



CuroCare

CuroCare Application Form

CONFIDENTIAL

POST APPLIED FOR:

- 1) It is important that you read the enclosed information before completing this form as it provides advice and guidance on how to answer the required sections.
- 2) Curriculum Vitae are not acceptable unless otherwise stated.

PART 1

PERSONAL DETAILS: please complete in BLOCK CAPITALS

Surname (current family name):

Mr/Mrs/Miss/Ms/Other:

Forename(s):

Previous Surname (if appropriate):

National Insurance Number:

Are you aged 18 or over (required for regulatory purposes):

Yes No

Present Address:

County:

Postcode:

Previous Address (if you have lived at your present address for less than 12 months):

County:

Postcode:

Are you subject to immigration control?

Yes No

Are you free to remain and take up employment in the UK?

Yes No

If you are successful you will be required to present evidence of this prior to your appointment.

Home Telephone No:

Work Telephone No:

Mobile Telephone No:

E-mail address:



INVESTOR IN PEOPLE

NMC Pin Number: (if applicable)

Expiry Date:

Do you hold a current driving licence?

Yes

No

Please list any driving convictions:

Are you a friend or relative of (or have other links with)
a current/former employee or service user of CuroCare?

Yes

No

If yes please provide their name and your relationship to them:

Have you ever worked for CuroCare?

Yes

No

If yes please complete the following:

Your job title on leaving:

Name of unit:

Dates employed:

From _____ To _____

Was your contract terminated by the company?

Yes

No

PRESENT OR MOST RECENT EMPLOYER

Please complete in BLOCK CAPITALS:

Name and Address:

Date Appointed:

Date of Leaving:

Job Title:

Earnings P.A:

Grade:

Notice Required:

Reason for leaving:

Main Duties:

How many days sick leave have you taken in the last two years?:

Available to take up employment with effect from (date) _____/_____/_____

Are you prepared to work night shifts wherever required Yes No

PAST EMPLOYMENT RECORD

(Please cover the last 10 years (if possible) starting with the most recent employer and explain any gaps in your employment)

Name & Address of Employer	Job Title	Reason for Leaving	From	To

REFERENCES

Two references will be taken after the interview, should you be successfully short-listed. Both should be from your two most recent employers. Otherwise your most recent employer and a character referee (non relative) will be acceptable as a second reference. If you have never been in paid employment, an academic referee along with a character referee will be acceptable.

Name:

Name:

Job Title:

Job Title:

Work Relationship:

Work Relationship:

Organisation:

Organisation:

Full Address:

Address:

Post Code:

Post Code:

Tel No:

Tel No:

NB: The Company reserves the right to seek a reference from any previous employer, school, college, university, in addition to the preferred referees. However, we will not contact your referees until a provisional job offer has been made to you.

Please continue your employment history on this page if you need more space.

PART 2**JOB RELATED INFORMATION****QUALIFICATIONS**

Qualifications obtained from schools/colleges/universities including any relevant professional qualifications.

Name & Address of Establishment	Dates	Course Title	Qualifications Received

Please note that you will be asked to furnish original copies of degree/professional level/or other relevant qualifications quoted on this application.

MEMBER OF PROFESSIONAL BODIES**RELEVANT TRAINING COURSES**

Please state other relevant non-qualification courses you have completed, including short courses.

Dates	Course Title

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SKILLS AND ABILITIES

Please describe the qualities that you can bring to the job applied for. *Please continue on a separate sheet if necessary.*

KNOWLEDGE AND EXPERIENCE

(Gained through either paid work, voluntary work or life experience)

OTHER INFORMATION

(please continue on a separate sheet if necessary)

GENERAL HEALTH

Is your general fitness and mental health satisfactory for the position applied for?

Yes No

If No, please give details below:

Have you been made subject to an order under any section in the Mental Health Act?

Yes No

If Yes, please give details below:

N.B. You are also required to complete a pre-medical questionnaire, which should accompany this application form.

Are you currently (in the UK or another country); suspended from duty, subject to an investigation by your employer or by any other body, subject to any police investigation and/or prosecution, or ever been disqualified from the practice of a profession?

Yes No

if Yes, please give details below:

DECLARATION

I hereby declare that the information provided on this form is correct to the best of my knowledge. I also give my consent to have this information held and processed by CuroCare in accordance with the Data Protection Act 1998.

Signature of applicant _____ Date: _____

PART 3

CUROCARE - EQUAL OPPORTUNITIES

CuroCare is an equal opportunities employer and aims to ensure people are recruited, selected, trained and promoted on the basis of job requirements, skills, abilities and other objective criteria. The Company will ensure that no job applicant or employee receives less favourable treatment on the grounds of race, colour, nationality, ethnic or national origins, religious belief, sex, sexual orientation, marital status, disability, age or is disadvantaged by conditions or requirements which cannot be shown to be justified as being necessary for the safe and effective performance of the job.

Are you? Female Male

Date of Birth: __/__/__

How would you describe your ethnic origin? (Please tick)

African, Caribbean Black	Asian	Mediterranean	White
AFRICAN <input type="checkbox"/> (excluding persons from North Africa i.e Arab, also excluding East African Asians)	BANGLADESHI <input type="checkbox"/>	GREEK <input type="checkbox"/>	OTHER <input type="checkbox"/> (Please specify)
CARIBBEAN/ WEST INDIAN	CHINESE <input type="checkbox"/>	GREEK CYPRIOT <input type="checkbox"/>	_____
OTHER (Please specify)	EAST AFRICAN ASIAN <input type="checkbox"/>	ITALIAN <input type="checkbox"/>	_____
_____	INDIAN <input type="checkbox"/>	TURKISH <input type="checkbox"/>	_____
_____	PAKISTANI <input type="checkbox"/>	TURKISH CYPRIOT <input type="checkbox"/>	Other
	SRI LANKAN <input type="checkbox"/>	OTHER (Please specify)	OTHER <input type="checkbox"/> (Please specify)
	OTHER <input type="checkbox"/> (Please specify)	_____	_____
	_____	_____	_____

Do you consider yourself to have a disability?

Yes No

We guarantee disabled people an interview should they meet the minimum requirements of the job.

Signature _____	Date _____
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PART 4

IN CONFIDENCE

CUROCARE

CRIMINAL CONVICTIONS DECLARATION FORM

Post applied for:	Full Name:
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Rehabilitation of Offenders Act 1974

The post for which you have applied is defined as exempted employment under the terms of the Rehabilitation of Offenders Act 1974 (Exceptions) Amendments Order 1986 and **you are required to declare “spent” convictions** which you would not normally be required to declare if applying for other types of employment.

All candidates **must** complete the appropriate sections of the form. The form must then be returned to us in the envelope provided which must be sealed. If this application form has been completed and sent electronically, this section will be treated confidentially by our Human Resource Department. It is emphasised that ex-offenders will only be assessed on their ability to do the job applied for and convictions will only be taken into account if relevant to the job.

(a) If you have a previous conviction(s), caution(s), or if you have a court appearance pending please supply details below.

(b) If you have no previous convictions, or if you do not have a court appearance pending go straight to the DECLARATION section.

Date	Court	Details of Offence	Sentence

Former Names & Addresses

Name	Address	Date from - to

Declaration

- I have not withheld any information which may affect my application for appointment.
- I understand that false information or omissions may lead to my summary dismissal.
- The information supplied above may be verified by the company through a criminal records bureau disclosure.

Signature: _____ Date: _____