

Application Form

Please Complete and email completed form

To: info@brookehillcare.co.uk

Please ensure that you complete the application form in full as we cannot accept CVs. Please complete in black and block capitals. This form will be kept in confidence. Please note that no applicant will be unfairly discriminated against. This includes discrimination on account of age, cultural, religious, political beliefs, disability, ethnicity, gender, race, relationship status, sexual orientation, and / or Trade Union membership or stewardship.

If you have any special requirements to support you to complete this form (e.g. the need for large print or additional time), please contact the Registered Manager.

Positio	n Applie	ed For:						Location:						
Work Preference:			Hours Reque			Requeste	ed:							
I understand this role may include: Shift work, Unsociable Hours, Lone working involved. (Please select the respective box below to show your availability														
Monday Tuesday		sday	Wednesday		Thursday		Friday		Saturday		Sunday			
AM	PM	AM	РМ	AM	PM	AM	PM	AM	Л	PM	AM	PM	AM	PM
Evening Evening		Evening Evening		Evening		Evening		Eve	ning					

		Persona	Il Details			
First Names:			Address:			
Surname:						
Maiden Name:						
Previous Names:						
Marital Status:						
Gender:			Postcode:			
Place of Birth:			Nationality:			
Telephone Number:			NI Number:			
Mobile Number:			Email Address:			
Are you a Driver:			Own Transport			
How long have you had a licence?			Any Endorsements:			
Are you a United Kingo	` ′					
	*If no, please detail your current immigration status and provide as appropriate the relevant Home Office codes to facilitate verification your right to work in the UK.					
Are you related to any	of our cu	rrent members of staff or C	lients?			
Equality Act 2010 - Under the Equality Act 2010, the definition of disability is if you have a physical or mental impairment that has a "substantial" and "long-term adverse effect" on your ability to carry out normal day-to-day activities. Further information regarding the definition of disability can be found at: www.gov.uk/definition-of-disability-under-equality-act-2010 .						
Are you related to any of our current members of staff or Clients?						
	For the purposes of this application and interview stage only, is there anything you would like us to be aware of so that we can make reasonable adjustments during the process?					

Education *(All qualifications will be subject to a satisfactory check).					
School / College / University	Date From:	Date To:	Examinations, Qualifications*		

Training Courses attended or completing (evidence of attending courses is required)					
Subject	Location	Date	Details		

Professional Memberships / Registrations					
Name of Organisation	Registration Number	Renewal Date	Details		

Employment History

Current / Most recent employer

Please record below the details of your **full employment history** beginning with your current or most recent first. Any gaps must be explained. Use a separate attached sheet if required; please sign the sheet(s)

Start Date:		End Date:		Salary:			
Job Role:			Employer Na	ame:			
Reason for Leaving:			Contact Nan	ne:			
Duties:			Address:				
			Postcode:				
			Telephone:				
			Email:				
		Employ	ment History				
Start Date:		End Date:		Salary:			
Job Role:			Employer Na	ame:			
Reason for Leavin	Reason for Leaving:		Contact Name:				
Duties:			Address:				
Duties:			Address:				
Duties:			Address:				
Duties:			Address: Postcode:				
Duties:							
Duties:			Postcode:				

	Employn	nent History Conti	nued (Copy this p	page if req	uired)	
Start Date:		End Date:	Salary:			
Job Role:			Employer Name) :		
Reason for Leavin	g:		Contact Name:			
Duties:			Address:			
			Postcode:			
			Telephone:			
			Email:			
Start Date:		End Date:		Salary:		
Job Role:			Employer Name) :		
Reason for Leavin	g:		Contact Name:			
Duties:			Address:			
			Postcode:			
			Telephone:			
			Email:			

Employment History Continued (Copy this page if required)							
Start Date:	End Date:		End Date:	Salary:			
Job Role:				Employer Name	e :		
Reason for Leavin	g:			Contact Name:			
				Address:			
Duties:				Postcode:			
				Telephone:			
				Email:			
Start Date:			End Date:		Salary:		
Job Role:	ob Role:			Employer Name:			
Reason for Leaving:			Contact Name:				
Duties:				Address:			
				Postcode:			
				Telephone:			
				Email:			
	Explanation	on of Gaps	Use this section to d	letail any gaps in em	iployment an	d why	

References: Please provide names, addresses and telephone numbers for referees below whom we may approach for a reference. In line with CQC requirements, we require references (or other satisfactory evidence as the employer may determine) from all previous employers concerned with the provision of services relating to health or social care, or children or vulnerable adults which should include details of why their employment came to an end (note that this is not time limited). If your previous employment does not concern the provision of services relating to health or social care, or children or vulnerable adults, you must provide references from your two most recent employers.

Please provide two - character references if you are unable to obtain two professional references, e.g. in the case of an applicant who has been raising children for ten years. All will be contacted. Therefore, please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

	Referee One	Referee Two
Contact Name:		
Business Name:		
Address:		
Postcode:		
Telephone:		
Email:		
Capacity in which known		
	Referee Three	Referee Four
Contact Name:		
Business Name:		
Address:		
Postcode:		
Telephone:		
Email:		
Capacity in which known		
	Additional Referee	Additional Referee
Contact Name:		
Address:		
Postcode:		
Telephone:		
Email:		
Professional / Character:		
Capacity in which known		

Please use additional paper if required.

	rs Declaration: Please note the be treated with the strictest co	is section will only be seen by th nfidence.	nose invo	olved in the
The Rehabilitation of Offenders Act 1974 aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. Brookehill Care Limited undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.				
		event your employment. This w osition and the particular circur		
issued by a Court or Court-M	artial in the United Kingdom or	•		
Do you have any current UNS Kingdom or in any other cour		ands or final warnings in the Un	ited	
	Privacy S	tatement		
*We will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this application form, you consent to us holding the information contained within this application form. If successfully shortlisted, data will also include shortlisting scoring and interview records. We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you). When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles. We have privacy policies that you can request for further information. Please be assured that your data will be securely stored by The Registered Manager and only used for the purposes of recruiting for this vacant post. You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time, please contact The Registered Manager to discuss.				
	5 .			
Declaration				
misrepresentation in the appl	ication form will be grounds for	. I agree that any deliberate omi rejecting this application or sul cation regarding professional re	osequen	t dismissal if
Print Full Name:				
Signature:		Date:		

Supporting Statement
Please add here your reasons for applying. You should refer to the job description and person specification to guide you. It would also be of value to describe strengths and talents that set you apart from others as well as including skills gained from work, home and other activities