

HEALTH & CARE PARTNERSHIP LTD

Lampton Court, Littleham, Bideford, Devon, EX39 5HT. **An equal opportunities employer**

APPLICATION FOR EMPLOYMENT IN CONFIDENCE

FOR OFFICE USE

Acknowledged / /

Short list Yes/No

Interview date / /

Appointed Yes/No

Start date / /

PLEASE TYPE OR WRITE IN BLOCK CAPITALS USING BLACK INK. (Continue on a separate sheets where necessary).

Post applied for:..... Location:.....Closing date:.....

PERSONAL DETAILS

First name(s):.....Last name:.....

Address:.....Date of birth:.....

.....Daytime Tel. no. (inc. STD code):.....

.....Evening Tel. no. (inc. STD code):.....

Postcode:..... The Company's policy is to interview all applicants with a registered disability who meet the essential requirements for a post. Please tell us if you are a person with a registered disability:

Yes/No If yes, state RDP No:.....

EMPLOYMENT HISTORY Present/most recent post

Name and address of employer:.....

.....

.....

Job/title:.....Grade:.....

Date from:.....to:..... Salary/Other benefits:.....

.....

Major duties/responsibilities:.....

.....

.....

Reason for seeking new position/leaving:.....

.....

.....

Is your present post your sole regular employment? Yes / No.....

.....Notice Period /date available to start:.....

PROFESSIONAL REGISTRATION & MEMBERSHIP

Name of professional body.....

Grade of membership:.....

By examination: ? Yes / No.....Registration No:.....Expiry Date:.....

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Grade of membership:.....

By examination: ? Yes / No.....Registration No:.....Expiry Date:.....

EMPLOYMENT HISTORY PREVIOUS POSTS (please start with most recent)

Name and address of employer:	Job/title:	Dates (month/year):	Salary:	Reason for leaving:
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Please give details and an explanation of any gaps in your employment history:

(MB. We retain the right to seek references from all previous employers).

EDUCATION AND TRAINING

Secondary school/college/university (inc. any current studies)

Name and address of institution:	Courses taken/ subjects:	Dates (from . to):	Full/ part-time:	qualifications/ grade*:
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(Proof of qualifications may be required)*

EDUCATION AND TRAINING

Other relevant training or work related skills (e.g. short courses, first aid, languages, computer skills, work-based NVQ etc.)

ADDITIONAL INFORMATION

Dates when you are unavailable for interview (e.g. holidays):.....

Do you, your partner or family have any interests (financial, professional or otherwise) that may conflict with your Health & Care Partnership Ltd employment ?* Yes/No (If yes attach details)

Do you have a full driving licence?.....Yes/No Do you have use of a car?Yes/No

Details of any current endorsements:.....

Do you or have you ever suffered from Drug addiction/dependence ? *Yes/No (If yes attach details)

Do you or have you ever suffered from Alcohol addiction/dependence ? *Yes/No (If yes attach details)

Do you require a work permit? Yes/No.....

Are you related to a Member of staff employed by Health & Care Partnership Ltd ?*Yes/No

If yes, please give details.....

Have you ever been convicted at a Court or cautioned by the Police for any offence ?*Yes/No

If yes, please give details.....

(*Failure to disclose this information may disqualify you from the post

REFERENCES

Please give details of two named referees. These should not include a relative and personal referees must be able to comment on your skills and abilities in relation to the post. Additional references may also be sought from previous employers, particularly for posts working with vulnerable people. References for short listed candidates will be taken up before interview unless you request otherwise.

(i) Current/most recent employer *

(ii)Other

Name:

Address:

Tel. No.:

Relationship:

How long have they known you?:

(* Or alternative referee where not applicable)

SUPPORTING STATEMENT

Please use this section to provide further information in support of your application. This needs to be related to the requirements of the post and should cover the following:

- the experience, skills, knowledge and personal qualities which you consider make you suitable for the post
- details of any voluntary work, relevant leisure activities, contact with Mental Health, Drug and/or Alcohol dependence
- reasons for applying and the contribution you feel you will make to the post.

(Continue on a separate sheet if necessary).

DECLARATION

I declare that the information given in this application is, to the best of my knowledge, complete and correct. I understand that if, after appointment, any information is found to be inaccurate this may lead to dismissal without notice. I also enclose a completed form in relation to disclosure of convictions for this vacancy applicable under the Rehabilitation of Offenders Act.

Signed:..... Date:.....