

Post Applied for:

Post Number:
(Leave blank)

Shalom Health & Social Care Job Application

Interview Date:

Please complete this form fully using black ink or type.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED WITH CONFIDENCE.

Section 1 Personal details

Last Name:

First Name:

Address:

Postcode:

Home Telephone N°:

Letters

National Insurance N°:

Numbers Letter

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Mobile Telephone N°:

E-mail address:

Can we contact you at work?

☐☐

Are you free to remain and take up employment in the UK with no current immigration restrictions? ☐ ☐

Driving Licence – if relevant to post applied for. ☐ ☐
Do you hold a full, clean driving licence valid in the UK?

If you are successful you will be required to provide relevant evidence of the above details prior to your

Section 2 Present Employment

Present Employment (If now unemployed give details of last employer)

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment: Salary:

Department :

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice:		Last day of service (if no longer employed):	
Reason for leaving (if no longer employed):			

Section 3 Previous Employment

Previous Employment (most recent employer first). Please cover the last 5 years and state nature of business - if not public sector

Name of Employer:

Address:

**Postc
ode**

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

**Postc
ode**

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

**Postc
ode**

Position Held:

Summary of duties:

Reason for leaving:

Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained

School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

Continue on a separate sheet if necessary

Section 6 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the rehabilitation of offenders act 1974?

☐☐

If yes, please give details / dates of offence(s) and sentence:

Section 7 Protecting Children and Vulnerable Adults

The following information may be required if the post you are applying for has a requirement for a Criminal Records Bureau police check.

Enhanced Checks Only (refer to Job Application Pack)

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post?

☐☐

Section 8 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application?

☐☐

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview?

☐☐

If yes, please give details:

Section 9 Health

Number of days sickness absence in the last 2 years:

Please state number of occasions in the last 2 years:

Section 10 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Reference 1

Name:

Position (job title):

Work Relationship:

Organisation:

Address:

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Telephone N°:

E-mail:

Are you willing for this referee to be approached prior to the interview?

Yes ☐ No ☐

Reference 2

Name:

Position (job title):

Work Relationship:

Organisation:

Address:

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Telephone N°:

E-mail:

Are you willing for this referee to be approached prior to the interview?

Yes ☐ No ☐

Section 11 Recruitment Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM.

What is your Ethnic Group?

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

A. White

White UK ☐

Irish ☐

White non-UK ☐

Any other White background
(please give details): ☐

B. Mixed

White & Black Caribbean ☐

White & Black African ☐

White & Asian ☐

Any other Mixed background
(please give details): ☐

C. Asian or Asian British

Indian ☐

Pakistani ☐

D. Black or Black British

Black Caribbean ☐

Black African ☐

Any other Black background
(please give details): ☐

E. Chinese or other ethnic group

Chinese ☐

Vietnamese ☐

Any other ethnic background
(please give details): ☐

F. I do not wish to provide this
information ☐

Bangladeshi ☐

Any other Asian background
(please give details): ☐

Section 12 Recruitment Monitoring Form cont.

Gender

Male ☐

Female ☐

Disability

Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”.

Do you consider yourself disabled? ☐ ☐

If yes, please give details:

Present Status

Internal Applicant ☐

External Applicant ☐

Age Group

16-25 ☐

26-35 ☐

36-45 ☐

46-55 ☐

56-65 ☐

66-70 ☐

Over 70 ☐

Media

Please state where you saw this post advertised

Section 12 Declaration

B. Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold
- I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.

Signed:

Date:

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Thank you for your interest in this post. If you would like to know if we have received your application form please enclose a stamped addressed envelope.

If you are returning this form by email, you will be asked to sign your application at interview.

RETURNING THIS FORM

By Hand or Post:

SHALOM HEALTH AND SOCIAL CARE LTD
4TH FLOOR, DAVIS HOUSE 69-77 HIGH STREET CROYDON, CR0 1QQ

By E-Mail:

contact@shalomhealthandsocialcare.co.uk

Enquiries:

Telephone: 02039300681
07943832064



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