**My Personal Enablement Support Partnership**



**Job Application Form**

**Thank you for taking the time to look at this form, it will take around 15 mins to complete.**

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| Post applied for: | | |  | | | | | | | | | | Office notes |
| Location (make bold or put x): | | | Springfield House | |  | Outreach | |  | | Kent | |  |  |
| Eastbourne | |  | Essex | |  | | Other | |  |
| Attached CV | Yes | No | | Full clean manual driving license | | | | | Yes | | No |  |
| Preferred working arrangements (days/nights, full/part) | | | | | | |  | | | | | | |

Please complete total form in Blank ink only. Complete white/clear boxes only – leave all grey boxes. Please don’t worry about boxes changing size.

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| **1. PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | |  | | | | | | | | | | | | | First name | | | | | | | |  | | | | | | | | | | | | | | | |
| DOB |  | | | | | Preferred title (Dr, Mr, Mrs, Ms, Miss etc): | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Former Surnames if different: | | | | | | | |  | | | | | | | Address: | | | | | |  | | | | | | | | | | | | | | | | | |
| Nationality: | | |  | | | | | | | Do you need a work permit to be employed in the UK? | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| If you already have a work permit, when does it expire? | | | | | | | | | | | | | | | | | | | |  | | | | | Where did you learn of the post? | | | | | | | | | | | |  | |
| Do you have a transferable DBS | | | | | | | | | |  | | | When are you available for an interview | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Next of kin details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | Role | | | | | | | | | Phone number | | | | | | | | Address | | | | | | | | | | | | | | | | |
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| **2. EDUCATION AND PROFESSIONAL QUALIFICATIONS – newest first**  (Original documents as proof of qualification will be required at interview.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Qualifications** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have the care certificate | | | | | | | | |  | | Do you have all mandatory training | | | | | | | | | | | | | | | |  | | Have you had PBS training | | | | | | | | |  |
| Qualification | | | | | | When done | | | | | | Result | | | | | Where done | | | | | | | | | Do you feel competent | | | | | | | | | Office notes | | | |
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| **Education and studies** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Institution and what studies | | | | | | | Date from | | | | | | Date too | | | | | Address | | | | | | | | | | | | | | | | | | | | |
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| **3. PRESENT POST/{POSTS – newest first (present/current). Entire history for 15 years (or since left education) – all gaps must be explained** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and Address of Employers | | | | | | | Position or positions held | | | | | | | | | | | | Reason for leaving | | | | | | | Duties | | | | | | | | Final grade/salary | | | | |
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| **4. PREVIOUS EMPLOYMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and Address of  Employers | | | | | | | Position or positions held | | | | | | | | | | | | Reason for leaving | | | | | | | Duties | | | | | | | | Final grade/salary | | | | |
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| Any gaps in employment explained | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5. RELEVANT SKILLS / EXPERIENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Short statement about yourself | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| What makes you think you would be right for the role? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| What skills do you have that you think would be valuable? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6. OTHER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of sick days in last 2 years | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Do you have a disability (do you require any alterations for interview or the job role)? What disability is this? | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| What is your ethnicity | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| What is your religion or faith | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Fluent in which languages (primary language first) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Rehabilitation of 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 Offender Act 1974 by virtue of the Rehabilitation of 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 cautions or convictions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Outline what | | | | |
|  | | | | |
| **7. REFERENCES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Most recent or current employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and tittle | | | | Address | | | | | | | | | | | Phone number | | | | | | | | | Email address | | | | | | | | Organisation | | | | Contact them before interview? | | |
|  | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | |  | | |
| Other reference – you must have known them for 3+ years, not a relative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and tittle | | | | Address | | | | | | | | | | | Phone number | | | | | | | | | Email address | | | | | | | | Organisation | | | | Contact them before interview? | | |
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| **8. DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating my employment. I also give consent for information to be stored on file as per the GDPR polices I hereby give my consent for the information provided on this form to be held on computer or other relevant filing systems with the GDPR 2018. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sign | |  | | | | | | | | | | Print | | | |  | | | | | | | | | | | | Date | | |  | | | | | | | |