



Please complete all sections in **BLACK** ink with **BLOCK LETTERS**. You must complete this form even if submitting your own CV. **All replies will be treated in the strictest confidence.**

Position Applied for:	Closing date: Ref No:
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Where did you learn about the vacancy?
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Mr/Mrs/Ms/Miss or other title: Surname:	First Name(s)
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Maiden or other surnames:	(dates)	From	to
		From	to
		From	to

Address:	Home Tel No:
	Mobile Tel No:
	Date of Birth
	Marital Status
	Dependents
	National Insurance No:
	Email address:

Do you hold a valid manual driving licence? Yes / No	Do you have regular use of a car? Yes / No	Do you have experience of motorway driving? Yes / No If Yes for how long?
Do you have any Endorsements? Yes / No	If Yes please give details	

Education and qualifications: Please state details of any studies you have undertaken and qualifications, including all courses you may currently be undertaking. All kinds of study may be relevant to this post. **Primary school details are not required.**

School/college/university	From	To	Qualification Gained/Subjects	Grades etc.

HR0057

Have you applied to 24/7 Residential Care Limited in the past? Yes/No	If yes, please state the date & any other information:
Are you related to any other employee of 24/7 Residential Care Limited, including the Senior Management Team? If so, please state their name and your relationship with them.	

Employment history (from leaving school)

Starting with your current employer and working backwards. Please include **FULL employment history** including periods of unemployment, time off work or absenteeism. (Please write additional pages if applicable)

Current employer:	Position held:
Address	Employed from (date)
	Pay and benefits
	Notice required
	Reason for wishing to leave
Description of duties	

Other employment history

Name of employer:	Position held:
Address	Employed From (date) To
	Pay and benefits
	Reason for leaving
Description of duties	

Name of employer:	Position held:
Address	Employed From (date) To
	Pay and benefits
	Reason for leaving
Description of duties	

Name of employer:	Position held:
Address	Employed From (date) To
	Pay and benefits
	Reason for leaving
Description of duties	

Name of employer:	Position held:
Address	Employed From (date) To
	Pay and benefits
	Reason for leaving
Description of duties	

References:

Please give name and address of TWO referees, one of whom must be a current or last employer
If you **DO NOT** want referees to be approached before interview stage please express that here.

Name & Position	Name & Position
Company Name	Company Name
Address	Address
Postcode:	Postcode:
Tel No:	Tel No:
Email Address:	Email Address:

Other employment

If offered a post would you continue to work in any other capacity? Yes/No	If Yes, please give details:
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Training:

Please give details of any training you have had which you feel may be relevant, including any on the job training.

Dates	Duration	Title of training/brief description etc.

Working with Young People:

The young people we work with are often seriously disadvantaged and may display challenging behaviour. Please explain why you want to work with young people and what personal experience and skills in caring for young people you feel you would bring to the organisation.

Other information:

Please use this space to give us any other information you feel might help your application. We are interested in things you may have learned in other ways than study or paid employment, like bringing up a family, relationships with friends, spouses, partners etc. Hobbies and interests, voluntary work etc.

Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

A) Because of the nature of the work for which you are applying, the provisions of Section 4 (20 of the Rehabilitation of Offenders Act 1974 does not apply by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are, therefore, NOT entitled to withhold information about convictions which for the purposes are 'spent' under the provisions of the Act, and in the event of employment, any failure to disclose such convictions will result in your removal from our register. Any information you may give will, of course, remain strictly confidential.

Should you be successful in the interview and selection process for 24/7 Residential Care Ltd, it will be necessary for an enhanced disclosure from the Criminal Records Bureau (CRB).

Please sign below as confirmation of your agreement for the above police check to be carried out.

Signed:	
Dated:	

Have you ever been policed checked? Yes / No

If so, by whom were you checked?

Have you ever been convicted of a criminal Offence? (If Yes, please complete section B) Yes / No

Have you ever been the subject of a disciplinary hearing? Yes / No

B) Details of any convictions:

Offence	Date of Conviction	Sentence

I certify that, to the best of my knowledge, the information I have provided on this form is true and accurate and I have omitted no relevant details. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may render me liable to dismissal without notice from 24/7 Residential Care Ltd.

I acknowledge that this post is a non-smoking position and 24/7 Residential Care Ltd has a non-smoking policy. All properties, training venues, social functions and vehicles are non-smoking areas.

Are you considered disabled under the Disability Discrimination Act 1995? Yes/No

If yes, please give details of any special arrangements you will need should you be invited to interview or for future employment:

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By signing and returning this application form you consent to 24/7 Residential Care Limited using and keeping information about yourself provided above – or third parties such as referees – relating to your application or future employment. This information will be used solely in the recruitment process and will be retained for six months from the date on which you are informed whether you have been invited to interview, or six months from the date of interview.

The information supplied in this application form is accurate to the best of my knowledge:

Signed:	
Dated:	

PLEASE RETURN YOUR COMPLETED APPLICATION FORM TO:

The Human Resources Department, 24/7 Residential Care Limited, Suite 4, Church Street, Crewkerne, Somerset, TA18 7HR

EQUAL OPPORTUNITIES MONITORING FORM

24/7 Residential Care Ltd is committed to a policy of equal opportunities in our employment practices and selection procedure. We recognise that discrimination may occur on the basis of sex, disability, mental status, colour, ethnic origin or race. To this purpose it is essential to monitor the effects of 24/7 Residential Care Ltd equal opportunities policy and as far as possible to ensure that no group of people is being treated unfairly, to identify areas of under representation and to assess those areas where positive action is needed. The information you provide will be invaluable in shaping our future policies.

Your co-operation in completing this form would be greatly appreciated. The information you give will be strictly confidential to the Human Resources Department and will not be seen by the shortlisting or selection panel. Applications will be judged solely on the basis of merit.

You are not obliged to answer any of the questions, but you will appreciate that for monitoring to be wholly effective, we hope to have a 100% response. If you do not wish to answer any questions this will not effect your application in any way.

Name: Job Reference No:

Post applied for: Publication seen in:

Do you currently work for 24/7 Residential Care Ltd? Yes 001 No 002

I would describe myself as:-									
Black – Caribbean	<input type="checkbox"/>	101	White	<input type="checkbox"/>	108				
Black – African	<input type="checkbox"/>	102	Irish	<input type="checkbox"/>	109				
Black – Other	<input type="checkbox"/>	103	Italian	<input type="checkbox"/>	110				
(Please describe)			Cypriot	<input type="checkbox"/>	111				
Indian	<input type="checkbox"/>	104	East African Asian	<input type="checkbox"/>	112				
Pakistani	<input type="checkbox"/>	105	Japanese	<input type="checkbox"/>	113				
Bangladeshi	<input type="checkbox"/>	106	Any other ethnic group	<input type="checkbox"/>	114				
Chinese	<input type="checkbox"/>	107	(Please describe)						
<hr/>									
Age:-	16-20	<input type="checkbox"/>	201	36-45	<input type="checkbox"/>	204	60-64	<input type="checkbox"/>	207
	21-25	<input type="checkbox"/>	202	46-55	<input type="checkbox"/>	205	65 and over		208
	26-35	<input type="checkbox"/>	203	56-59	<input type="checkbox"/>	206			
<hr/>									
Sex:-	Female	<input type="checkbox"/>	301	Marital Status:-		Single (including widowed and divorced)	<input type="checkbox"/>	401	
	Male	<input type="checkbox"/>	302			Attached	<input type="checkbox"/>	402	
						Married	<input type="checkbox"/>	403	
<hr/>									
Would you describe yourself as having a disability?									
	Yes	<input type="checkbox"/>	501	No	<input type="checkbox"/>	502			
If yes are you registered?									
	Yes	<input type="checkbox"/>	503	No	<input type="checkbox"/>	504			
<hr/>									
What is the grade you are applying for?									
Manual	<input type="checkbox"/>	601	Registered Manager	<input type="checkbox"/>	606				
Crafts	<input type="checkbox"/>	602	Services	<input type="checkbox"/>	607				
Clerical/Administrative (Scale 1-3)	<input type="checkbox"/>	603	Senior Management /Director	<input type="checkbox"/>	608				
Clerical/Administrative (Scale 4-6)	<input type="checkbox"/>	604	Job Share	<input type="checkbox"/>	609				
Support Worker	<input type="checkbox"/>	605	Junior Management	<input type="checkbox"/>	610				
			Teacher	<input type="checkbox"/>	611				

HR0057