

**STRICTLY CONFIDENTIAL** | **Application for Employment**

Please type or complete this form in black ink

<b>POSITION APPLIED FOR</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	<b>Date of Application</b>  ____/____/____
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## 1 PERSONAL DETAILS

Surname	First names
	Previous Names
Address	Home Telephone No.
National Insurance Number	Mobile No.
Immigration Details	E-mail
Please notify us of any dates you are available for interview:	
Are you a citizen of the EU?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need a work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current driving licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a car for work use?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2 NEXT OF KIN

Surname	First names
Address	Relationship
	Telephone





## 4 REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose?  YES  NO

Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

Signature

Date:

## 5 ADDITIONAL PERSONAL DETAILS

Outside interests, leisure time activities and other personal information which you think may assist us in evaluating your application.

## 6 REFERENCES

Please give the name and address of two referees, one of whom must be your present employer, or your previous employer.

Name	Status	Address and Telephone No	Email
1			
2			
3			

This organisation seeks to work in a flexible and family friendly manner with its staff, however unsocial hours are part and parcel of a quality care service. Weekend working is a requirement for all staff, the frequency of which will be determined at interview.

Please indicate holiday dates if already booked

Period of notice required in present post

Earliest start date

Thank you for completing this application form.

I declare that to the best of my knowledge, all of the information contained and documented herein is complete and truthful.

Signature:

Date:

**FOR OFFICE USE ONLY**

Applicant shortlisted  Yes  No

Interview Date:  /  /

References requested:  /  /

Verbal reference check:  Yes  No

Date:  /  /

**Additional Notes from application**

Application completed  Yes  No

Full employment history?  Yes  No

**Notes for interview**

### Equal Opportunities Monitoring

This section of the application will be detached and used for monitoring purposes only. Our Organization recognize and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation religion or belief. We welcome applications from all sections of the community.

Date of Birth:

Gender

- Male
- Female
- I do not wish to disclose this

### Race Relations (Amendment) 2000

I would describe my ethnic origin as (please indicate with a ):

Asian or Asian British	Mixed Raced	Other Ethnic Group
<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background  <b>Black or Black British</b> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	<input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other missed background  <b>White</b> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not want to disclose this

### Employment Equality Regulations 2003

Please select the option which best Please indicate your religion or belief describes your sexuality.

<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual	<input type="checkbox"/> I do not wish to disclose this	<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam <input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism	<input type="checkbox"/> Judaism <input type="checkbox"/> Hinduism <input type="checkbox"/> Other <input type="checkbox"/> I do not wish to disclose this
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## Carer Numeracy Questions:

### Question 1

Teachers organised activities for three classes of 24 pupils and four classes of 26 pupils. What was the total number of pupils involved?

### Question 2

As part of a science lesson, pupils were asked to stretch a spring to extend its length by 50 per cent. The original length of the spring was 30 centimetres.

What should be the length of the extended spring? Give your answer in centimetres.

### Question 3

A parents' evening was planned to start at 15:45. There were 20 consecutive appointments of 10 minutes each and a break of 15 minutes during the evening.

### Question 4

For a science experiment a teacher needed 80 millilitres of vinegar for each pupil. There were 30 pupils in the class. Vinegar comes in 1000 millilitre bottles. How many bottles of vinegar were needed?

### Question 5

The morning session in a school began at 09:25. There were three lessons of 50 minutes each and one break of 20 minutes. At what time did the morning session end? Give your answer using the 24-hour clock.

**Question 6**

A PE teacher orders 30 new bibs costing £3.99 each. What is the total cost of these bibs?

**Question 7**

What is 642 divided by 3?

**Question 8**

All 30 pupils in a class took part in a sponsored spell to raise money for charity. The pupils were expected to get an average of 14 spellings correct each. The average amount of sponsorship was 20 pence for each correct spelling. How much money would the class expect to raise for charity altogether? Give your answer in pounds.

**Question 9**

Eight out of 25 pupils scored full marks in a test. What percentage of pupils scored full marks?

**Question 10**

A teacher took a group of pupils to an aquarium whilst visiting France. The total entrance cost for the group was 220 euros. Taking 1.10 euros as equal to 1 pound, what was the total entrance cost, in pounds, for the group of pupils?

# Health Questionnaire

(To be used for those applicants that have been deemed appointable).

In order to comply with the Health and Social Care Act 2008 and the Equality Act 2010, please complete this questionnaire as fully as possible. Failure to do so could impede or delay your appointment. All information is confidential.

Have you ever had or suffered from:	Circle Yes or No
Epilepsy/Blackouts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nervous Mental Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Migraine/Headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sensory Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Back pain/Previous Back Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthmatic or respiratory ailments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recurring Incidence of Illness	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you registered disabled? If yes, please detail	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please List Below any Periods spent Outside of the United Kingdom as a Resident (do not include holidays)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Please List below any vaccinations or immunisations

Date	
Immunisation	
Expiry	
Date	
Immunisation	
Expiry	
Date	
Immunisation	
Expiry	
Date	
Immunisation	
Expiry	

I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer the right to investigate all references.

Signature:

Date: