

INDEPENDENT OPTIONS (NORTH WEST)

To be complete in typed form or in your own handwriting. Please refer to the job description and person specification. If the space provided is not sufficient, please continue on a separate sheet.

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| **Personal Details** |  |
| Forename or other names |  |
| Surname |  |
| Address |  |
| Telephone | Home  Mobile |
| Email address |  |
| Are you a car driver? | **□** Yes **□**No |
| Do you have access to a car for work purposes? | **□** Yes **□**No |
| Are you legally eligible to live and work in the UK in accordance with the Asylum and Immigration Act 1996? | **□** Yes **□**No  **NOTE:** *Before any contract of employment can be offered to anyone subject to immigration control we are required to check and copy certain documents under Section 8 of the Asylum and Immigration Act 1996 as amended.* |
| If you are not a UK or EU National can you provide proof of permission to work in the UK? | **□** Yes **□**No  Please note if you cannot provide proof of permission to work in the UK then we cannot accept your application as you are unable to work legally in the UK. |

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| **Employment History** |  | | |
| **Current employer name & address** | **Dates employed**  **(from/to)** | **Position held** | **Salary** |
|  |  |  |  |
|  | | | |
| **Reason for Leaving**  Please state reason for leaving. | | | |
|  | | | |
| **Current employment status**  **□** Employed **□**Self Employed **□** Not working  If applicable, number of weeks’ notice period: | | | |

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| **Previous employment** (last 3 posts only) | Please list in chronological order, including temporary, casual, short term and voluntary work. | | |
| **Employer name & address** | **Dates employed** | **Position held** | **Reason for leaving** |
| Outline main duties and responsibilities. |  | | |
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| Please tell us why you are applying for this post and why you want to work for Independent Options | If in current employment, please explain why you are looking for a new post. |
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| Do you have any restrictions on your hours or availability? Please see our requirements in respect of working hours as detailed in the job description. | **□** Yes **□**No |
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| Do you have any other job that you intend to continue? If yes, please give details including working hours and nature of the work. | **□** Yes **□**No |
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| **Education and Training** |  | | |
| General Education |  | | |
| School/college | From | To | Subjects/course/level and grade |
|  | | | |
| Further and Higher Education |  | | |
| College/University | From | To | Qualifications achieved |
|  | | | |
| Professional training |  | | |
| College/University | From | To | Qualifications achieved |
|  | | | |
| Professional membership |  | | |
| Name of Professional Body and level of membership | Date | | Nurse ; Pin Number  Social Worker : GSCC Reg. Number |
|  |  |  |  |
| NVQ or work related qualifications | From | To | Awarding Body and level/grade |
|  | | | |
| Work Related Training |  |  |  |
| List subjects | Date achieved | | Duration of course ( e.g. one full day) |
|  | | | |

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| **Supporting information** | What experience, skills, qualities do you have that you feel would be relevant to the job you are applying for? Please refer to the job description and person specification which outlines the skills, values, experience, knowledge and personal qualities required for the post. Continue on a separate sheet of paper if necessary. Please do NOT submit a CV as this will not be used for short listing purposes. |
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| **References** | Please supply the names and address of two professional references. **It is essential that one of your references must be your current or last employer and the referee was your line manager and not a colleague, relative or friend.** | |
| Current or most recent employer |  | |
| Business Address only | Name |  |
| Position |  |
| Address |  |
| Tel |  |
| Email  (preferred method) |  |
| Can this reference be contacted prior to interview | **□** Yes **□**No |
| Second reference or if not applicable academic reference |  | |
|  | Name |  |
| Position |  |
| Address |  |
| Tel |  |
| Email  (preferred method) |  |
| Can this reference be contacted prior to interview | **□** Yes **□**No |

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| **Declaration** |
| I declare that the information I have given on this form is correct and that any misrepresentation by me may be sufficient grounds for my dismissal if I am employed. I give my permission for my previous employer(s) and any references given to be contacted. |
| Signature:  Date: |
| **Data Protection Act** |
| Consent under the Data Protection Act 1998 - the information given in this form will be processed only by Independent Options (North West) for the purpose of considering your application for employment. If you are successful in your application this form and the information in it will be retained in your HR file for such time as you are an employee and for up to 6 years after the end of your employment.  Otherwise this form will only be retained by for so long as it is required in connection with your application. By signing this consent you give us your express consent to retain and process all the information contained in this form. |
| Signature:  Date: |
| **Health Questionnaire** |
| I understand that I will be required to complete a confidential declaration in respect of my state of health before any final job offer is made.  Signature:  Date: |
| **Disclosure and Barring Service ( DBS)** |
| Because of the sensitive nature of the post and/or the duties, I understand that I will be subject to an Enhanced DBS before any final job offer is made. |
| Signature:  Date: |