



APPLICATION FORM 26

Please complete in type or black ink

Post applied for:

Ref No:

Closing date:

Please note: If you have not heard from us, you should assume that your application has been unsuccessful.

1 Personal Details

Full Name.....

Address.....

.....

Telephone No WorkHome.....

Mobile No.....Email.....

I need a permit to work in this country Yes No

National Insurance number.....

2 Current or most recent employment

Name of Employer.....

Address.....

.....

Telephone.....Notice Required.....

Position held.....Date appointed.....

Grade.....Salary/Wages.....

...

Please describe briefly the main duties

.....

.....

.....

Start with your most recent job. Please account for all time (paid and unpaid) since leaving school, college or university including any gaps in employment.

| Name of employer/organisation And full address | Job Title | From Mth/Year | From Mth/Year | Reason for leaving |
|---------------------------------------------------|-----------|------------------|------------------|-----------------------|
| | | | | |

4 Relevant education, qualifications and training

Please give details professional education, further education and secondary education. Please indicate the duration of your course and where you studied. You can also include any relevant short courses you have attended. Please start the list with your most recent qualifications.

| Title and subjects | School, College or University | Dates |
|--------------------|-------------------------------|-------|
| | | |

5 PIN/Registration Number

Please give details of your registration number. Please note that we may check this number with the relevant awarding bodies/institutions.

| |
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| |
|--|

Drawing upon your experience, knowledge, skills and abilities, explain how you fulfil the requirements set out in the person specification. Experience may have been gained through paid or voluntary work or in the home. (Please continue on separate sheet if necessary).

7 References

Please give the names and addresses of two people who can verify your employment record. One should be your present/most recent employer. If you have not been in paid employment, please give the head of education or training establishment and/or the manager of a voluntary group for whom you have worked.

| Referee details A | Referee details B |
|---------------------------|---------------------------|
| Name | Name |
| Position | Position |
| Business Address | Business Address |
| Tel No. | Tel No. |
| Relationship to applicant | Relationship to applicant |

Please indicate by placing an X in the box above if you do NOT want your referee's to be approached prior to any interviews.

8 Disclosure of Convictions

The post you have applied for is excluded from the provisions of the Rehabilitation of Offenders Act 1974 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended. You must therefore disclose details of all convictions, cautions and bind over orders whether spent or not; and whether imposed when you were an adult or a juvenile. You must also disclose details if you are currently the subject of a police investigation/proceedings which could result in a conviction, caution or bind over order.

We appreciate that you may feel embarrassed about having to declare such matters, but you will be given full opportunity to explain the circumstances of any conviction, caution or bind over order and it is possible that these will not exclude you from appointment.

Failure to disclose fully any conviction, cautions or bind over order may lead to disciplinary action up to and including dismissal.

Have you ever been convicted of a criminal offence, or are you at present the subject of criminal charges?

YES

NO

If yes, please give details (continue on a separate page if necessary):

| DATE | COURT | OFFENCE | PENALTY |
|------|-------|---------|---------|
| | | | |

Have you ever been disqualified from caring for children? You should be aware that an individual who is disqualified from working with children is guilty of an offence if he knowingly applies for, offers to do, accept or does any work in a regulated position.

YES

NO

If yes, please give details (continue on a separate page if necessary):

| DATE | COURT | OFFENCE | PENALTY |
|------|-------|---------|---------|
| | | | |

Are you related directly or indirectly to anyone currently or previously employed by Abronah Care limited, or do you know anyone currently working for the company.

YES

NO

If yes, please give details (continue on a separate page if necessary):

| NAME | RELATIONSHIP | POSITION | REMARKS |
|------|--------------|----------|---------|
| | | | |
| | | | |

11 Declaration

If you omit information that we have asked for, we may not be able to consider your application. If you are appointed to the post, any omission or inaccurate information relevant to your application could lead to disciplinary or in some circumstances legal action against you.

I confirm that to the best of my knowledge, the information given on this form is true and accurate and I have not omitted any facts which may have a bearing on my application

Signed.....Date.....

| FOR OFFICE USE ONLY | | | |
|-------------------------------------------------|------------------------------------------------|----------------------------------------------|-----------------|
| Short listed YES / NO (if no reason) | Interviewed YES / NO (if no reason) | Appointed YES / NO (If no reason) | Comments |
| | | | |
| | | | |
| Initials | Initials | Initials | |
| | | | |

A = Not met essential criteria B = Not met desirable criteria C = Other (Please specify)

12 Equal Opportunities monitoring

Abronah Care Ltd wishes to ensure there is genuine equality of opportunity in employment. We collect the following information to monitor the success of our equality initiatives. The panel making the appointment will not see this information.

Post applied for.....Ref no.....

Last Name.....Initials.....

Date of birth.....

Where did you see this post advertised.....

About You

1. I am Male Female

2. I would describe my ethnic origin as:

- | | |
|---------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> White (excluding Irish) | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black other | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Indian (Incl. E African) | <input type="text"/> |

PLEASE RETURN THE COMPLETE APPLICATION FORM TO:

**Abronah Care Ltd
1st Floor
3 Trinity Road
Aston
Birmingham
B6 6AH
Tel: 0121 554 9077**