

PLEASE
ATTACH
FOUR
PASSPORT
PHOTOGRAPHS



SHEPHERD QUALITY SERVICES

CARE AND DOMESTIC

APPLICATION FORM

(TOWARDS EQUAL OPPORTUNITIES IN EMPLOYMENT)

PLEASE USE BLACK INK

POSITION APPLIED FOR:

SECTION 1:

PERSONAL DETAILS

Surname:	Title: Mr/Mrs/Miss/Ms
First name:	Date of Birth:
Address:	
Postcode:	
*Previous Address (If lived at the above address for less than 5 years):	
Postcode:	National Insurance No:
Mobile No:	
Evening Telephone:	

SECTION 2:

EDUCATION				
From	To	School/College Attended	Exams Taken/Result	Gained

TRANSPORTATION:

Do you own a car that you can use for work

YES

NO

Do you hold a full current UK driving licence

YES

NO

Do you have insurance to use your vehicle in connection with your work

YES

NO

Do you have any driving convictions
If YES please specify

YES

NO

Do you speak or read a foreign language

YES

NO

Are you eligible for employment in the UK

YES

NO

EMPLOYMENT HISTORY

Present Employment (If applicable)

Name of Employer:

Employer's address:

Tel. No:

Postcode:

Position:

Length of notice required:

Previous Employment (Employment Recent First)

Please do not leave any gaps in employment unaccounted for even if you were not working for a short period

From	To	Name and Address of Employer	Position Held	Reason for leaving

EXPERIENCE AND TRAINING

Please give details of experience and training you consider is relevant to this post and any other information in support of your application.

Date Attended	Type of Training	Other(s)

AVAILABILITY TO WORK

Please tick as many boxes as are appropriate.

TODAY	EARLY SHIFT	LATE SHIFT	LONG SHIFT	NIGHT SHIFT
	07.30- 14.00	14.00- 20.00	07.30-20.00	20.00-08.00
	08.00- 14.00	14.00- 22.00	08.00-20.00	21.00-08.00
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

HOBIES AND INTEREST

HEALTH

Have you had any injuries, serious or recurrent illness which might prevent you from carrying out the full range of duties attached to this post? Yes NO

If Yes please give details

REFERENCES

Please give details of two persons to whom reference may be made. One must be your present or most recent employer (neither should be a relative)

1	Name <input style="width: 150px; height: 20px;" type="text"/>	2	Name <input style="width: 150px; height: 20px;" type="text"/>
	Address <input style="width: 150px; height: 40px;" type="text"/>		Address <input style="width: 150px; height: 40px;" type="text"/>
	Postcode <input style="width: 80px; height: 20px;" type="text"/>		Postcode <input style="width: 80px; height: 20px;" type="text"/>
	Tel .no <input style="width: 150px; height: 20px;" type="text"/>		Tel. no <input style="width: 150px; height: 20px;" type="text"/>

1	CAPACITY IN WHICH KNOWN TO YOU	2	CAPACITY IN WHICH KNOWN TO YOU

May we contact this person for interview?

Yes No

May we contact this person for a reference prior to reference prior to interview?

Yes No

CONVICTIONS

Have you ever been convicted of an offence

Yes No

As this post is exempt from the provisions of section 4(2) of the rehabilitation of offenders Act 1974, you must reveal any conviction you have received, even that which might be spent.

(Continue on a separate sheet if necessary)

DECLARATION

I confirm that the information I have given in support of my application is, to the best of my knowledge, correct and complete and that misleading statements may be sufficient for cancelling any agreements made. I understand that the declaration will include details of any criminal convictions, cautions, reprimands, and final warning. I understand that giving false information will disqualify me from registration with shepherd care and domestic services. I understand too that an enhanced disclosure will be sought in the event of a successful application.

Signature of Applicant

Date

CONFIDENTIALITY DECLARATION

You should safeguard the privacy of clients and not disclose any information about them to anyone other than those involved in the care, without consent of the client or their work.

Any concern should be reported immediately either to the person in charge of your duty post. No wrong doing on your part or on the part of anyone working with you must be covered

I understand the above and I agree to abide by the contents.

Signature of Applicant

Date

PASSPORT DETAILS

Are you a British or EU National

Yes

No

Are you married to a British citizen or EU National

Yes

No

If No to any of the above please complete the following (Non British and nonEU Nationals Only)

Date of entry to UK

Do you hold work permit:

Yes

No

Expiry Date

You will be required to provide 2 forms of ID i.e. Birth Certificate or Passport.

Any employment restrictions? Yes

No

We can offer membership to non-British citizens or non EU nationals on receipt of proof of eligibility to live and work in the UK.