

**Office Use:**

Post Applied for:

Post Number:

Interviewed By:

Date Received:

## Application Form

*Please complete this form fully using black ink or type. C.V's are not accepted as an application, but feel free to include a CV to support your application. Applications received after the closing date will not be considered.*  
**THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN THE STRICTEST CONFIDENCE.**

### Section 1: Personal Details

Title:  First Name:  Surname:

Address:   
  
  
 Postcode:

Telephone: (Home)   
 Telephone: (Mob)   
 E-Mail Address:

National Insurance N<sup>o</sup>:

Are you free to remain and take up employment in the UK with no current immigration restrictions? YES  NO

Do you hold a full, clean driving license valid in the UK? YES  NO

### Section 2: Employment

**Present Employer** *(If you are currently unemployed give details of your last employer)*

Name of Employer:  Position:

Address:   
  
  
 Postcode:

Date From:   
 Date To:   
 Pay Rate:

Summary of Duties:

Reason for leaving:  
*(If no longer employed)*

Notice Required:  Last Day of Service:  
*(If no longer employed)*

**Employment History** *(Starting with the most recent)*

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Name of Employer:  Position:

Address:

Date From:   
Date To:

Postcode:  Pay Rate:

Summary of Duties:

Reason for Leaving:

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Name of Employer:  Position:

Address:

Date From:   
Date To:

Postcode:  Pay Rate:

Summary of Duties:

Reason for Leaving:

*Please continue on a separate sheet if necessary.*

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**Section 3: Education & Training**

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

Establishment	Subject / Course	Qualifications / Grade

Please continue on the following sheet

### Section 3: Education & Training Continued...

Establishment	Subject / Course	Qualifications / Grade

Continue on a separate sheet if necessary.

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses. *EG. First Aid, Safeguarding Adults*

Title of Training Programme or Course	Duration of Course

Continue on a separate sheet if necessary

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### Section 4: Convictions

Do you have any criminal convictions either spent or unspent? YES  NO

This question is raised pursuant to the provisions of the Rehabilitation of Offenders Act 1974 (ROA) - (Exceptions) Order 1975 and the ROA (Exceptions) (Amendments) Order 1988.

If yes, please give details / dates of offence(s) and sentence:

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### Section 5: Health

There will be functions within this job description which are intrinsic to the role. Do you have any health issues/conditions that may affect the position you are applying for? YES  NO

*Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed.*

Number of days absent due to sickness in the last 2 years?

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### Section 6: References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

#### Reference 1

Name:	<input type="text"/>
Title:	<input type="text"/>
Position:	<input type="text"/>
Organization:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
Postcode:	<input type="text"/>
Telephone:	<input type="text"/>
E-Mail:	<input type="text"/>

#### Reference 2

Name:	<input type="text"/>
Title:	<input type="text"/>
Position:	<input type="text"/>
Organization:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
Postcode:	<input type="text"/>
Telephone:	<input type="text"/>
E-Mail:	<input type="text"/>

**Do we have permission to contact your referees prior to interview?**

<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
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<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
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### Section 7: Declaration

Are you related to or do you have a close personal relationship with staff or committee members at "The Robertson Sandie Home"? **YES**  **NO**

If yes, specify name(s), position(s) and relationship(s)

#### B. Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered. All of the information I have provided is correct and all of the questions relating to me are fully answered and I possess all the qualifications I claim to hold.

**Signed:**

**Date:**

"The Robertson Sandie Home" undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

If you are returning this form by email, you will be asked to sign your application at interview.

## **RETURNING THIS FORM**



### **By Hand or Post:**

The Manager  
Robertson Sandie Home  
16 Vyner Road South  
Birkenhead  
Wirral  
CH43 7PR

### **By E-Mail:**

[office@robertson-sandie.co.uk](mailto:office@robertson-sandie.co.uk)

### **Enquiries:**

Telephone: (0151) 653 6613