**APPLICATION FORM**

**Please ensure you complete the application form in full as we cannot accept CVs. Please complete with black ink and block capitals. This form will be kept in confidence.**

**Please note that no applicant will be unfairly discriminated against. This includes discrimination on account of age, cultural/religious/political belief, disability, ethnicity, gender, race, relationship status, sexual orientation, and/or Trade Union membership or stewardship.**

**If you need further assistance complete this form, please contact the Registered Manager on 01793 423862**

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| **Position** |
| Position applied for: |  |
| Preferred employment type (e.g., part time, full time): |  |
| **Personal Details** |
| Surname: | First name(s): |
| Current Address: | Postcode: |
|  Home Telephone number: | Mobile Telephone number: |
|  Email address: |  Date of Birth:  |
| Own Transport **Yes/No** |  Do you hold a valid UK driving license? **Yes / No**  How long have you had your license? |
| **Next of kin**  |
|  Name:  |  Surname: |
|  Current Address:  |  Post Code:  |
|  Home Telephone Number: |  Mobile Telephone number:  |
| Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National (please circle)?**YES / NO**If no, please detail current immigration status and the relevant visa currently held (including Visa number): | National Insurance Number: |
| Are you are related to a member of staff or Service User at Purity Care Ltd, please circle only:**YES / NO** |
|  **Bank Detail**  |
|  Sort Code: |  Account Number: |
| **Equality Act 2010** |
| Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a 'substantial' and 'long-term' adverse effect on your ability to carry out normal day to day activities. Further information regarding the definition of disability can be found at: [www.gov.uk/definition-of-disability-under-equality-act-2010](http://www.gov.uk/definition-of-disability-under-equality-act-2010)Reasonable adjustments will be made available should you be invited to interview. According to the definition of disability do you consider yourself to have a disability?**YES / NO / Prefer not to discuss** |

# Education

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| **School/College/University** | **Examinations Passed, Qualifications Gained and year obtained.**(All qualifications will be subject to a satisfactory check). |
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**Training Courses Attended or Completing**

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| **Subject**(evidence of attending courses is required) | **Location/Details** | **Date** |
|  |  |  |

**Employment History:** Please record below the details of your full employment history beginning with your current or most recent first. Use a separate attached sheet if required; please sign the sheet(s).

|  |  |
| --- | --- |
| **Name and address of your most recent/last employer:** |  |
| Start date and end date: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
|  |  |
| **Name and address of employer prior to the employer listed above:** |  |
| Start date and end date: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
|  |  |
| **Name and address of employer prior to the employer listed above:** |  |
| Start date and end date: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |

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|  |  |
| **Name and address of employer prior to the employer listed above:** |  |
| Start date and end date: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| Please detail here any gaps in employment and state why: |

# Supporting Statement

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| **Please add here your reasons for applying. Use this opportunity to sell yourself to us. Tell us your strengths, weaknesses, hobbies, and talents that set you apart from others. You may include skills you acquired from school, work, home, and other activities. Let us know what value you can add to our team and the lives of the people we offer our services to.**  |
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**Referees:** You must provide references from your two most recent employers. Please provide a character reference if you are unable to obtain two professional references, e.g in the case of an applicant who has been raising children for ten years. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

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| **Current or Most Recent Employer** |
| **Name:** |
| **Address:** |
| **Email:** |
| **Tel No:** |
| **Job title:** |
|  |
| **Previous Employer to The One Above** |
| **Name:** |
| **Address:** |
| **Email:** |
| **Tel No:** |
| **Job title:** |

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| --- |
| **Character Reference** |
| **Name:** |
| **Address:** |
| **Email:** |
| **Tel No:** |
| **Relationship to you:** |

# Safeguarding

**Ex-Offenders Declaration**

Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest of confidence.

**Rehabilitation of Offenders Act 1974**

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| Purity Care Ltd aims to promote equality of opportunity and is committed to treating all applicants regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. Purity Care Ltd undertakes not to discriminate unfairly against applicants based on a criminal conviction or other information declared.Answering 'yes' to the question below will not necessarily prevent your employment. This will depend on the relevance of the information you provide in respect of the nature of the position and the circumstances. |
| Are you currently bound over or do you have any current UNSPENT convictions that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?**YES NO** |
| Do you have any current UNSPENT police cautions, reprimands, or final warnings in the United Kingdom or in any other country?**YES NO** |

# Privacy

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| Purity Care Ltd will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this application form you consent to Purity Care Ltd holding the information contained within this application form. If successfully shortlisted, data will also include shortlisting scoring and interview records. We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you)*.* When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles. We have privacy policies that you can request for further information. Please be assured your data will be securely stored by the Registered Manager and only used for the purposes of recruiting for this vacant post. You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time, please contact the Registered Manager on 01793 423862. |

**Declaration**

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| The information in this application form is true and complete. I agree that any deliberate omission, falsification, or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by Purity Care Ltd. Where applicable, I consent that Purity Care Ltd can seek clarification regarding professional registration details. |
| Name: | Date: |
| Signature |

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