



***ENTERPRISE CARE SUPPORT LTD
APPLICATION FOR EMPLOYMENT***

**Mitcham Parish Centre, Church Path, Mitcham, Surrey CR4 3BN
Tel: 020 8640 8081, Fax: 020 8432 6135, Email: info@enterprisecaresupport.org.uk**

Please complete this form clearly in blue or black ballpoint or typescript

PERSONAL

Surname: (block capitals) _____

Title: _____ Date of Birth: _____

Forename: _____

Address: _____

Email Address: _____

Telephone home: _____ Other (work, mobile): _____

Next of Kin: _____ Tel _____

Can this person be contacted in an emergency? YES NO

Do you hold a current driving license? YES NO

Are you a registered disabled person? YES NO

If yes, registration no. _____

National Insurance No: _____

Language Spoken : _____

EDUCATION

Name & Address of Secondary School	Date		Examination & Results obtained
	From	To	

FURTHER EDUCATION

College/Polytechnic University	Date		Course & Results
	From	To	

TRAINING

Please give details of any courses attended, including professional and qualification.

Have you any holiday commitments? (give details & dates)

MEDICAL

Do you have any problems with your health? YES NO
If yes please give details:

PREVIOUS EMPLOYMENT – most recent first.

Position should be listed in chronological order and you should account for any gaps in employment. Students should state any part-time or holiday jobs.

Name & Address of Employer	Position held	Date		Salary	Reason for leaving
		From	To		

REFERENCES

Please provide names and addresses of two referees to whom confidential enquires may be made (one should be present or your most recent employer if a student then provide tutors name.

Name: _____

Name: _____

Address: _____

Address: _____

Position: _____

Position: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

MISCELLANEOUS

Do you have a criminal record? YES NO
If yes please give details:

Other interests and hobbies:

SUPPORTING STATEMENT

The information you provide in this section will be used for short-listing prior to interview. Please refer to the person specification and other information provided when filling in relevant skills, knowledge and experience include those gained outside paid work, for example, through voluntary service as well as during your working life.

You have which make you particularly suited to the post applied for (Please attach additional sheets if required)

DECLARATION

All information given in this application is to the best of belief accurate.

Signature: _____

Date: _____

Please return this form to:
Enterprise Care Support Ltd
Mitcham Parish Centre, Church Path, Mitcham, Surrey CR4 3BN

The following documents will be required after you have been selected for the position:

1. Copies any training certificates obtained
2. Proof of identity (Passport/birth certificate/UK driving license)
3. Two recent passport sized photograph
4. Proof of residence (utility bills – Telephone or electricity)
5. Copy of Bank details.

For Office Use Only:

Bank Details:

Bank or Building Name:

Account No:

Reference No:

Sort Code:

REHABILITATION OF OFFENDERS ACT, 1974 (EXCEPTION) ORDER, 1975

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act, 1974, by virtue of the Rehabilitation of Offenders Act, 1974 (Exceptions) Order, 1975. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. Should you be successful in your application it will be necessary for this Organisation to request a routine check of police records to disclose any conviction, spent convictions or cautions.

You are therefore required to complete the additional information asked for below and to sign the declaration giving your consent to the disclosure of any records. Refusal to give your consent will prevent further consideration of your application for this particular post. The following questions must be answered by all applicants and the completed form should be returned in the envelope provided. To ensure maximum confidentiality, the envelope should be sealed. Any information given will be completely confidential and will be considered only in relation to any application for positions to which the Order applies.

Where the information provided by the police does not agree with what you have stated on the Rehabilitation of Offenders Act 1978 Declaration, the Organisation will discuss the discrepancy with you. Where there is disagreement, you have the right to see the information provided by the police, and should contact the Manager, in the first instance, with such a request.

PLEASE COMPLETE THE FOLLOWING

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENCE OR BEEN THE SUBJECT OF A CONDITIONAL DISCHARGE OR PROBATION ORDER? You must include any offence even if it is considered 'spent' for other purposes.

YES/NO Please delete whichever is not applicable. If yes, please give details and dates, continuing overleaf if necessary:

Mr/Mrs/Miss/Ms Surname _____ Previous or other surname _____

First Names (in full) _____

Post Applied for _____ Job Reference No _____

Present Address _____

_____ From (date) _____

IF LESS THAN 5 YEARS AT PRESENT ADDRESS PLEASE ENTER ALL PREVIOUS ADDRESSES COVERING THE PAST 5 YEARS, ALONG WITH DATE AT EACH ADDRESS continuing overleaf if necessary.

_____ From _____ To _____

_____ From _____ To _____

Date of Birth _____ Place of Birth _____

I hereby consent to the disclosure of any police record relating to criminal convictions, spent convictions or cautions as described above and I understand that if my application includes any false or misleading information, I will be disqualified from appointment or, if appointed, will be liable to dismissal without notice.

Signed: _____ Date: _____

To be filled once you are in an employment with Enterprise Care Support Ltd