

Gemstone Care
Application for Employment

PLEASE COMPLETE THIS APPLICATION FORM IN FULL, SUPPLEMENTED BY ADDITIONAL SHEETS IF NECESSARY

POSITION APPLIED FOR:	CLOSING DATE:
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PERSONAL DETAILS:

Title (Dr /Mr/ Mrs/ Miss/ Ms/Other)	
First Name's:	Last Name:
National Insurance Number:-	
Permanent Address:	
Post Code:	
Home Telephone No:	
Mobile No:	
Email Address:	

REFEREES:

Please give details of two people, who can provide a reference for you. One must be your present or most recent employer, and the other can be a previous employer or a friend whom is able to comment on your suitability)	
Most Recent Employer Name:	Second Referee Name:
Job title:	Job title:
Capacity in which known to you e.g. Line Manager etc.	Capacity in which known to you.
Address	Address
Telephone Number:	Telephone Number:
Fax Number:	Fax Number:
May this person be contacted prior to interview? Y/N	May this person be contacted prior to interview? Y/N
If you are known by either referee by a name other than the name on the front of this form, please give the name here:	
All positions are also subject to one recent employer reference and a second reference.	

WORK PERMIT

Do you require a Work Permit? Y/N	If yes, do you have a current Work Permit? Y/N
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GENERAL EDUCATION (CSE, GCE, RSA, GCSE etc.)

Qualification	Subject	Place of Study	From	To	Grade	Date Obtained

FURTHER EDUCATION (College, Nursing School etc.)

Qualification	Subject	Place of Study	From	To	Grade	Date Obtained

PROFESSIONAL REGISTRATION

Issuing Body	Registration Number	Expiry Date:

IN-HOUSE TRAINING/VOCATIONAL TRAINING/RELEVANT SHORT COURSES ATTENDED:

Please give details of any training undertaken with previous employers or relevant short courses attended:

PRESENT OR MOST RECENT EMPLOYMENT

Position Held:	
Name and Address of Employer:	Date of Appointment: Date of Leaving (if applicable): Salary/Grade:
Nature of Employer's Business (e.g. Residential Care /Housing Association)	
Brief Description of Duties:	
Reason for Leaving / Wishing to Leave:	

PREVIOUS EMPLOYMENT COVERING THE LAST TEN YEARS (Most Recent first)

Employers Name and Address	Post	Principal Duties	From	To	Reason for Leaving

Please continue on a separate sheet if necessary

BREAKS IN EMPLOYMENT

Please account for any breaks in employment, describing how this time was spent:
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SICKNESS ABSENCE OCCASIONS

How many occasions of sickness absence have you taken in the last 2 years:

DRIVING LICENCE

Do you hold a full driving licence Y/N Would you be willing to use your car at work Y/N

All driving documents for you and the vehicle would need to be seen prior to employment.

SUPPORT WITH ANNUAL HOLIDAY S

Would you have any difficulties in being able to support clients to go on their chosen annual holiday ? Y/N

HOBBIES AND INTERESTS

Please tell us about your hobbies and interests:

SUPPORTING INFORMATION

Please provide information in support of your application. This should include relevant experience and training, why you feel you should be considered for this post and the reason(s) for your application.

Please continue on a separate sheet if necessary.

AVAILABILITY

Are there any times or dates that you are unavailable for interview? If yes, please indicate:

When would you be free to take up a new appointment?

Are you related to, or know any member of the Management Team or staff or residents of Gemstone Care ?
Y/N.

If yes, please give details:

ANY HOLIDAYS BOOKED IN ADVANCE

Do you have any holidays planned or booked prior to completing this application Y/N

If so, can you please state which dates you would be away for:

CRIMINAL RECORD OFFENDERS ACT 1974

Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 1986 provides that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any convictions which would otherwise be spent. The Care Sector Regulations provide that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any criminal convictions, conditional discharges, bind overs or cautions that they have been subject to at any time in the past.

Your answer to the following question should include any 'spent' convictions, conditional discharges, bind overs or cautions.

Have you ever been convicted of a criminal offence or received a conditional discharge or bind over ?

Yes

No

If Yes, please provide details below:

1. Date: Offence:

Sentence:

2. Date: Offence:

Sentence:

Making a false statement or any attempt to conceal information regarding this declaration will lead to the statement or any attempt to conceal information regarding this declaration will lead to be the rejection of your application for employment with Gemstone. Further action may be taken. Any details provided will be treated in the strictest confidence and will not automatically exclude anyone from being considered for any vacancy.

All positions are subject to a Disclosure and Barring Service (Enhanced).

Any information given will be held on computer and in paper format and therefore falls within the provisions of the Data Protection Act. This data shall be held securely and this may be shared with professional bodies.

DECLARATION

Any information given will be held on computer and in paper format and therefore falls within the provisions of the Data Protection Act. This data shall be held securely and this may be shared with professional bodies.

In respect of successfully appointed candidates the data will be held securely for the duration of the employment contract, then on termination of that contract will be archived for a period of 5 years, after which time all data relating to that person will be destroyed.

I certify that to the best of my knowledge the information I have given above is true and complete.

I understand that any false information given on this form may render an offer of employment invalid and may lead to termination of my employment.

I also understand that the appointment will be subject to satisfactory **DBS** (employee will pay for their own DBS) and **References** .

Print Name

Signed: **Date:**