#  SHARED CARE

####  Working in Partnership

####  Confidential

Fix a recent passport size

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#### Application Form

Application for : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
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|  (Please complete the application form in capital letters using black ink) |
| Personal Details |
| Title | Mr /Mrs/Miss/Others |  |
| Surname |  |
| First Names |  |  |
| Address |  |
|  |
|  |
| email address |  |
| Tel. No.  |  | Mobile No. |  |
| Current Driving Licence? |  Yes/No | Details of Endorsement (if any) |  |
| National Insurance No. |  |  |  |   |  |

|  |
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| **Next of Kin Details** |
| Name & relationship | Address  |
|  |  |
|  |
|  | Postcode: Tel. No:  |
| Education History (please use an extra sheet if required) |
| Name & address of schools/colleges | Qualification gained | Date completed |
|  |  |  |
|  |  |  |
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|  |
| --- |
| Languages Spoken  |
| (1) | (2) | (3) |

|  |
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| **Present / Most Recent Employment** |
| Name and Address of Employer |  |
| Job Title |  |
| Salary / Rate of Pay |  |
| **Brief description of duties** |
|  |
| State reason for leaving (if appropriate)  |  |
| Period of notice required or earliest date on which you could take up an appointment?  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name & address of the employer | Job title |  Date  From-To | Main duties | Reason for leaving |
|  |  |  |  |  |
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| **Please provide details of relevant experience, including any skills relevant to the application.** |
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| **Hobbies / Interests**  |
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| **Criminal Record** |
| You are required to declare any convictions, cautions and bind overs including details of any convictions which are spent within the meaning of section 1 of the Rehabilitation of Offenders Act 1974and which may be disclosed under the Rehabilitation of Offenders (Exemptions) Order 1975; or in respect of which you have bee cautioned by a constable and which, at the time the caution was given, you admitted. |
| Have you ever been convicted of a criminal offence, cautioned or bound over by any court? **Yes/No** |
| If Yes, please give details:  |
| Health Details |
| Are you registered disabled?  | Yes/No |
| Your GP name and address  |  |
| Do you have any mental health problem? | **Yes/No**. If **Yes**, please give details |
| Are you in good physical health? | **Yes/No**. If **No**, please give details |
| Please list any known medical condition or allergies.  |
|   |
| Are you afraid of heights or confined spaces? Yes/No, If **Yes**, please give details |
|  |
| Please give details of any medication or treatment you are currently receiving. |
|   |
| Please list all absences from work in the past 12 months and reasons for absences. |
|  |
| I hereby declare that the medical information detailed above is true and accurate to the best of my knowledge. I understand that any false medical declaration may lead to the refusal of this application. |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ |

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| **References** |
| Please give here the names and addresses of two persons from whom we may obtain references. One of the referees should be your recent/current employer. |
|  | **Referee I** | **Referee II** |
| Name |  |  |
| Designation |  |  |
| Organisation |  |  |
| Address |  |  |
| Telephone No. |  |  |
| Fax No. |  |  |
| Email. |  |  |
| Can we approach referees before the interview: **Yes / No** |

|  |
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| Declaration (Please read this carefully before signing this application) |
| I hereby declare that the information detailed above and in any accompanying service-specific information forms is accurate to the best of my knowledge. I understand that any false declaration may lead to my application's refusal. Any untrue or misleading information will give Shared Care Services Ltd a right to terminate my contract/agreement offered to the undersigned. I hereby authorised Shared Care Services Ltd to contact my GP for any further details of my health state. I agree that Shared Care Services Ltd reserves the right to require me to undergo a medical examination. |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**PS: Kindly enclosed self-attested copies of your qualifications, experience, proof of identity, e.g. passport, driving licence, residence proof, along with this application form** |

Please return to:

**Shared Care Services Ltd.**

119 Eastern Avenue LG Floor,

Redbridge

Ilford – IG4 5AN

Tel No: 020 82 52 52 52

Fax No: 020 82 20 20 20

e-mail : info@sharedcare.co.uk

|  |
| --- |
| For Office use only |
| Enclosures are checked Yes/No | Medical Yes/No |
| CRB Check Yes/No | **References obtained Yes/No** |
| Interview Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Result: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Equal Opportunities Monitoring Form**

**In order to monitor the effectiveness of Shared Care Services Ltd Equal Opportunities Policy and to comply with the requirements of Race Relations Amendment Act 2000, you are required to complete section A. Completion of Section B is voluntary, however completion will ensure all staff are treated fairly and equally.**

 **Section A**

**Monitoring Ethnic Origin**

Please indicate your ethnic origin by ticking one of the five broad divisions shown below.

|  |  |
| --- | --- |
| **White** | **Black or Black British** |
|  **British** |  **African** |
|  **Irish** |  **Caribbean** |
| **Any other White background, please specify below.** | **Any other Black background, please specify below.** |
|  |  |
|  **Asian or Asian British** | **Dual or Multiple Heritage** |
|  **Bangladeshi** |  **White and Asian** |
|  **Indian** |  **White and Black African** |
|  **Pakistani** | **White and Black Caribbean** |
| **Any other Asian background. Please specify below.** | **Any other dual or multiple heritage. Please specify below.** |
|  |  |
| **Chinese or other Ethnic Group** | **Any other ethnic background, please specify below** |
|  **Chinese** |  |

**Monitoring Disability**

Do you consider your self to have a disability as defined in the Disability Discrimination Act 1995? The Act defined disability as "a physical or mental impairment which has substantial and long term effect on a person's ability to carry out normal day to day activities.

|  |  |
| --- | --- |
|  Yes |  No |

 Monitoring Gender (Please tick one box)

|  |  |
| --- | --- |
|  Male |  Female |

**Monitoring Media**

 Name of Media/News paper or how you knew this job:­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
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| **Section B** |
| To which one of the following age groups do you belong | What is your religion? (Please tick one box only) | What is Your Sexuality? (Please tick one box only) |
|  | **Under 20** |  | **Christian** |  | **Heterosexual** |
|  | **20-29** |  | **Buddhist** |  | **Gay Man** |
|  | **30-39** |  | **Jewish** |  | **Lesbian** |
|  | **40-49** |  | **Muslim** |  | **Bisexual** |
|  | **50-59** |  | **Other** |  |  |