

**SUPPORTING DOCUMENTS** 

THE FOLLOWING DOCUMENTATION SHOULD BE ATTACHED WHEN RETURNING YOUR APPLICATION FORMS

- PASSPORT/RIGHT OF WORK/ RESIDENTS PERMIT/BIOMETRIC CARD
- NI/HMRC LETTER/PAYSLIP SHOWING NI
- 2 PROOFS OF ADDRESS NOT OLDER THAN 3 MONTHS
- IMMUNASATION MAINLY HEPATITIS B
- DBS
- DRIVERS LICENCE IF ANY
- ANY CARE CERTIFICATES



Day

night

## **JOB APPLICATION FORM**

Vacancy Tit	e:						
1 Personal De	tails						,
Last Name	:			First Name			
Address:							
							]
Postcode:		Time at	Address:	Ye	ears	Months	
	lf	less than 5 y	ears, please	continue on	separate shee	et. (see last p	bage)
E-mail Addre	ess:						
Contact Num	ber:						
National Inst	urance No.						
Do you hold a full, clean driving license valid in the UK? Yes No							
2. Availability							
Please tick							
Full time Part time							
We like our workers to be willing to work flexibly across the week and need to know when other commitments mean you could not be available to work							
Please tick wh	Please tick when you are <u>available</u> :						
	Mon	Tues	Weds	Thurs	Fri	Sat	Sun



### 2. Education/Qualifications

College/University	Study Dates	Qualification and Grade	Date Obtained

#### **Training and Development**

Please use the space below to give details of any training or non-qualification-based development, which is relevant to the post and supports your application.

Training Course	Course Details (including length/nature of training)

Current Membership of any Professional Body/Organisation

Please give details:

#### 3. Employment History

**Previous Employment:** Please include any previous experience (paid or unpaid), starting with the most recent first.

#### Current or most recent employer

Name of Employer:			
Address:			
-	Postcode:		
Position Held:			



Date Started:		Leaving Date:	
Reason for Leaving:			
Salary on leaving this post:	Contact Name of for reference:	Line Manager	

## Brief description of duties:

Previous employer

Name of Employer:	
Address:	
	Postcode:
Position Held:	
Date Started:	Leaving Date:
Reason for Leaving:	
Salary on leaving this post:	Contact Name of Line Manager for reference:
Brief description of du	ties:



## **Employment History**

om-To	Job title	s, including voluntary or work undertain Name & Address of employment/Nature of business	Reason for leaving



#### 4. Convictions/Disqualifications

To ensure the safety of our clients/members a DBS check must be completed for all positions. A criminal record will not necessarily be a bar to obtaining a position at (QLC).

#### <u>Rehabilitation of offenders Act 1974 (Exceptions)(Amendment) Order 1986</u> We would draw your attention to the following statements: -

"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 Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions)(Amendment) Order 1986, Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act".

Please provide details below if you have been convicted of a criminal offence or been the subject of a conditional discharge or probation order. (Past criminal proceedings are not necessarily an obstacle to taking up a post. This occurs only where the offence/s is/are deemed relevant. Any details will be discussed with you should you be successful candidate based on your supporting statement, interview and tests).



# **Method of Payment – Bacs**

At Quality Love Care our preferred method of payment is BACS. This will ensure prompt payment into your account.

5. Bank Account Deta	ails
NAME of	
account	
holder	
ADDRESS:	
TEL/MOBILE:	
EMAIL:	
Account number:	
Sort Code:	
3010 0000.	
Bank Name:	

### 6. Next of Kin

In the event of an emergency, please provide details of at least one contact			
NAME:			
ADDRESS:			
TEL/MOBILE:			



NAME:ADDRESS:
TEL/MOBILE:
EMAIL:

## 7. References

Please give the detail of **two** professional references.

Name of Referee and Relationship					
Address:					
		Postcode:			
	Email:	Tel:			
Name of R and Relationsh					
Address:					
		Postcode:			
	Email:	Tel:			



## Statement to be Signed by the applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I agree that QLC can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the Data Protection Act 1998.

I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.

Signed:		Date:						
Complete a • M ar	SHEET I through the following guidelines that will all sections of the form. ake sure the form is tidy and try to avoid mi e happy with the information you are provi u send it.	istakes by writing	out a version first to make sure you					
<ul> <li>If you require an acknowledgement of your application: <ul> <li>If emailing you must activate a read receipt from your email account.</li> <li>If sending by post you must enclose a stamped addressed envelope.</li> <li>Please note with limited resources, we cannot verify if we have received your application over the phone.</li> </ul> </li> </ul>								
<ul> <li>To complete your application:</li> <li>Please type or write clearly in black or blue ink.</li> <li>Ensure you clearly state the job title you are applying for.</li> <li>In the 'Employment History' section you must state why you have left a position.</li> <li>Always explain any gaps in work history.</li> <li>Proof of qualification and membership to professional bodies may be required.</li> </ul>								
Please mak processing individuals do not put	e up professional references once you have se sure that you have given the full contact reference requests. If you have no employe at colleges where you have studied, or peo down family members or people you live w e satisfied with the information received fr	details of your ref er references, we ople who know yo rith as referees. Yo	ferees so that this does not delay will take up references with named u in a professional capacity. Please ou will only be confirmed in the post					
For the Purposes of the DBS application please complete below:								
Country of Birth Birth Nationality		Town of Birth Mother's Maiden Name						

**Previous** 

	Time at Address:	From	То	