

WE HELP CARE LIMITED

APPLICATION FORM

Personal Details:		Position Applied For	
Title		Specify where you prefer to work	
First Name			
Middle Name		Tel No (home)	
Surname		Tel No (work)	
Address		Tel No (mobile)	
		<i>What information have you presented today that demonstrates you are permitted to work in the UK.</i>	
		<i>Professional Membership No (NMC Pin Number, GMC Rag No, NMC state of entry</i>	
Postcode		Expiry Date	

Education	Please confirm you are over 18 years of age (please tick)	YES	NO
Name & Location of Schools / College	Subject passed & Type of Examination (A/O Level, GCSE / CSE etc)	Grade	
Further / Higher Education	To include Professional / Awards and Qualifications		
Name of Institution (College / Polytechnic / University)	Degree/Diploma/Certificates Obtained (State Grade and Date)	Type of course (F/T P/T)	

Present / Last Employments

<i>Position Held</i>			
<i>Name of Employer</i>			
<i>Address</i>		<i>Salary</i>	
		<i>Nature of Work</i>	
		<i>Dates (from-to)</i>	
<i>Postcode</i>			
<i>Reason for leaving / wishing to leave</i>			

<i>Previous Employment</i>				
<i>From</i>	<i>To</i>	<i>Name & Location of Employer(s)</i>	<i>Position Held & Responsibilities</i>	<i>Reason for Leaving</i>

<i>Would you like to request any flexible</i>	<i>Arrangement (see attached information) Yes/No If yes, Please give details</i>

<i>Other Information</i>	
<i>Please give any additional information to support your application, in accordance with the requirements of the post as detailed in the</i>	

Person specification (attach additional sheets if necessary, ensuring your name is on every additional sheet)

References

<i>Name (1)</i>		<i>Name (2)</i>	
<i>Address</i>		<i>Address</i>	
<i>Postcode</i>		<i>Postcode</i>	
<i>Occupation</i>		<i>Occupation</i>	
<i>Tel No</i>		<i>Tel No</i>	
<i>Fax No</i>		<i>Fax No</i>	

Can we contact any of your referee before the interview date: Yes ☐ / No ☐

DISCLOSURE INFORMATION

Because of the nature of the work concerned, this post is exempt from the provision of section 4(2) of the Rehabilitation of Offenders Act 1974. You are not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. Any such information given will be completely confidential and will be considered only in relation to your application for the post. In order to fulfil the requirements of the above mentioned Act would you please complete the following?

1. Have you been convicted of a criminal offence, been bound over, cautioned or are you currently the subject of any police investigation / actions, which might lead to a conviction, an order binding you over a caution in the United Kingdom or any other country ?
Yes <input type="checkbox"/> / No <input type="checkbox"/> ; If Yes
a) What date did this take place ?
b) What is the charge? (State details of the offence, binding over / caution)
c) In which Authority / Country did this take place?
NB Having a criminal conviction will not bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offence. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by We Help Care Limited.

2. Have you ever been or are you currently subject to any fitness to practice proceedings by an appropriate licensing or regulatory body in the United Kingdom or any other country?

Yes <input type="checkbox"/> / No <input type="checkbox"/> ; If Yes
a) Details of the proceedings:
b) Date of Proceedings:
c) Country and name and address of licensing or regulatory body:
d) Have you ever been disqualified from practicing? Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes please give details:

3. Have you ever been dismissed from employment ?
Yes <input type="checkbox"/> / No <input type="checkbox"/>
If Yes please give details:

4. Please give details and reasons for absence due to sickness during the last two years (continue on a separate sheet, if necessary)

I certify that the above information is correct. I understand that any appointment offered is subject to a medical screening, references and disclosure and barring service (DBS).

Signed		Dated	
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