



APPLICATION FOR THE POSITION OF PERSONAL ASSISTANT

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

Each Life Ltd operates in accordance with the Data Protection Act and confirms that all records are only kept for the required time stated by law (unless the length of time is superseded by other legal requirements e.g the Health and Social Care Act 2012). Thereafter records are securely destroyed.

Section 1 Personal details

Last Name:

First Name:

Address:

Postcode:

Home Telephone N°:

National Insurance N°:

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Telephone N°:

Mobile Telephone No:

E-mail address:

Do you hold a full, clean driving license valid in the UK?

Yes

No

If YES, Do you have access to your own transport?

Yes

No

Are you a UK Citizen?

Yes

No

Eligibility to Work (only complete if not a UK citizen)

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

Yes

No

Birth Certificate Number:

Nationality:

Passport Number:

Expiry date:

Home Office Letter Reference:

Expiry date:

What is your Current Work Status?

Do you hold a current Work Permit?

Yes

No

Type of Work Permit Held:

Expiry date:

If you are invited to interview, you will be required to provide relevant evidence of the above details together with evidence of your qualifications (where appropriate). Your letter of invitation to interview will include the list of supporting documents that you will be required to bring with you.

Section 2 Present Employment

(If currently not employed please give details of last employer)

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment:

Salary:

Department / Section:

Brief description of duties:

Period of Notice:

Last day of service

(if no longer employed):

Reason for leaving

(if no longer
employed):

Date that you will be available to commence with Each Life Ltd:

Section 3 Previous Employment

Previous Employment (most recent employer first)· Please cover at least the last 10 years (unless you were in education) and continue on a separate sheet if required

Name of Employer:

Address:

Postcode

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode

Position Held:

Summary of duties:

Reason for leaving:

Section 4 Education

Qualifications (including any vocational qualifications) obtained from Schools, Colleges or Universities:

<i>College or University Dates attended</i>	<i>Course</i>	<i>Qualifications and grades obtained</i>
<i>School Dates attended</i>	<i>Subjects</i>	<i>Qualifications and grades obtained</i>

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

<i>Title of Training Programme or Course Dates attended</i>	<i>Duration of Course</i>

Section 6 Personal Statement

Abilities, skills, knowledge and experience

Please use this section to tell us the kind of attributes you could bring to the team and the reasons why you think that this position would be suited to you:

Section 7 Health

Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being offered engagement and a contract for services with Each Life Ltd.

Number of days sickness absence in the last 2 years:

Please state number of occasions in the last 2 years:

Section 8 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	Reference 2
<p>Name:</p>	<p>Name:</p>
<p>Position (job title):</p>	<p>Position (job title):</p>
<p>Work Relationship:</p>	<p>Work Relationship:</p>
<p>Organisation:</p>	<p>Organisation:</p>
<p>Address:</p>	<p>Address:</p>
<p>Postcode</p>	<p>Postcode</p>
<p>Telephone N°:</p>	<p>Telephone N°:</p>
<p>E-mail:</p>	<p>E-mail:</p>
<p>Are you willing for this referee to be approached prior to the interview?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Are you willing for this referee to be approached prior to the interview?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Section 9 Declaration

Statement to be Signed by the Applicant

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 give permission for Each Life Ltd to check the details I have provided against the various data sources in order to verify my identity and process this application. These details may be recorded and used to assist other organisations e.g. DBS for identity verification purposes. Furthermore, I consent to my information being made available to the regulators such as Care Quality Commission.

Signed:

Date:

REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of the work for which you are applying to undertake, this work is exempt from the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 (Exemption Order 1975). Applicants are therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act and in the event of engagement, any failure to disclose such convictions could result in termination of contract for services. Any information given will be completely confidential and will be considered only in relation to the application for positions in which the Order applies.

A criminal record will not necessarily be a bar to obtaining a position.

Have you ever been convicted of a criminal offence? Yes No

Do you have any spent or unspent criminal convictions? Yes No

If Yes, please give brief details. Any conviction, caution, reprimand will require a written statement of each and every event and how it does not affect your ability for the position you are applying for. (if necessary, please continue on a separate sheet)

Have you completed an enhanced DBS (formerly CRB) Yes No

With an Enhanced Disclosure, under the above Act, all previous cautions, warnings and convictions will always be detailed regardless of how long ago they occurred.

If YES, Have you provided an original Enhanced Disclosure Yes No

Disclosure No:

Date:

Signed:

Date:

TO ENABLE EACH LIFE LTD TO PROCESS YOUR APPLICATION, PLEASE ENSURE THAT YOU COMPLETE, SIGN AND RETURN THIS DECLARATION AT THE SAME TIME AS YOUR APPLICATION FORM

EQUALITY ACT 2010

Diversity Monitoring Questionnaire - Please tick only ONE box in each question.

1. **Age:** To which age group do you belong?

- 16-17 18-21 22-30 31-40 41-50
 51-60 61-65 66-70 71+ Prefer not to say

2. **Ethnicity:** Which group do you most identify with?

ASIAN	BLACK
Bangladeshi <input type="checkbox"/>	African <input type="checkbox"/>
Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>
Pakistani <input type="checkbox"/>	Any other Black background <input type="checkbox"/>
Any other Asian background <input type="checkbox"/>	(Specify if you wish)
(Specify if you wish)	CHINESE <input type="checkbox"/>
MIXED ETHNIC BACKGROUND	WHITE
White and Asian <input type="checkbox"/>	British or Mixed British <input type="checkbox"/>
White and Black African <input type="checkbox"/>	English <input type="checkbox"/>
White and Black Caribbean <input type="checkbox"/>	Gypsy or Irish Traveller <input type="checkbox"/>
Any other Mixed ethnic background <input type="checkbox"/>	Irish <input type="checkbox"/>
(Specify if you wish)	Northern Irish <input type="checkbox"/>
OTHER ETHNIC BACKGROUND	Scottish <input type="checkbox"/>
Arab <input type="checkbox"/>	Welsh <input type="checkbox"/>
Any other ethnic background <input type="checkbox"/>	Any other White background <input type="checkbox"/>
(Specify if you wish)	(Specify if you wish)
	Prefer not to say <input type="checkbox"/>

3. **Do you consider yourself disabled?** Yes No Prefer not to say

4. **Gender:** Female Male Transgender Prefer not to say

5. **Do you have any caring responsibilities?** Yes No Prefer not to say

If yes, in which of the following categories?

- Dependent children Elderly relative Adult with a disability Other

6. **What is your religion or belief?**

- Christian Jewish Buddhist Hindu Sikh Muslim Other

- None Prefer not to say

7. **What is your sexual orientation?**

- Heterosexual/Straight Bisexual Gay woman Gay man Other
 Prefer not to say

TO ENABLE EACH LIFE LTD TO MEET ITS MONITORING COMMITMENTS UNDER THE EQUALITY ACT 2010, PLEASE COMPLETE AND RETURN THIS FORM WITH YOUR APPLICATION. THE INFORMATION WILL ONLY BE USED FOR MONITORING PURPOSES AND NOT AFFECT YOUR APPLICATION.