

COLYFORD, COLYTON, E DEVON EX24 6QJ Telephone 01297 552750 Fax 01297 551133 Email info@elmwoodonline.co.uk Website www.elmwoodonline.co.uk

Application Form

Position Applied For:
Title: Forename Surname
Any previous names:
Address:
Postcode:
Telephone Numbers:
Home:
Work:
Mobile:
Other:
Email address
National Insurance Number:
Nationality:
Name of Next of Kin:
Relationship of Next of Kin to you:
Contact Telephone Number for Next of Kin:
Would you please tick one of the following boxes to confirm your age range:
14 to 16

Please list below details of you previous employment starting with your last job first.

Please continue on a separate sheet if necessary:	Please	continue	on a	separate	sheet if	necessary:
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Establishment/	From/ To	Position	Reason for Leaving
Company	(Dates)		

Please give details of any gaps in your employment history:							
Please list below details of your education, training and qualifications. Please continue on a separate sheet if necessary:							
Establishment	Course	Qualit	fication				

Please provide details of two references. Where applicable, one of your referees must include your last place of employment where you worked for more than three months with children or vulnerable adults. If you have previously worked in a position which involved contact with children or vulnerable adults, we must obtain written confirmation (so far as is reasonably practicable) of the reasons why you ceased to work in that position.

Title Name	Title Name
Position:	Position:
Company	Company
Address	Address
Telephone Number	Telephone Number
Email	Email

Are you a UK citizen?: Yes / No

If you have answered Yes to the above question please skip the next question and go on to the "Your Health" section below. If you have answered No to the above question then please answer the following question:

Are you eligible to work in the UK?

Yes / No

If you are not currently a UK citizen, please confirm below your current immigration status and how you are able to work in the UK:

YOUR HEALTH

Are you in good physical health?	Yes/ No
If No, please provide details:	
Are there any medical conditions that could potentially interfere with yo report a medical condition could put you at risk!)	our work? (failure to Yes/ No
If Yes, please provide details:	
Do you have any Mental Health Problems?	Yes/ No
If Yes, please provide details:	
Please state below whether you have had any long term sickness absence years and provide details:	ee over the past five
Have you ever been convicted of a criminal offence? (including any spent)	convictions that are Yes/ No
Have you ever been cautioned by a police constable for any criminadmitted to?	al offence that you Yes/No
If yes to either of the above two questions, please provide details:	
Have you ever been the subject of any disciplinary proceedings by any those results are no longer recorded) If Yes, please provide details below:	employer? (even if Yes/ No

Documentary Evidence

We shall require documentary evidence of any relevant qualification, training or membership of a Professional Body. We shall also require evidence from all staff of your right to work in the UK.

Disclosure Barring Service ("DBS")

Within the Care Sector all employees have to have a DBS check and you will be asked for the relevant documentation in order to carry out such a check if you are employed by Elmwood Residential Home Ltd. If you could bring these documents with you when you attend for an interview it would be helpful. If not, these documents need to be seen before starting employment. It would be helpful if you could provide:

Two of the following documents:

Birth Certificate Passport Driving License Marriage Certificate

Additionally, we shall also require two utility bills that have been sent to your current address. Please note that the bills should ideally be water, gas, electric or telephone and should be in your <u>sole</u> name (i.e. CRB often return forms where the utility bill is in the form "Mr & Mrs x"..)

Please note that a criminal conviction is not necessarily a bar to obtaining a position at Elmwood although we have to be aware of any convictions. There is a Code of Practice covering the use of disclosure information that can be found on the DBS website www.gov.uk/dbs.

Declarations

I understand that this post is exempt from the Rehabilitation of Offenders Act 1974 and I must disclose any information about convictions. The information contained in this application is to the best of my knowledge, complete and correct. I understand that failure to disclose relevant information could affect my continued employment.

I hereby declare that the medical information detailed above is true and accurate to the best of my knowledge. I understand that a false medical declaration may lead to the refusal of employment by Elmwood Residential Home Ltd.

I understand that it is an offence to knowingly withhold information that relates to this application and that all details are correct.

Signature	Dated
Name	

Equality and Diversity Monitoring

The	foll	lowing	questions	are	optional.
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Date of Birth:	/	/
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Please confirrethnic group:	n which of the	follov	ving is most closely linked to	your		
White						
British	Irish		Any other White background			
Mixed						
Mixeu						
White and Bla	ck Caribbean		White and Black African			
White and Asi	an		Any other Mixed background			
Asian or Asian	British					
Indian			Pakistani			
Bangladeshi			Any other Asian background			
Black or Black British						
Caribbean	African		Any other Black background			
Chinese or oth	ner ethnic group					
Chinese			Any other			
Any other group not listed above						
Please specify						

For Management Purpose Only: Check List

References x 2	
DBS Check	
Work Permits/Proof of Eligibility to work in UK	
Relevant qualifications seen	
Job Description given	
Contract of Employment given	