



Application for Employment Form

Please complete all sections of this application form clearly in **CAPITAL LETTERS** and in **BLACK INK**

POSITION _____ APPLICATION REF _____

The contents of this form will be treated as confidential

Section 1 PERSONAL DETAILS

Surname:

Forenames:

Mr/Mrs/Ms/Miss

(please circle appropriate title)

Address:

Telephone number:

Post Code:

Mobile No:

Email address:

Do you have a current driving licence? YES ☐ NO ☐

If there are any endorsements on your driving licence, please give details below:

Section 2 HOW DID YOU HEAR OF THIS VACANCY?

If you were referred by an existing Six Care Solutions Ltd Employee, please provide their name

Section 3 RIGHT TO WORK

Do you have the right to work in the UK? YES ☐ NO ☐

Under Section 8 of the Immigration Act we are required to check all employees are eligible to work within the UK.

Section 4 DISABILITY

We are a disability confident employer.

Do you have any disabilities YES ☐ NO ☐

If yes and you are registered disabled an interview is guaranteed, if the minimum requirements are met.

Are there any adjustments required?

YES ☐ NO ☐

Please provide details below of adjustments that are required and their purpose:

Rehabilitation of Offenders

This post involves work with vulnerable adults and is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974. Because of this applicants are not entitled to withhold information about convictions which for other purposes would be considered "spent" under the provisions of the Act.

Any information given will be treated confidentially and will only be considered in relation to this application.

Failure to disclose any conviction could result in disciplinary action and lead to dismissal.

Section 5 CRIMINAL RECORDS

Please give details of any criminal conviction except those spent under the Rehabilitation of Offenders Act 1974

Have you ever been convicted of a criminal offence by a court of law, with the exception of:

- *Minor motoring offences*
- *Offences committed under the age of 16*

YES ☐ NO ☐

If yes, please give details:

Section 6 DISCLOSURE AND BARRING SERVICE

Any position which requires, as part of normal duties, caring for, training, supervising or being in sole charge of children or vulnerable adults will require Disclosure and Barring Service (DBS) checks to be undertaken.

The Protection of Children Act, the Protection of Vulnerable Adults Act and the Safeguarding Vulnerable Groups Act will apply in this case.

For the purpose of this post you are required to undertake a DBS check

Six Care Solution Limited

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Please note: only sections 7, 8, 9, 10 and 11 will be used for shortlisting purposes

| | | |
|--|--|----------------------------------|
| POSITION _____ APPLICATION REF _____ | | |
| <i>The contents of this form will be treated as confidential</i> | | |
| Section 7 EDUCATION HISTORY | | |
| School / College / University attended | Date in education From – To | Qualifications Gained |
| | | |
| | | |
| | | |
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| | | |
| Section 8 CURRENT EMPLOYMENT | | |
| Name & address of Employer | Job Title | Why do you want to leave? |
| | | |
| Current duties and responsibilities: | | |
| Notice period required with current employer: | | |

Section 9**EMPLOYMENT HISTORY**

Please list all employment, explaining any gaps between posts since you finished full time education, (beginning with your most recent employer.)

Please continue a separate sheet if necessary.

| Date From - To | | Name & address of Employer | Job Title | Reason for Leaving |
|-------------------|--|-------------------------------|-----------|--------------------|
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Section 10**ONE PAGE PROFILE**

Please detail here how you meet the requirements of the one-page profile, and your reasons for applying for this position.

This is the part of the application form where you can bring to our attention any qualities you believe we should be aware of. *Please continue on a separate sheet if necessary.*

Section 11 COMMUNITY AND LEISURE INTERESTS

Please give details about how you participate and contribute to your community e.g. sports, cultural or religious groups.

Six Care Solutions Ltd is committed to the principle of **equal opportunity** in employment to ensure that no job applicant, employee or service user, receives less favourable treatment on the grounds of race, colour, nationality, religion, ethnic or national origin, age, disability, trade union membership or non-membership, sexual orientation, gender or marital status.

So that we can monitor the implementation of our policy we are seeking your help. It would be of assistance in pursuing our commitment to equal opportunities if you could complete this form. Thank you.

(Please tick the box / enter the information to the right of your selection)

| | | | |
|-------------|--|---------------|--|
| Male | | Female | |
|-------------|--|---------------|--|

| | | | | | | | |
|---|--|-------------------------------|--|--|--|--|--|
| A. WHITE | | | | | | | |
| British | | Irish | | Any other White background (Please specify) | | | |
| B. MIXED | | | | | | | |
| White and Black Caribbean | | White and Black African | | White and Asian | | Any other Mixed background (Please specify) | |
| C. ASIAN OR ASIAN BRITISH | | | | | | | |
| Indian | | Pakistani | | Bangladeshi | | Any other Asian background (Please specify) | |
| D. BLACK OR BLACK BRITISH | | | | | | | |
| Caribbean | | African | | Any other Black background (Please specify) | | | |
| E. CHINESE OR OTHER ETHNIC GROUP | | | | | | | |
| Chinese | | Any other (Please specify) | | | | | |
| F. ARAB OR MIDDLE EASTERN DESCENT | | | | | | | |
| Arab | | North African | | Iraqi | | Kurdish | |
| Any other Middle Eastern background (Please specify) | | | | | | | |

| | | | | | |
|------------|--|---------|--|---------|--|
| AGE | | | | | |
| Under 18 | | 18 – 19 | | 20 – 24 | |
| 25 - 29 | | 30 – 34 | | 35 – 39 | |
| 40 – 44 | | 45 – 49 | | 50 – 54 | |
| 55 - 59 | | 60 + | | | |

Section 12 REFERENCES

Please give the name and address of two people from whom we may obtain a work/professional experience and character reference. **(One must be your most recent employer.)**

| | | | |
|--|-------------------|--|---------------|
| 1 | Name: | | |
| | Address: | | |
| | | | |
| | Telephone: | | Email: |
| 2 | Name: | | |
| | Address: | | |
| | | | |
| | Telephone: | | Email: |
| I authorise you to contact the above two stated referees before any interview YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

Section 13 DECLARATION

(Please read this carefully before signing the application)

I agree that any offer of employment with Six Care Solutions Ltd is subject to satisfactory references, medical information and checks (if required) and a probationary period.

I confirm that the information supplied by me on this form and all documents required, with this application are complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

If my Application for Employment is successful, I agree to undergo a health assessment if this is required to ensure my suitability to carry out my duties and for provision of medical information as part of an occupational health scheme or private medical insurance scheme. I have given my explicit consent freely.

Signed:

Dated:

Thank you for completing this application form

Please return to: recruitment@sixcaresolutions.co.uk

**The Registered Manager,
Six Care Solutions Ltd,
10 Almond Avenue,
Nuneaton,
CV10 9HP**