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|------------------------|-----------------------|
| | FORM No : 01 - 1 - 05 |
| JOB APPLICATION | |

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| POSITION APPLIED FOR: | Job Reference: |
|-----------------------|----------------|

Please complete this Application Form in block capitals in black or blue ink

A: PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms/other): _____

Surname: _____

Forename(s): _____

Address:

Address: _____

Postcode: _____

Telephone Contact Details

Home: _____

Mobile: _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____

National insurance number _____

Email Address: _____

B: HEALTH

Are you prepared to undergo a medical questionnaire? YES / NO

Have you received 2 doses of COVID vaccine and willing to provide proof of this? YES/NO

C: DRIVING RECORD

Are you a car owner? YES / NO

Current Driving Licence: PROVISIONAL / FULL / PSV / NONE



| D: EDUCATION & PROFESSIONAL TRAINING (from year 11) | | | |
|---|-------|----|-----------------------|
| Education Centre (<i>school, college etc</i>) | DATES | | Qualifications gained |
| | from | to | |
| 1. Secondary Education (<i>secondary school</i>) | | | |
| | | | |
| 2. Higher Education (<i>university / college / polytechnic</i>) | | | |
| | | | |
| 3. Further Education (Professional Training) | | | |
| | | | |



LEISURE ACTIVITIES

Please provide brief details of your hobbies, sport and other leisure pastimes in which you participate:

Languages (other than English) : _____ SPOKEN / FLUENT / WRITTEN / READ
: _____ SPOKEN / FLUENT / WRITTEN / READ



F: CRIMINAL RECORD CERTIFICATES

If the position you are applying for (whether paid or voluntary) is listed in Schedule 1, Part II of the Rehabilitation of Offenders Act (Exceptions) Order 1975, we are entitled to ask Exempted Questions as defined by Section 113(5) of the Police Act 1997 about you. From July 2002 we are required by The Care Home Regulations 2001 to acquire a Criminal Record Certificate in relation to any person who is a Care Manager or Care Worker. This means that if your application is successful we will obtain from the Criminal Records Bureau a Criminal Record Certificate relating to you before your appointment is confirmed.

Having a criminal record will not necessarily bar you from working with us. This will depend upon the nature of the position and the circumstances and background of your offences. We observe the "Code of Practice for Registered Persons and Other Recipients of Disclosure Information" published by the Criminal Records Bureau on behalf of the Home Office, and we will provide you with a copy of it upon request.

Print: _____

Signature: _____ Date: _____



G: EMPLOYMENT HISTORY

Please provide details of all employment, beginning with your present or most recent job first

| DATES | | Employer | Salary | Position(s) Held | Reason for leaving |
|-------|----|----------|--------|------------------|--------------------|
| from | to | | | | |
| | | | | | |

H: VOLUNTARY & COMMUNITY WORK EXPERIENCE

| DATES | | Organisation | Position(s) held | Duties |
|-------|----|--------------|------------------|--------|
| from | to | | | |
| | | | | |

I: JOB FLEXIBILITY

Prepared to work: FULL-TIME / PART-TIME / SHIFTS

If PART-TIME please indicate preferred hours:

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

Please provide details of any outstanding holidays to be taken:

AVAILABLE TO TAKE UP EMPLOYMENT FROM:



J: REFERENCES

Please provide details of 2 referees who we may approach with regards to this Job Application. These referees must not be members of your family, and one must be your present or most recent employer:

1. Name: _____

Address: _____

Telephone Number: _____ Email: _____

Occupation: _____

2. Name: _____

Address: _____

Telephone Number: _____ Email: _____

Occupation: _____

K: Declaration by Job Applicant

ANY PERSON, UPON SUBSEQUENT EMPLOYMENT, THAT IS FOUND TO HAVE KNOWINGLY SUPPLIED FALSE OR MISLEADING INFORMATION, OR HAS DELIBERATELY WITHHELD RELEVANT INFORMATION, WILL BE SUMMARILY DISMISSED

I have read and understood the information supplied to me in relation to this Job Position, and the information requested in this Job Application Form. I confirm that all information supplied by me is true and correct to the best of my beliefs.

I give the prospective employer the right to follow up all references and to make any other job-related enquiries as may be deemed necessary.

Signature: _____ Date: _____

GB HEALTHCARE GROUP LTD IS AN EQUAL OPPORTUNITIES EMPLOYER

The sole criterion for selection of applicants will be suitability for the Job Position, regardless of gender, background, culture, ethnic denomination, religious affiliation, marital status or disability.