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| **APPLICATION FORM** |

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| **Vacancy Details** | |
| Job Title |  |
| **Advertising Origin** | |
| Where did you hear about this vacancy? |  |

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| **Personal Details** | |
| Title |  |
| First name(s) |  |
| Last name |  |
| Address |  |
| Postcode |  |
| Contact Number |  |
| Email address |  |
| This organisation has made a commitment to improve the employment opportunities for people with disabilities and has, therefore, undertaken to guarantee to interview all applicants with a disability who meet the essential requirements of the job as contained in the person specification.  Please specify any arrangements we can make to assist you if you are invited for interview/assessment. | |
| Do you hold a full driving licence? | YesNo |
| Do you own or have access to a car for work purposes? | Yes No |
| Please give details of any current endorsements |  |
| Please give details of the languages you speak and read (other than English) |  |
| Are you related to anyone who is currently an employee at MioCare Group? If so, please provide details |  |
| Have you ever been dismissed from employment? If so, please provide details |  |

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| **Employment History** |

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| **Employment Experience** | |
| Name of current/most recent employer |  |
| Job Title |  |
| Address |  |
| Postcode |  |
| Salary and benefit |  |
| Date from (dd/mm/yyyy) |  |
| Date to (dd/mm/yyyy)  (if applicable) |  |
| Period of notice required  (if applicable) |  |
| Reason for leaving |  |
| Please provide brief details of duties and responsibilities |  |

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| **Previous Employment Experience** | | | | | | |
| Name of previous employers | Job Title | Address | Date from (dd/mm/yy) | Date to (dd/mm/yy)  (if applicable) | Reason for leaving | Please provide brief details of duties and responsibilities |
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| If there are any periods of time that have not been accounted for, for instance, periods of travel, or caring for others please give details of them here with dates. The information provided must provide a complete chronology from the age of 16; please ensure that there are no gaps in the history of your employment and other experience. | | | | | | |
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| **Education and Training** |

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| Education | | | |
| Qualifications | Grade | Where Obtained | When Obtained |
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| **Membership of Professional Bodies** | | | |
| Professional Body | Level & method of membership | Membership Number | Date of Membership |
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| **Training and Development** | | |
| Subject | Provider | Date Attended |
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| **Skills, Knowledge and Experience** |

This section of the application form is very important, as this is where you demonstrate your suitability for the job. Read through the advertisement and the job description to get a clear view of what the job involves. The person specification describes the necessary skills, experience and qualifications we are looking for. Pay particular attention to those areas on the person specification described as essential.

Make sure that you tell us how you match the requirements of the job. Therefore, give examples of any relevant ability, experience and qualifications. This may be from your current or previous job, or from community or voluntary work, or from skills transferable from other life experience, particularly if you have been out of paid employment for some time. For example, you may have considerable domestic responsibilities, or may organise social or community activities in your spare time.

* Ensure that the information you provide is well organised and relevant.
* It should show to what extent you have gained the skills and experience necessary for the post.
* Give specific examples of the work you have been involved in, how you went about it and the outcome.
* Always remember to specify your personal responsibilities rather than those of your section or department
* Please use additional sheets as required

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| **References** |

Please give details of two referees, one of which must be from your current/last employer. The second referee should also be from a previous employer. If you have not been previously employed please provide a personal reference. References will not be accepted from relatives, or persons who only know you as a friend. If you are a school or college leaver, then your Head Teacher or Tutor’s name should be given. In all cases make sure you use someone who knows your capabilities, can comment on your reliability and is aware of your potential. References will be taken up prior to interview with your consent.

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| **Current or Most Recent Employer** | |
| Please tick this box if you do not want this referee to be contacted prior to interview | |
| Referee name |  |
| Job title (if applicable) |  |
| Organisation |  |
| Address |  |
| Postcode |  |
| Telephone number |  |
| Email address |  |
| Relationship to you |  |

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| **Previous Employer, Personal or Educational** | |
| Previous Employer  Personal  Educational | |
| Please tick this box if you do not want this referee to be contacted prior to interview | |
| Referee name |  |
| Job title (if applicable) |  |
| Organisation |  |
| Address |  |
| Postcode |  |
| Telephone number |  |
| Email address |  |
| Relationship to you |  |

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| **Declarations** |

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| **Eligibility to work in the UK** | |
| Current legislation means that it is a criminal offence to employ a person who is subject to immigration control, unless he or she has documentary proof showing an entitlement to work in the UK. If selected for interview you will asked to provide proof of your work entitlements. | |
| Do you have an entitlement to work in the UK? Yes  No | |
| National Insurance Number: |  |

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| **Immigration Controls** |
| I confirm that I am not subject to any immigration controls or restrictions, which prohibit my working in the UK.  Yes |

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| **Rehabilitation of Offenders Act** |
| Please give details of any unspent criminal convictions in line with the Rehabilitation of Offenders Act including date of conviction and sentence imposed. |
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| **References** |
| I authorise the organisation to obtain references to support this application and release the organisation and referees from any liability caused by giving and receiving information.  Yes |

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| **Confirmation** | |
| I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement will be sufficient cause for rejection of your application or, if employed, dismissal. | |
| Signature |  |
| Date |  |

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| **Monitoring Equality and Diversity** |

It is the Group’s policy to ensure that all appointments are made on merit. This form is for monitoring purposes only. In order to monitor the effectiveness and success of the Equality and Diversity policy it would be helpful to us if you provide the information requested below regarding your personal details. The details supplied by you on this form are confidential, but will form part of the personnel record of the successful candidate.

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| **Gender** |
| Male  Female  Is your gender identity the same as the gender you were assigned at birth?  Yes  No |

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| **Ethnic Origin** | | |
| **White** | British |  |
|  | Irish |  |
| Traveller of Irish Heritage |  |
| Gypsy/Roma |  |
| Polish |  |
| Other White European |  |
| Other White |  |
| **Mixed** | White and Black Caribbean |  |
|  | White and Black African |  |
| White and Indian |  |
| White and Pakistani |  |
| White and Bangladeshi |  |
| Other mixed |  |
| **Asian or Asian British** | Indian |  |
|  | Pakistani |  |
| Bangladeshi |  |
| Kashmiri |  |
| Other Asian |  |
| **Black or Black British** | Caribbean |  |
|  | African |  |
| British |  |
| Somali |  |
| Other black |  |
| **Chinese or other** | Chinese |  |
|  | Other ethnic group |  |
| Unknown |  |

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| **Religion/Belief** | |
| Buddhist  Christian  Hindu  Jewish | Muslim  Sikh  Other  No religion |

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| **Caring Responsibilities** |
| Is there anyone who relies upon you for care and attention AND that you assist with their daily routine?  Yes  No  If yes, please indicate who you provide such care for?  Adults (18 over)  Children |

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| **Disability** |
| The Disability Discrimination Act defines a disabled person as someone with a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities. (ie. Has lasted or is expected to last over 12 months)  Do you consider yourself to be disabled according to this definition?  Yes  No  If you answered yes, how would you define this impairment? |