



APPLICATION FOR EMPLOYMENT – CONFIDENTIAL

Preston Carers Centre
28 Church Street
Preston PR1 3BQ

Reg Charity no 1112213
Company limited by Guarantee in England and Wales no 5518662

Post applied for

A. PERSONAL DETAILS

| | |
|--|-----------|
| SURNAME | FORENAMES |
| ADDRESS <i>(including postcode)</i> | |
| TELEPHONE NUMBER(S) home | Work |
| Do you hold a current full driving licence and have access to a car? YES / NO | |

B. SECONDARY EDUCATION

| SECONDARY SCHOOLS /COLLEGES ATTENDED | DATES | | QUALIFICATIONS OBTAINED <small>(subjects and grades)</small> |
|--------------------------------------|-------|----|---|
| | From | To | |
| | | | |

C. FURTHER EDUCATION

| SECONDARY SCHOOLS /COLLEGES ATTENDED | DATES | | QUALIFICATIONS OBTAINED <small>(subjects and grades)</small> |
|--------------------------------------|-------|----|---|
| | From | To | |
| | | | |

D. OTHER TRAINING COURSES *(please include organising body, date and duration)*

E. PROFESSIONAL QUALIFICATIONS

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F. PRESENT (OR MOST RECENT) EMPLOYMENT DETAILS

| | |
|--|---|
| JOB TITLE | SALARY |
| EMPLOYER'S NAME AND ADDRESS | |
| EMPLOYER'S TELEPHONE NUMBER | |
| <i>Please give a brief description of your role and responsibilities</i> | |
| NOTICE REQUIRED | REASON FOR LEAVING <i>(if applicable)</i> |
| CURRENT SALARY | |

G. REFEREES

Please enter the name, address and telephone number of two referees, one of whom should be your present (or most recent) employer if possible

| | |
|------------|------------|
| REFEREE 1. | REFEREE 2. |
| | |

Have you any objection to references being taken up prior to interview? YES / NO

| H. PREVIOUS EMPLOYMENT <i>(starting with the most recent)</i> | | | | | |
|--|----|---|-----------------------------|--------|--------------------|
| DATES | | POST HELD (incl. brief description of duties) | EMPLOYER'S NAME AND ADDRESS | SALARY | REASON FOR LEAVING |
| FROM | TO | | | | |
| | | | | | |

| I. HEALTH |
|--|
| <i>please give details of any absences from work on health grounds over the last 3 years</i> |
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J. SUPPORTING INFORMATION

On a separate piece of paper, please give details of your knowledge, skills and experience and state why you think you would be suitable for this position. Refer to the job description/ person specification. Please ensure you write your name at the top.

K. REHABILITATION OF OFFENDERS ACT 1974

The Job Description / Person Specification states whether this post is subject to disclosure. If it is, you should answer the following questions. If it is not, you may ignore this section.

Because of the nature of work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exemptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

Because the nature of our business you may be required to submit a Criminal Records Bureau check. Any disclosures made by the CRB will remain strictly confidential.

- DO YOU AUTHORISE US TO OBTAIN ANY NECESSARY INFORMATION FROM THE CRB IN CONNECTION WITH THIS APPLICATION FOR EMPLOYMENT? YES/NO *(delete as required)*
- HAVE YOU EVER BEEN CONVICTED IN A COURT OF LAW AND/OR CAUTIONED IN RESPECT OF ANY OFFENCE? YES/NO *(delete as required)*

If YES, please give details (include in a separate envelope marked 'confidential' if you prefer)

L. DECLARATION

1. *I declare that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.*
2. *I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor).*

Signed Date

LASTLY, HOW DID YOU FIND OUT ABOUT THIS VACANCY?

Empty box for providing details on how the vacancy was found.