27a Commercial Street
Ystrad Mynach
Hengoed
Mid Glam
Cf82 7DW
Tel: 01443 819085
Fax: 01443 816252
E-mail: partnershipofcare@gmail.com
Website: www.partnershipofcare.co.uk

## Application for Employment

| Post Applied For: | How did you hear about this vacancy? |
|---|---|
| Are you interested in working:<br>Full time: ☐ Part time: ☐ | Please state across which days (Monday to Sunday) and the number of hours per week: |
| Surname: | First name: |
| Address:<br><br>Postcode: | Home Telephone No:<br>Work Telephone No:<br>Mobile Telephone No:<br>E-mail address: |
| National Insurance No: | |

Have you ever been on the ISA list? **Yes** ☐ **No** ☐

Under **C**are and **S**ocial **S**ervices **I**nspectorate **W**ales regulations, we are only able to employ you if you are aged 18 or over.

**Please tick to confirm you are 18 or over.** ☐

Do you have a current full driving licence? **Yes** ☐ **No** ☐
Any endorsements - give details:-
__________________________________________________________

Are you eligible to work in the UK? **Yes** ☐ **No** ☐

If offered this position, will you continue to work in any other capacity? **Yes** ☐ **No** ☐
(If yes, give details)
__________________________________________________________

Are you a close relative of an employee of Partnership of Care? **Yes** ☐ **No** ☐

**Current Employment**

| Current / Last employer name and address: | Post Held: | Salary: |
|---|---|---|
| | Employed From: | Period of notice: |
| | Employed To: | Reason for leaving: |
| Brief description of current duties and responsibilities: | | |
| Number of days sickness in last 12 months: | | |

**Previous Employment History**

| Please list below full details of your employment history including any periods of unemployment, voluntary work, parental / carer responsibilities, starting with the most recent employment. Any gaps in employment must be explained in writing. | | | | | |
|---|---|---|---|---|---|
| From: | To: | Employer's Name / Address | Title And Salary | Brief Description Of Duties | Reason For Leaving |
| | | | | | |

**Education / Qualifications**

| School / College / Institution: | Examinations and Results: |
|---|---|
| | |

**Additional Training**

| Training Company: | Courses and Results: |
|---|---|
| | |

**Professional Body**

| Name of Professional Body: | Type of Membership / Date Joined / Method of Qualification (e.g. examination): |
|---|---|
| | |

## Suitability for Post

| Please state below in detail, why you are applying for the position and give additional information relevant to the **Job Description / Person Specification** in support of your application. |
| --- |
| |

**Medical History**

Are you currently experiencing any health issues or do you have a disability that may affect your ability to perform the activities as outlined in the job description?
If yes please describe below: **Yes** ☐ **No** ☐

| **a)** Any reasonable adjustments which you feel should be made to the recruitment process to assist you in your application for the job;<br><br>**b)** Any reasonable adjustments which you feel should be made to the job itself which would enable you to carry out the job: (**Please continue on a separate sheet if necessary**). |
|---|

**References**

Please give details of two employers to whom we may apply for references, one of which should be your current or most recent employer. We will not contact your referees unless you have been offered a position with Partnership of Care Ltd.

| Name: | Name: |
|---|---|
| Occupation: | Occupation: |
| Address:<br><br>Postcode: | Address:<br><br>Postcode: |
| Tel No: | Tel No: |
| E-mail: | E-mail: |

**Rehabilitation of Offenders Act 1974**

This post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Orders 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are spent under the provisions of the Act. In the event that you are employed, failure to disclose such convictions may result in the termination of your employment. Any information given will be completely confidential and will be considered only in the relation to an application for positions to which the order applies.

This post requires the employee to undertake an Enhanced Disclosure/ ISA check by the Criminal Records Bureau.

| Do you have any previous or current criminal convictions and/or cautions?<br><br>**Yes** ☐ **No** ☐<br><br>*If yes please give details* | Details: |
|---|---|

I understand that an appointment, if offered, is subject to the information I have given on this form being true and correct and that any offer of employment is subject to Criminal Record Bureau and Protection Of Vulnerable Adult checklists (in full) and satisfactory references.
I understand that withholding or falsifying information herein may result in the refusal or termination of my employment.
In signing, I agree to the duplication of my records under CSSIW Regulations.
I declare that the information given on this application form is true and accurate to the best of my knowledge.

**Signature:** ............................................................ **Dated:** ..........................................

**Equal Opportunities Monitoring Form**

Partnership of Care strives to attract and maintain a diverse workforce. Please provide the following information, which will be treated as confidential. It will be detached from your application and will not be used in any part of the selection process, but will be used in monitoring the effectiveness of our equality and diversity process.

| **What Are The Hours Of The Post?** |
|---|
| Full time ☐ Part time ☐ |

| **How Would You Describe Your Ethnic Origin?** | |
|---|---|
| White | ☐ |
| Black African | ☐ |
| Black Caribbean | ☐ |
| Black other | ☐ (Please specify) ________________ |
| Indian | ☐ |
| Pakistani | ☐ |
| Chinese | ☐ |
| Bangladeshi | ☐ |
| Mixed | ☐ |
| Other | ☐ (Please specify) ________________ |

| **What Is Your Gender?** |
|---|
| Male ☐ Female ☐ |

| **What Is Your Sexual Orientation?** | | | |
|---|---|---|---|
| Heterosexual | ☐ | Gay | ☐ |
| Bisexual | ☐ | Lesbian | ☐ |

| **What Is Your Marital Status?** | | | |
|---|---|---|---|
| Single | ☐ | Married | ☐ |
| Divorced | ☐ | Widowed | ☐ |
| Civil Partnership | ☐ | Living with Partner | ☐ |

| **Do You Have Any Dependants?** | | | |
|---|---|---|---|
| Children | ☐ | Disabled person / s | ☐ |
| Older person / s | ☐ | None | ☐ |

| **Are You The Main Carer For Any Of The Above?** |
|---|
| Yes ☐ No ☐ |

| **How Would You Describe Your Religion Or Belief?** | | | |
|---|---|---|---|
| None | ☐ | Muslim | ☐ |
| Christian | ☐ | Hindu | ☐ |
| Jewish | ☐ | Sikh | ☐ |
| Other | ☐ (Please specify) _______________ | | |

| **Do You Consider Yourself To Have A Disability?** |
|---|
| Yes ☐ No ☐ |

| **Please Indicate the Nature of Your Disability** | | | |
|---|---|---|---|
| Visual | ☐ | Hearing | ☐ |
| Learning difficulties | ☐ | Mental Health | ☐ |
| Speech | ☐ | Coordination / Dexterity / Mobility | ☐ |
| Other | ☐ (Please specify) _______________ | | |