



Specialist Care Services

Specialised Brain Injuries Care

JOB APPLICATION FORM

Please complete this accurately, giving as many details as possible of your skills and experience relating to this job application. Short listing will be based on the information gathered from the form, read in conjunction with the person specification.

GUIDELINES

Applicants will be treated in the same way whether they are external or internal candidates. Internal candidates should advise their manager that they have applied for another position.

Please complete the form in black ink and BLOCK CAPITALS.

POSITION APPLIED FOR:

Job title:

Unit /Region:

Reference number:

Where did you see this post advertised?

1. PERSONAL APPLICANT'S DETAILS

<i>Title:</i>	<i>Surname:</i>	<i>First name:</i>

Home Address :

Post Code

Telephone nos: please include full STD code

Home:

Work:

Mobile:

Email address :

Please state whether you are a member of any technical or professional association, and if so it the details:

<i>Professional Associations:</i>	<i>Registration No</i>	<i>Date</i>

<i>Foreign Lanuages: Please list any foreign languages you speak & your level of competence either oral &/or written</i>		

4. HOBBIES & INTEREST

Please list any hobbies and/or interests you have. This is strictly voluntarily but as an organisation which seeks to include our service users in as much activities as possible.

Reason for leaving/changing:

3. Employer/organisation		
Name:		
Address:		
Job Title:	From:	To:
Brief description of duties:		
Reason for leaving/changing:		

6. EXPERIENCE / SKILLS

This section is for you to give specific information in support of your application. Please set the information out on a maximum of three sides of A4 paper.

After reading the Job Description and Person Specification carefully, consider to what extent you have gained the skills and experience necessary for the post. Your experience need not have been gained in paid employment and may include special interests relevant to the post. It is important that you provide evidence of your achievements by giving examples to support your application. You may wish to use the headings in the person specification in order to set the information out clearly.

[Empty rectangular box for text entry]

6. EXPERIENCE / SKILLS (*conyinned*)

[Large empty rectangular box for text entry]

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7. REFERENCES

Please give name, address and position/occupation of two referees. One must be your present or most recent employer. References will only be taken up for the successful candidate. Testimonials or references from friends and relatives are not acceptable.

Referee 1

Referee 2

1. Name:	Name
Position:	Position
Organisation:	Organisation
Address:	Address
Tel :	Tel :
Email :	Email :

8. CRIMINAL CONVICTIONS

***REHABILITATION OF OFFENDERS ACT 1974**

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the above Act by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are therefore, not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies. The post you are applying for involves working with vulnerable adults and as such you will be required to consent to the disclosure of any criminal record you may have by the CRB. If you are offered the post, you will be required to complete an application for disclosure and will not be able to start work until the disclosure is received and approved.

Do you have any criminal convictions? Yes No

If Yes please give details on a separate sheet, this should include any spent convictions under Section 4(2) of the Rehabilitation of Offenders Act 1974.

6. DECLARATION AND SIGNATURE

*By signing and returning this application form you consent to Greenshoot Care Services Ltd using and keeping information about you provided by you – 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. Such information may include details relating to ethnic monitoring and disability: these will be used solely for internal monitoring and will not be disclosed to any third party. **Thank you for completing the form.** Please print your completed form and return - together with your completed Equality of Opportunity Questionnaire – to the address given on the advert.*

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

Signed :

Date :