known the referee and in what capacity? | |  |
| Can we contact this referee at this stage? | |  |
| **Referee 2** | | |
| Name |  | |
| Company (if applicable) |  | |
| Contact Details | Address |  |
| Contact Number |  |
| Email |  |
| How long have you known the referee and in what capacity? | |  |
| Can we contact this referee at this stage? | |  |

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| Driving | | | |
| Do you have a driving licence? | |  | |
| If yes, do you have any points on your licence and if so, what was the reason for the points? | |  | |
| Do you own/or have access to a car? |  | | |

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| Declaration | | | | |
| Are you related to any of our current employees or have a close relationship with any relatives of people using our service? | | |  | |
| I declare that the information given in this application is accurate and true. I understand that providing misleading or false information will disqualify me from appointment OR, if appointed, may result in my dismissal. | | | | |
| Signed |  | Date | |  |

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| Further Information |
| Please forward this application form to:  DDL Care Hub, 3 Rowan Court, Cavalry Park, Peebles , EH45 9UB or email - info@ddlcarehub.co.uk |
| For Office Use Only |
| Shortlist: YES/NO  Reasons:  Interview date and time:  Assessment: |