



Trusting people who care

Job Application Form

Please complete all sections in block capitals with black ink or typed script

Post applied for													
Title													
Surname													
Fore Name(s)													
Preferred name													
Tel: Home		Tel: Mobile											
Email address													
Do you require a work permit?	<input type="checkbox"/> YES <input type="checkbox"/> NO												
Are you subject to immigration control?	<input type="checkbox"/> YES <input type="checkbox"/> NO												
Are you free to take up employment in the UK?	<input type="checkbox"/> YES <input type="checkbox"/> NO												
How did you hear about the vacancy? (Please state detail)	<input type="checkbox"/> ONLINE <input type="checkbox"/> FRIEND <input type="checkbox"/> PRINTED ADVERT												
(The information below is required for your DBS Check):													
National Insurance No	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
Date of Birth	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>			D	D	M	M	Y	Y	Y	Y		
D	D	M	M	Y	Y	Y	Y						
Town of Birth	Country of Birth												
Nationality at Birth													
Current Nationality													
Have you ever been known by another name through deed poll, marriage, divorce or adoption? <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, please provide full details below)													
Full Name:													
Dates from	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>			D	D	M	M	Y	Y				
D	D	M	M	Y	Y								
Dates to	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>			D	D	M	M	Y	Y				
D	D	M	M	Y	Y								

Full Name:

Dates from

D	D	M	M	Y	Y
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Dates to

D	D	M	M	Y	Y
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Address History for the past 5 years (the first entry should be your current address)

Address	Postcode	Date From (MM/YY)	Date To (MM/YY)
			CURRENT

Disclosure of Criminal Background – As the position at the Company involves working with vulnerable adults, candidates are required to disclose all past (spent/unspent) convictions. The post is exempt under the Rehabilitation of Offenders Act 1974 (Exceptions Order 1975) as amended in 2013 by SI 2013 1198.

Have you ever had any convictions or been cautioned by the police? YES NO

If YES please declare details by completing the table below:

Date of Conviction (MM/YY)	Offence	Warning / Reprimand / Caution / Conviction



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Employment History (most recent first) Continue on a separate sheet if necessary.

Company Name and Address	Employment Dates (MM/YY)		Position and Main Duties	Reason for Leaving
	From			
	To			
	From			
	To			
	From			
	To			
	From			
	To			
	From			
	To			
	From			
	To			
	From			
	To			
	From			
	To			

Comments on any GAPS in employment and reasons:

Education History (most recent first) Continue on a separate sheet if necessary.				
School / College / University Name and Address	Dates (MM/YY)		Subjects	Grades
	From			
	To			
	From			
	To			
	From			
	To			
	From			
	To			
Additional Relevant Training / Qualifications				
Professional Body	Dates (MM/YY)		Course Title	Grades
	From			
	To			
	From			
	To			
	From			
	To			
	From			
	To			
Do you currently hold a UK Drivers Licence?			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROVISIONAL	



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Membership of Professional Bodies

Organisation / Body	
Registration / Membership Number	
Date of last Registration	

Referees (One of which MUST be your last/current employer)

① CURRENT / LAST EMPLOYER	② PREVIOUS EMPLOYER / CHARACTER REF <i>Please tick</i>
Name:	Name:
Title:	Title:
Position:	Position:
Address:	Address:
.....
Postcode:	Postcode:
Tel:	Tel:
E-mail:	E-mail:

I hereby give my consent for Trust Care Management Ltd to contact my Referees.

Agreed Agreed, but not before (Date) Not Agreed

Declaration

I hereby declare that the information provided on this form is true and correct to the best of my knowledge. I understand that if any information is false or misleading that it may disqualify me from being appointed to the position or being dismissed from my position.

Signature

Date

If you are unable to sign the document electronically then you will be asked to do so in person at your interview with a member of our staff.

Equal Opportunities

Trust Care Management Ltd is an equal opportunities employer and will ensure that no job applicant or employee receives less favourable treatment on the grounds of race, nationality, ethnicity, gender, sexuality or disability.

To ensure that the Company's Equal opportunities Policy is being implemented and to comply with legislation please answer the following questions:

Are you an EEC (European Economic Community) national? YES NO

(If no and your application is successful, you will need to confirm visa clearance on your passport, or, we will need to consider applying for a Work Permit from the Department of Employment before you can commence employment with the Company)

What is your Gender? Male Female

How would you describe your ethnic origin?

African, Black Caribbean	Asian	European/Mediterranean	UK
<input type="checkbox"/> African	<input type="checkbox"/> Bangladeshi	Please specify...	<input type="checkbox"/> UK White
<input type="checkbox"/> Caribbean	<input type="checkbox"/> Chinese	<input type="checkbox"/> UK Asian
<input type="checkbox"/> West Indian	<input type="checkbox"/> Indian	<input type="checkbox"/> UK Black
	<input type="checkbox"/> Pakistani		
Other:			

Equality Act 2010

Our Company aims to recruit and provide equal opportunities for disabled people who meet the requirements of the job. Do you consider yourself to have a disability?

YES NO