**VictorLetticia Care Ltd Application Form**



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| Member No:  |

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| **Application for the post of:** **Full time 🞏 Part time 🞏 Flexi 🞏 Live-in 🞏****Please tell us where you saw this job advertised:**  |

**Personal details**

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| --- | --- |
| **Title:** | **Surname:** |
| **Forenames:**  | **Date of birth:**  |
| **Address:****Post code:**  | **Home telephone number:** |
| **Mobile telephone number:** |
| **Email address** |
| **Full UK driving license:** **Yes 🞏 No🞏** |

**Emergency contact details**

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| **Name:** |
| **Address:** |
| **Telephone number:** |
| **Relationship to you:**  |

**Professional/Vocational qualifications:**

**Please provide copies of certificates and continue on a separate sheet if necessary**

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| **Dates from - to** | **Subject/course name** | **Dates from - to** | **Place of study** | **Qualification/level achieved** |
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**Professional membership**

**Please provide details of any professional institutions or offices held and continue on a separate sheet if necessary**

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| **Organisation** | **Level of membership** | **Registration number** | **PIN number** | **Expiry date** |
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**Employment history**

**Please provide details of you employment history starting with your most recent employer and continue on a separate sheet if necessary**

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| **Name, Address and post code of employer:****Post code:****Line Manager:****Telephone number:** | **From:****To:**  | **Job title and responsibilities:** | **Reason for leaving:** |
| **Name, Address and post code of employer:****Post code:****Line Manager:****Telephone number:** | **From:****To:**  | **Job title and responsibilities:** | **Reason for leaving:** |
| **Name, Address and post code of employer:****Post code:****Line Manager:****Telephone number:** | **From:****To:**  | **Job title and responsibilities:** | **Reason for leaving:** |
| **Name, Address and post code of employer:****Post code:****Line Manager:****Telephone number:** | **From:****To:**  | **Job title and responsibilities:** | **Reason for leaving:** |

**References**

**Please provide details of two professional referees one of which must be your previous employer**

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| **Name:****Position held:****Professional address:****Telephone number:** | **Name:****Position held:****Professional address:****Telephone number:** |

**Enhanced criminal records disclosure**

**The post you are applying for is considered to be exempt from the Rehabilitation of Offenders Act (1974). You are required to disclose any criminal convictions, cautions or reprimands, including any spent convictions, criminal charges or summons pending against you. This information will be treated in the strictest confidence**

**Please answer the following questions**

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| **Have you ever been convicted of a criminal offence, cautioned or reprimanded by the police?****Yes 🞏 No 🞏** |
| **Are you subject to criminal charges at present or aware of any police enquiries undertaken following allegations made against you?****Yes 🞏 No 🞏** |
| **Has any Local Authority ever taken action against you with regard to a child/ren under the age of 18?****Yes 🞏 No 🞏** |

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| **If you have answered ‘Yes’ of the questions above please provide details of offences, penalties incurred and dates:** |

**Declaration**

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| **I confirm that I am eligible to work in the UK.****I declare the information I have supplied to VictorLetticia Care Ltd is true and complete. I understand that if it is later discovered that any statement I have made is found to be false or misleading, my contract of employment may be terminated and any agreements made cancelled.** **I give consent to VictorLetticia Care Ltd holding this information in manual and computerised systems for recruitment, employment and management information processes.****I give consent for VictorLetticia Care Ltd to request references in connection with this application and understand that an Enhanced Criminal Records Bureau Disclosure will be sought.****Name: Signed: Date:** |

**Equal Opportunities Monitoring Questionnaire**

**VictorLetticia Care Ltd views itself as an equal opportunities employer and we are continually adapting and improving our procedures and practices. It is in this capacity that the company pledges its continues commitment to developing positive policies to promote equal opportunities in the work place and prohibiting unlawful or unfair discrimination on the grounds of an employees age, sex, marital status, race, colour, disability, nationality, ethnic origin, sexual orientation or religion.**

**In order to ensure these policies are being carried out and working effectively for no other purpose, all employees are asked to provide this information. This information remains confidential and for analysis purposes only. Please feel free to contact us if you have any queries regarding this.**

**Please complete the details below**

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| **Gender:****Male 🞏 Female 🞏**  |
| **Please indicate your ethnic origin:** |
| **Marital status:****Single 🞏 Married/Civil partnership 🞏 Divorced 🞏 Widowed 🞏 Separated 🞏 Co-habiting 🞏 Other 🞏**  |
| **Age Group:****0-18 🞏 19-35🞏 36-55🞏 56-75🞏 75+🞏** |
| **Disability Discrimination Act 2005****Definition of Disability: A physical or mental impairment that has a substantial and long term effect on a person’s ability to carry out normal day to day activities.****Do you consider yourself to have a disability as defined by the Disability Discrimination Act 2005?****Yes 🞏 No 🞏****If yes, please give details:****Are there any adjustments to working conditions which would help you in applying for this post?** |