



# Oakland Care

## APPLICATION FORM

Position applied for:	
Where did you see this vacancy advertised?	

### SECTION 1: PERSONAL DETAILS

Title: Mr / Mrs / Miss / Ms / Other (delete as appropriate)
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Forename(s):	Surname:	
Address:		
Postcode:		
Landline No:	Mobile No:	Email:
Date of Birth:	National Insurance No:	

### *Additional Information*

Are you eligible to work in the UK? Yes / No (delete as appropriate)
<i>If you have a work permit please complete the questions below:</i>
How many hours a week are you allowed to work?
When does the work permit expire?
Please provide details of your nationality:

Do you have any other work commitments either paid/unpaid that you would wish to continue with? Yes / No
If Yes, please provide details:

Are you related or do you know anyone that works for Oakland Care? Yes / No
If Yes, please provide details:

Are there any adjustments that maybe required should you be selected for interview? Yes / No
If Yes, please provide details:

**SECTION 2: CRIMINAL CONVICTIONS AND DBS CHECK / ADDITIONAL INFORMATION**

Please note that because of the nature of the work for which you are applying this post is exempt from the provisions of The Rehabilitation of Offenders Act 1974 (Exemption Order 1975). Applicants are therefore required to disclose information about any convictions which for other purposes would be regarded as 'spent' under the provisions of the Act. Any information given will be treated as confidential and will be considered only in relation to any post to which the conviction applies.

All successful applicants will be required to undergo a DBS check.

***Please read the above carefully and then answer the following questions.***

<b>Have you ever been convicted of a criminal offence?    Yes   /   No</b>
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<b>Have you ever received any official cautions, reprimands or warnings?    Yes   /   No</b>
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<b>To your knowledge are you currently the subject of any criminal proceedings or police investigation?    Yes   /   No</b>
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<b>If you have answered Yes to any of the above, please provide details below:</b>

<b>Have you ever been suspended or dismissed from any previous job, or are you currently under disciplinary investigation?    Yes   /   No</b>
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<b>If you have answered Yes, please provide details below:</b>

**SECTION 3: EMPLOYMENT HISTORY**

*Please provide details of your employment history, starting with your current/most recent employment and work backwards.*

**Current/Most Recent Employment:**

Start Date:	Employer / Job Title:	Leave Date:	Reason for Leaving:

How much notice do you need to provide?
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*Full Employment History: Please continue on a separate sheet of paper if necessary.  
If you have a gap(s) in your employment of three months or more please complete Section 4.*

Start Date:	Employer / Job Title:	Leave Date:	Reason for Leaving:

**Full Employment History continued:**

<b>Start Date:</b>	<b>Employer / Job Title:</b>	<b>Leave Date:</b>	<b>Reason for Leaving:</b>
<b>Start Date:</b>	<b>Employer / Job Title:</b>	<b>Leave Date:</b>	<b>Reason for Leaving:</b>
<b>Start Date:</b>	<b>Employer / Job Title:</b>	<b>Leave Date:</b>	<b>Reason for Leaving:</b>
<b>Start Date:</b>	<b>Employer / Job Title:</b>	<b>Leave Date:</b>	<b>Reason for Leaving:</b>

**SECTION 4: PERSONAL STATEMENT**

*To be completed if you have one month or more gap(s) in your employment history.*

<b>Dates statement refer to:</b>	<b>From:</b>	<b>To:</b>
<b>Please briefly describe what you were doing during the above period (eg, unemployed, looking for work, caring for a family member etc.):</b>		

<b>Dates statement refer to:</b>	<b>From:</b>	<b>To:</b>
<b>Please briefly describe what you were doing during the above period (eg, unemployed, looking for work, caring for a family member etc.):</b>		

<b>Dates statement refer to:</b>	<b>From:</b>	<b>To:</b>
<b>Please briefly describe what you were doing during the above period (eg, unemployed, looking for work, caring for a family member etc.):</b>		

<b>Dates statement refer to:</b>	<b>From:</b>	<b>To:</b>
<b>Please briefly describe what you were doing during the above period (eg, unemployed, looking for work, caring for a family member etc.):</b>		

<b>Dates statement refer to:</b>	<b>From:</b>	<b>To:</b>
<b>Please briefly describe what you were doing during the above period (eg, unemployed, looking for work, caring for a family member etc.):</b>		

**SECTION 5: EMPLOYMENT REFEREES**

Please provide details of your most current and/or recent two employer/s.

**Present/Most Recent Employer:**

<b>Name:</b>		<b>Job Title:</b>
<b>Address:</b>		
<b>Postcode:</b>		
<b>Contact No:</b>	<b>Email Address:</b>	
<b>Occupation/Relationship of above Referee:</b>		

**Previous Employer:**

<b>Name:</b>		<b>Job Title:</b>
<b>Address:</b>		
<b>Postcode:</b>		
<b>Contact No:</b>	<b>Email Address:</b>	
<b>Occupation/Relationship of above Referee:</b>		

**Character Reference:**

Please provide details of someone who would be happy to provide a personal reference (this person must not be a relative or personally connected to you).

<b>Name:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Contact No:</b>	<b>Email Address:</b>

**SECTION 6: QUALIFICATIONS, TRAINING AND CURRENT LEARNING**

<b>Secondary Education:</b>	<b>Qualifications/Grades Obtained (include dates):</b>
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<b>Further/Higher Education:</b>	<b>Qualifications/Grades Obtained (include dates):</b>
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<b>Relevant Training, Professional Qualifications:</b>	<b>Qualifications/Grades Obtained (include dates):</b>
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<b>Current Qualifications Being Undertaken:</b>	<b>Please provide details:</b>
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**SECTION 7: RELEVANT EXPERIENCE**

Please use this section to state how your skills, experience and training would enable you to meet the requirements of the role for which you are applying. Include any other additional information that you feel may be of relevance (please use a separate sheet if necessary).



**SECTION 8: DECLARATION OF HEALTH**

*Any information provided on this form will be treated in the strictest confidence.*

**How much sickness absence have you had in the past year?**

**Do you have a health problem which is relevant to your application?    Yes / No**  
**If Yes, please provide details:**

**Have you ever had an illness/impairment/disability which may have caused or been made worse by your work?    Yes / No**  
**If Yes, please provide details:**

**Are you waiting for treatment (including medication) or medical investigation at present?    Yes / No**  
**If Yes, please provide details:**

**Do you think that you may need any adjustment or assistance to help you do your job?    Yes / No**  
**If Yes, please provide details:**

**Have you ever had any mental illness which might affect your ability to work (include depression/anxiety/stress)?    Yes / No**  
**If Yes, please provide details:**

**Are you currently receiving any medications or other treatment at the moment?    Yes / No**  
**If Yes, please provide details:**

**Have you ever suffered with back strain or other back conditions which may affect your ability to undertake lifting and handling activities safely?    Yes / No**  
**If Yes, please provide details:**

**Have you ever had a drug or alcohol problem?    Yes / No**  
**If Yes, please provide details:**

**Do you have any allergies? Yes / No**

**If Yes, please provide details:**

*Please provide details of your immunisation record:*

<b>Immunisation</b>	<b>Yes</b>	<b>No</b>	<b>Dates</b>
Tetanus			
Polio			
Hepatitis A			
Hepatitis B			
Rubella (German Measles)			
BCG (Tuberculosis Vaccination)			

**SECTION 9: APPLICANT DECLARATION**

*Please read carefully before signing this section.*

**The information in this form is true and complete. I agree that any deliberate omissions, falsifications or misrepresentation on this form will be grounds for rejecting this application or subsequent dismissal. This equally applies to the medical declaration form (Section 8).**

**I confirm that the information provided in the Criminal Convictions Declaration (Section 2) is to the best of my knowledge correct.**

<b>Name:</b>	
<b>Signed:</b>	<b>Date:</b>

**DATA PROTECTION:**  
The information that you provide on this form and obtained from other relevant sources will be used to process your application for employment. All information provided will be used in a confidential manner for this process only.

Please return your completed application form to:

Zoe Page  
HR Manager  
Oakland Grange  
St Floras Road  
Littlehampton  
West Sussex, BN17 6BB  
Email: [admin@oaklandcare.co.uk](mailto:admin@oaklandcare.co.uk)