

**This Form is for employment applications where a DBS check must be carried out.**

ALD Support APPLICATION FORM

# Please complete this form in black ink and complete all sections

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| **Position Applied for:** (Tick as appropriate) | | **Job Title** | |  |
| **Title** | **First Name** | | **Surname** | |

**Data Protection Statement**

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. It is the policy of the Company to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.

**Equality Statement**

The Company’s Equality Policy covers all employees or potential employees and embraces the principle that all people shall be treated equally, regardless of their age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation (these are known as “protected characteristics”), or offending background unless unequal or different treatment can be shown to be justified and is appropriate.

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| **Contact Details** | | | | | | | | |
| **Address:** | | | | | | | | |
| **Town:** | | **Postcode:** | | | | | | |
| **Email address:** | | | | | | | | |
| **Mobile Number:** | | | **Other Contact Number:** | | | | **Work Number:** | |
| **May we contact you at work** | | | **Yes** | | | | **No** | |
| **Right to Work (Asylum & Immigration Act 1980)** | | | | | | | | |
| **Under the Act a person commits an offence if he employs another (“the employee”) knowing that the employee is an adult subject to immigration control and that –**   1. **he has not been granted leave to enter or remain in the United Kingdom, or** 2. **his leave to enter or remain in the United Kingdom—**    1. **is invalid,**    2. **has ceased to have effect (whether by reason of curtailment, revocation, cancellation, passage of time or otherwise), or**    3. **is subject to a condition preventing him from accepting the employment.**   **Any employment offered will be subject to the successful applicant producing appropriate evidence that the Act is not being contravened.** | | | | | | | | |
| **Are you free to remain and take up employment in the UK?** | | | | **Yes** | **No** | **Nationality:** | | |
| **What is your right to work in the UK?** | | | |  | | | | |
| **Formal Education and Qualifications** | | | | | | | | |
| **Secondary Education (Name of School/College and Location)** | **List subjects studied at GCE/GCSE and results obtained. Place the highest grade obtained against each subject.** | | | | | | | |
|  | | | | | | | | |
| **Further/Higher Education (Name of**  **School/College/University and Location)** | **Course of Study/Qualification(s) gained**  **e.g. GCSE’s, “A” levels, NVQ, Degree etc** | | | | | | | **Year qualification obtained** |
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| **Full Employment History (Attach extra sheets if necessary)** | | | | | | | |
| **Name of Employer and location** | **Dates of Employment** | | | **Position held** | | | **Reason for leaving** |
| **From** | | **To** |
| **Month / Year** | | **Month / Year** |
| **Current Employer First – If not currently employed, leave this line blank** |  | |  |  | | |  |
| **Previous Employer Number 1** |  | |  |  | | |  |
| **Previous Employer Number 2** |  | |  |  | | |  |
| **Previous Employer Number 3** |  | |  |  | | |  |
| *(If you need more space, add an extra sheet and attach and insert here)* | | | | | | | |
| **Driver’s Licence** | | | | | | | |
| Do you hold a valid and current British Driver’s Licence? | | | | | Yes | | No |
| If Yes, what type? (E.g. Provisional, Full, LGV, PCV) | | | | |  | | |
| Do you have any endorsements? | | | | | Yes | | No |

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| **If yes, provide details** | | | | | | | |
| **Additional Information**  **Give details of any additional information which you would like to include in support of your application. Such information, for example, may include skills and/or achievements which you think may be of interest, and/or a summary of why you believe that you have the qualities we are looking for. Please provide details of any relatives employed by the Company and their relationship to you.** | | | | | | | |
|  | | | | | | | |
| **Do you have to give notice to any present Employer?** (Tick as appropriate) | | | | **Yes** | | | **No** |
| **If you must give notice, how long is your notice period?** | | | | | | | |
| **Referees**  References are normally taken up for candidates selected for interview. Give details of the names/addresses of two work-related Referees. One of the Referees should be your current employer, or if presently unemployed or self- employed, your last employer | | | | | | | |
| **Company Name:** |  | | **Company Name:** | |  | | |
| **Contact Name:** |  | | **Contact Name:** | |  | | |
| **Contact Position:** |  | | **Contact Position:** | |  | | |
| **Telephone Number:** |  | | **Telephone Number:** | |  | | |
| **Email Address:** |  | | **Email Address:** | |  | | |
| **May we contact the above person now? *(Please tick as appropriate)*** | | | **May we contact the above person now? *(Please tick as appropriate)*** | | | | |
| **Yes** | | **No** | **Yes** | | | **No** | |
| **Rehabilitation of Offenders Act/Criminal Convictions/Barred Lists** | | | | | | | |

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| **As a general rule, no-one need answer questions about spent convictions. However, this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:**  **“Any office or employment which is concerned with the provision of care services to vulnerable adults.” “Any position which otherwise involves regularly caring for, training, supervising or being solely in charge of**  **children”.**  ***You are therefore requested to provide details of all convictions, including those which would otherwise be considered as “spent”. All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.***  **Records will be checked via the Disclosure and Barring Service (DBS) checking procedures (Tick below as appropriate)** | | | | | | |
| **I have no convictions** | |  | **I have convictions (see Note below)** | | |  |
| **If applicable, please detail any spent and pending convictions below** | | | | | | |
| **Date** | **Offence** | | | | **Outcome** | |
|  |  | | | |  | |
| **Personal Declaration** | | | | | | |
| **I declare that to the best of my knowledge the above information, submitted in any accompanying documents, is correct, and**   * I give permission for any enquiries that need to be made to confirm such matters as qualifications. experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose; * I give permission for the processing of the personal data contained in this form for employment purposes; * I understand that any false or misleading information could result in my dismissal. | | | | | | |
| **Signed:** | | | | **Date:** | | |

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| **For Office Use Only** | | |
|  | | **Initials** |
| **Date Application received** |  |  |
| **Date Application acknowledged** |  |  |
| **Initial Decision** |  |  |
| **Date Applicant informed** |  |  |
| **Date(s) of Interview** |  |  |
| **Decision** |  |  |
| **Notes** | | |
|  | | |

**Extra Sheet Employment History**

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| --- | --- | --- | --- | --- |
| **Full Employment History** | | | | |
| **Name of Employer and location** | **Dates of Employment** | | **Position held** | **Reason for leaving/Last salary or wage** |
| **From** | **To** |
| **Month/Year** | **Month/Year** |
| **Previous Employer Number 4** |  |  |  |  |
| **Previous Employer Number 5** |  |  |  |  |
| **Previous Employer Number 6** |  |  |  |  |
| **Previous Employer Number 7** |  |  |  |  |
| **Previous Employer Number 8** |  |  |  |  |

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| **Previous Employer Number 9** |  |  |  |  |

**Extra Sheet for Gaps in Employment History**

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| **Employment History** | | |
| **Gap** | | **Reason for Gap in employment** |
| **From** | **To** |
| **Month/Year** | **Month/Year** |
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**PRE-EMPLOYMENT FITNESS ASSESSMENT QUESTIONNAIRE**

The purpose of the questionnaire is to satisfy the obligation we share with you, which is to try to ensure that the work you are applying for will not be detrimental to your health and that you, in turn, are not likely to be a health risk to Clients and colleagues.

The questionnaire seeks certain personal sensitive data regarding your physical/mental health. This information will not be used to select individuals for employment but may be used in order to verify the safety of proceeding with either an application or a job offer.

You are therefore requested to complete this form and sign it. This will indicate your explicit consent to the collection and processing of such data in accordance with the principles of the Data Protection Act.

# Thank you for your co-operation.

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| **Your Name** | **Title** | **Initials** | **First Name** | **Last Name** | | **Position Applied For** |
|  |  |  |  | |  |
| **General Health** | | | | **If “NO”**  **please tick** | **If “YES”, please give details:** | |
| Have you ever registered as disabled? | | | |  |  | |
| Have you ever claimed industrial injury/disease compensation or benefits? | | | |  |  | |
| Have you ever left or had to modify a job due to illness or injury? | | | |  |  | |
| How much time have you taken as absence from work or school in the last 2 years due to illness or injury? | | | |  |  | |
| **Infectious Diseases. Do you have, or have you ever had any of the following?** | | | | **If “NO”**  **please tick** | **If “YES”, please give details & dates:** | |
| Chicken Pox | | | |  |  | |
| Tuberculosis (TB). | | | |  |  | |
| Hepatitis B or C | | | |  |  | |
| Human Immunodeficiency Virus (HIV). | | | |  |  | |
| **N.B.** Healthcare Workers who are infected with HIV must remain under regular medical and occupational health supervision (Ref: Dept of Health 1994). | | | | | | |

**Medical conditions. Have you had any of the following? If so, please give full details including any ongoing effects on your day-to-day activities. Please continue on a separate sheet if necessary.**

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| **CONDITION** | **If “No”**  **please tick** | **If “YES”, please give details:** |
| Fits, blackouts, epilepsy, fainting attacks, severe head injuries, frequent or severe migraine headaches. |  |  |
| Chest problems including asthma, bronchitis, emphysema, pleurisy, persistent cough or breathlessness. |  |  |
| Chest problems including asthma, bronchitis, emphysema, pleurisy, persistent cough or breathlessness. |  |  |

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| Eye disease or severe vision defects |  |  |
| Defective colour vision |  |  |
| Ear conditions e.g. recurring discharge or hearing loss. |  |  |
| Mental health conditions e.g. schizophrenia, depression,  anxiety states, phobias, eating disorders or self-harm (including overdoses). |  |  |
| Addiction to alcohol or any other substance. |  |  |
| Neck, back or other joint problems including arthritis, slipped disc, sciatica, recurrent backache. |  |  |
| Skin conditions e.g. eczema, psoriasis, dermatitis. |  |  |
| Gastro-intestinal conditions, including ulcers, irritable bowel syndrome, typhoid or persistent diarrhoea. |  |  |
| Diabetes, thyroid disease or any other glandular condition. |  |  |
| Liver/kidney or bladder disease. |  |  |
| Liver/kidney or bladder disease. |  |  |
| Operations (other than minor operations) |  |  |
| Allergies to any substances. |  |  |
| Any other medical condition or disability, which you feel, may require adjustment to your work or working environment. |  |  |
| Are you taking any regular medications? (please list) |  |  |
| What is your height? |  |  |
| What is your weight? |  |  |
| Do you smoke? Yes/No.  If yes give details of number of cigarettes per day or oz of  tobacco per week. |  |  |
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| **Declaration** | | | |
| 1. **I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct. I understand that any false or misleading information given on this form may result in my dismissal** 2. **I consent to a medical interview and assessment if considered necessary.** | | | |
| **Signed:** |  | **Date:** |  |