

# APPLICATION FOR EMPLOYMENT

Form AP2H



## PRIVATE & CONFIDENTIAL

Return this form to: Mark Greenwood

Wai Yin Chinese Women Society  
1<sup>st</sup> Floor, 61 Mosley Street,  
Manchester, M2 3HZ

POSITION APPLIED FOR:

Deadline: 3<sup>rd</sup> April 2008

Title:	Surname:
Forename (s):	Date of Birth:     /     /
Address:	Tel no: (please include code):  Home: Work: Mobile:
Current driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/>  Groups:  Expiry date:	Details of any Endorsement:
Are there any restrictions on you taking up work in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes, please provide details:	Registration/PIN Number (Nursing)  GMC Certificate Number (Doctors)  General Social Care Council (Social Workers)

Schools	Qualifications gained

College/university	Qualifications gained

**OTHER TRAINING**

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**OTHER EMPLOYMENT**

<p>Please note any other employment you would continue with if you were to be successful in obtaining this position.</p>
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**LEISURE**

<p>Please note here your leisure interests, sports and hobbies, or other pastimes, etc.</p>
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**EMPLOYMENT HISTORY** (Please complete in full using a separate sheet if necessary, starting with your most recent employment and give reasons for any gaps in employment)

From - To	Name & Address of employer	Job Title & Duties	Salary on leaving	Reason for leaving


## REFERENCES

Please provide details of two referees who can provide information relating to your competency in a caring role, one of whom must be your present or most recent employer (referees for qualified Nurses must be professionals). If you are a student, please give an academic referee. If you are applying for a post which requires unsupervised access to children/vulnerable adults, the company reserves the right to approach any past employer for a reference.

1.	Name:	2.	Name:
	Position:		Position:
	Organisation:		Organisation:
	Address:		Address:
	Postcode:		Postcode:
	Tel No.		Tel No.
	May the company approach the above prior to interview? Yes/No		May the company approach the above prior to interview? Yes/No

## GENERAL COMMENTS

Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post. (Continue on separate sheet if necessary). Please refer to the person specification.

## CAUTIONS, REHABILITATION AND CRIMINAL RECORDS

Because of the nature of the 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 Exceptions 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.

In addition **you are required** to submit to a Criminal Records Bureau check. Any standard or enhanced disclosure made by the CRB/SCRO will remain strictly confidential.

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

Do you have any spent convictions: Yes  No  If yes, please attach details of your offence and conviction(s), including dates and court convicted at in a sealed envelope attached to this application.

## SPECIAL REQUIREMENTS (CARE SECTOR)

Because this position may involve working with vulnerable adults, employment will be dependent on the following:

- 1) Your written consent to obtaining a standard/enhanced disclosure certificate from the Criminal Records Bureau or an approved umbrella body.
- 2) Such disclosure being acceptable to the company.
- 3) Proof of identity - birth or marriage certificate (where appropriate) and passport (if available).
- 4) Two satisfactory written references.
- 5) That you will supply a photograph of yourself for retention in your records.
- 6) Evidence of physical or mental suitability for your work. This will include filling in a health questionnaire.

**DECLARATION (Please read carefully before signing this application)**

1. I confirm 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. 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. I agree that the organisation reserves right the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a standard or enhanced (as appropriate) disclosure. I also agree that the company may apply to my previous employers for references. I understand that should I fail to do so, or should the disclosure or reference not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated.

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

**ETHNIC ORIGIN (Please tick one box)**

<input type="checkbox"/>	White British	<input type="checkbox"/>	Black Caribbean
<input type="checkbox"/>	White Irish	<input type="checkbox"/>	Black African
<input type="checkbox"/>	White Other*	<input type="checkbox"/>	Black British
<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Black Other*
<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>	Other (Chinese)
<input type="checkbox"/>	Asian Bangladeshi	<input type="checkbox"/>	Other*
<input type="checkbox"/>	Asian British	<input type="checkbox"/>	Mixed*
<input type="checkbox"/>	Asian Other*		
<input type="checkbox"/>	Do not wish to answer		

\* Please specify

**MARITAL STATUS (Please tick one box)**

<input type="checkbox"/>	Married	<input type="checkbox"/>	Single
<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Co-habiting
<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Separated
<input type="checkbox"/>	Do not wish to answer		

**DISABILITIES**

Do you consider yourself to have a disability

<input type="checkbox"/>	Yes*	<input type="checkbox"/>	No
<input type="checkbox"/>	Do not wish to answer		

\* Please specify