

Please complete the following application form in BLACK Ink and return it to the appropriate address.

Please Note:

- Incomplete forms will not be considered for shortlisting.
- CV's will not be accepted.
- All information you provide on this form will be treated in the strictest confidence.
- References will not be taken up without prior consent.

Once completed save this file as your name.docx Return the file by email to Jobs@acceptcare.org.uk
Alternatively, print out and post this to: **Central Offices, 16-20 Station Road, Stanley, Co. Durham DH9 0JL**

This post is subject to a satisfactory Disclosure and Barring Service (DBS) check, which **will reveal all cautions, reprimands, warnings and convictions** that are subject to disclosure. This is necessary due to the vulnerability of the people that you would potentially support. Guidance and criteria on the filtering of these cautions and convictions can be found at the DBS website.

You are required to provide us with details of all spent and unspent convictions that are subject to disclosure. Please send this to Janet Malpass at the above address marked confidential. Remember to include your name, address and the position for which you are applying. Information you provide will be used fairly as part of the recruitment process. A criminal record will not necessarily bar you from the position but will be used as a third reference as to your suitability for the post.

Failure to reveal this information could lead to the withdrawal of an offer of employment.

Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974?

YES / **NO**

Post you are applying for: _____

Location: Consett Bear Park Esh Winning

Personal Information

Surname: _____ First Name(s): _____

Home Address: _____

Post Code: _____

National Insurance Number: _____

Do you have a Driving Licence: Yes No

If Yes, Do you have any endorsements? Yes No

Contact Information

Home Tel. No. : _____

Mobile Number: _____

Email Address: _____

Education – School

Subject	Level	Grade

Further Education – College / University etc.

Subject	Level	Grade

Professional Qualifications

Subject	Level	Grade

Employment History

Present Post / Most Recent Post

Please include and periods of unpaid or voluntary work carried out and reasons for any gaps in employment.

Company Name: _____

Date Appointed: _____
(DD/MM/YYYY)

Period of notice: _____

List below the principal duties of your present post:

State briefly your reason for wishing to leave:

Experience

Please list your previous employment, beginning with the most recent. Please include any period of unpaid or voluntary work carried out and reasons for any gaps in employment.

From (MM/YYYY)	To (MM/YYYY)	Company Name	Position	Principal duties of post	Reason for Leaving

Please state how your experience to date has a bearing on this application; include any additional/relevant information from your previous employment(s)

Please describe any other activities which may be of interest in relation to this application (e.g. courses attended, interests, voluntary activities, and working with people with disabilities)

Reference Information

Please give the name, address and position of two person's form whom we may obtain a reference. One of these referees should be your present or most recent employer.

Reference One – Last Employer

Full Name: _____

Job Title: _____

Company Name: _____

Relationship: (i.e manager) _____

Telephone Number: _____

Email Address: _____

May we contact this person if you are invited to an interview: Yes / No

May we send a reference request if you are successfully appointed? Yes / No

Reference Two

Full Name: _____

Job Title: _____

Company Name: _____

Relationship: (i.e manager) _____

Telephone Number: _____

Email Address: _____

May we contact this person if you are invited to an interview: Yes / No

May we send a reference request if you are successfully appointed? Yes / No

Alternative Reference

Full Name: _____

Job Title: _____

Company Name: _____

Relationship: (i.e manager) _____

Telephone Number: _____

Email Address: _____

May we contact this person if you are invited to an interview: Yes / No

May we send a reference request if you are successfully appointed? Yes / No

If a member of our staff team has recommended you to Accept Care please note their name below:

Declaration

The information I have given in this application form is true and correct. I understand that if found to have given false information or to have suppressed any material relevant facts, I shall be liable to disqualification, or if appointed, dismissal.

By signing and submitting this form, I confirm that I have completed this application form to the best of my ability.

Signed: _____

Date: _____