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## Application Form

Position Applied For:.....

Name:.....

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  16 to 18  18 to 21  21 to 25  over 25

Please list below details of you previous employment starting with your last job first.  
 Please continue on a separate sheet if necessary:

Establishment/ Company	From/ To (Dates)	Position	Reason for Leaving

Please give details of any gaps in your employment history:

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Please list below details of your education, training and qualifications. Please continue on a separate sheet if necessary:

Establishment	Course	Qualification

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 an EU (including UK) citizen who is not from an accession state?: Yes/ No

If you have answered Yes to the above question please go on to the Documentary Evidence section below (you do not need to answer if you are eligible to work in the UK). 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 an EU citizen or are from an EU accession state 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 your work? (failure to report a medical condition could put you at risk!)

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 over the past five years and provide details:

Have you ever been convicted of a criminal offence? (including any convictions that are spent)

Yes/ No

Have you ever been cautioned by a police constable for any criminal offence that you admitted to?

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 employer? (even if those results are no longer recorded)

Yes/ No

If Yes, please provide details below:

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 sole 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](http://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 following questions are optional.

Date of Birth:        /        /

Please confirm which of the following is most closely linked to your ethnic group:

White

British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Any other White background	<input type="checkbox"/>
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Mixed

White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
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White and Asian	<input type="checkbox"/>	Any other Mixed background	<input type="checkbox"/>
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Asian or Asian British

Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
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Bangladeshi	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
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Black or Black British

Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>
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Chinese or other ethnic group

Chinese	<input type="checkbox"/>	Any other	<input type="checkbox"/>
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Any other group not listed above

Please specify \_\_\_\_\_

For Management Purpose Only:

Check List

References x 2	<input type="checkbox"/>
DBS Check	<input type="checkbox"/>
Work Permits/Proof of Eligibility to work in UK	<input type="checkbox"/>
Relevant qualifications seen	<input type="checkbox"/>
Job Description given	<input type="checkbox"/>
Contract of Employment given	<input type="checkbox"/>