

GOSBERTON HOUSE CARE HOME
WESTHORPE ROAD, GOSBERTON, SPALDING
LINCOLNSHIRE, PE11 4EW
01775 840581



GOSBERTON HOUSE CARE HOME

JOB APPLICATION FORM

Position applied for: _____

PERSONAL DETAILS

Full name (Mr, Mrs, Miss): _____

Previous names (if any): _____

Address (including postcode): _____

Telephone number: _____ Mobile: _____

Email: _____

National insurance number: _____

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

If "Yes" but there are conditions, please specify: ie. Work visa or study visa with conditions:

If "No" please note we are prohibited under the Asylum, Immigration and Nationality Act 2006 to employ a person who does not have a legal right to work in the UK.

JOB FLEXIBILITY

Prepared to work: FULL TIME PART TIME BANK

If Part Time or Bank please indicate hours available: _____

Details of any other work you will continue to undertake if you are offered this Job Position:

Reasons for applying for this position:

Available to take up employment from: _____

SECONDARY EDUCATION

Schools attended from age 11:

Qualifications achieved: _____

FURTHER OR HIGHER EDUCATION

Place of education:

Qualifications achieved:

PROFESSIONAL QUALIFICATIONS

Place of education: _____

Qualifications achieved:

If applying for the position of a nurse:

NMC Registration Number: _____ Expiry Date: _____

RECENT RELEVANT TRAINING COURSES ATTENDED

COURSE NAME

DATE ATTENDED

EMPLOYMENT HISTORY

Please start with your current or most recent employer. Include periods of unemployment and voluntary work and explain any gaps. If you have recently left full time education please give details of work experience and voluntary work.

Current/Recent Post

Name and address of employer: _____

Job title: _____

Employment dates from: _____ To: _____

Number of hours worked per week: _____

Reason for leaving: _____

Main duties and responsibilities: _____

PREVIOUS EMPLOYMENT OVER THE LAST TEN YEARS (most recent first)

From: _____ To: _____

Employer's name: _____

Job title: _____

Main duties and responsibilities: _____

Reason for leaving: _____

From: _____ To: _____

Employer's name: _____

Job title: _____

Main duties and responsibilities: _____

Reason for leaving: _____

From: _____ To: _____

Employer's name: _____

Job title: _____

Main duties and responsibilities: _____

Reason for leaving: _____

REFERENCES

Please provide details of two referees who know you in a work capacity. Generally these should be your most recent employers. If you are leaving full-time education this can be a teacher or tutor. Personal references such as relatives, friends or neighbours will not be accepted. If your last post was not in adult or children social care, but you were previously employed in adult or children social care, we will need a reference from those employers.

Reference 1 - current or last employer

Name: _____

Position held: _____

Organisation: _____

Address (including postcode): _____

Daytime telephone number: _____

E-mail address: _____

Reference 2

Name: _____

Position held: _____

Organisation: _____

Address (including postcode): _____

Daytime telephone number: _____

E-mail address: _____

We will not write to your referees without your permission and until a job offer has been made and been accepted.

ANY RELEVANT ADDITIONAL INFORMATION

REHABILITATION OF OFFENDERS ACT 1974

The post you are applying for is exempt from the provisions of the Rehabilitation of Offenders Act (Exemptions Order) 1975. All previous convictions must therefore be declared. No convictions can be considered "spent" or too minor or too old to be included.

With the exception of minor motoring offences, have you ever been convicted of any criminal offence, cautioned, or served a sentence or a suspended sentence? YES NO

If "YES" please provide brief details of all convictions, cautions, reprimands or police warnings with dates.

A conviction does not mean that you will not be considered for employment as each application will be considered on merit, BUT FAILURE TO DISCLOSE AN OFFENCE WILL RESULT IN WITHDRAWAL OF A JOB OFFER.

SAFEGUARDING AND COMPLAINTS

Are or have you been subject to any safeguarding investigation, criminal investigation or any investigation by a previous employer? YES NO

If "Yes" please provide details:

DECLARATION (Please read carefully, then sign and date your application)

I hereby declare that the information I have provided in this document is true and accurate. I have answered the above questions fully and completely. I am aware that to knowingly make a false declaration may be an offence under the Fraud Act 2006.

I am also aware that if I have provided any misleading or false information this may lead to a refusal for appointment, or dismissal.

Applicants signature: _____ Date: _____