APPLICATION FORM

BROWNS SHORT BREAK RESPITE LIMITED

Reg No. 07226034

FOR OFFICE USE ONLY

Closing Date: Date Application Received:

1st Interview: 2nd Interview:

Outcome:

POSITION APPLIED FOR:

WHERE ADVERTISEMENT WAS SEEN:

PERSONAL DETAILS:

Surname: Forename(s):

Home Address:

Email Address: Main Contact Number:

NI Number:

Are you entitled to work in the UK Yes ☐ No ☐ Please note you will be required to show your passport and/or work permit if selected for interview

If you require any special arrangements to be made should you be invited for interview, please declare these below so we can accommodate your needs and meet our responsibilities under the Equality Act 2010.

If you have been convicted of a criminal offence, please detail below. (*Spent convictions do not/do need to be declared as stated in the Rehabilitation of Offenders Act 1974).

EMPLOYMENT DETAILS:

Current (Most Recent) Role: Job Title:

Employer Name:

Employer Address:

Date Started: Notice Period (or Date Finished):

Reason for Leaving:

Brief Description of Role and Responsibilities:

REFERENCE REQUEST FORM (Pt2)

BROWNS SHORT BREAK RESPITE LIMITED

Reg No. 07226034

PREVIOUS ROLE:

Current (Most Recent) Role: Job Title:

Employer Name:

Employer Address:

Date Started: Notice Period (or Date Finished):

Reason for Leaving:

Brief Description of Role and Responsibilities:

PREVIOUS ROLE:

Current (Most Recent) Role: Job Title:

Employer Name:

Employer Address:

Date Started: Notice Period (or Date Finished):

Reason for Leaving:

Brief Description of Role and Responsibilities:

PREVIOUS ROLE:

Current (Most Recent) Role: Job Title:

Employer Name:

Employer Address:

Date Started: Notice Period (or Date Finished):

Reason for Leaving:

Brief Description of Role and Responsibilities:

ANY OTHER PREVIOUS ROLES:

Job Title:	Employer Name:	Dates:

Account for any gaps in career history:

Nunn Street, Parr, St Helens, Merseyside WA9 1SF
tel. 01744 778357 mob. 07765077931 email. enquiries@bsbr.org.uk www.bsbr.org.uk

REFERENCE REQUEST FORM (Pt3)

BROWNS SHORT BREAK RESPITE LIMITED

Reg No. 07226034

EDUCATION & TRAINING:

Professional Qualifications (State Qualification and Date Attained):

Further/Higher Education (State Qualification and Date Attained):

Secondary Education (State Qualifications and Date Attained – specify English & Maths Grades):

Work Related Training (List those relevant to position applying for):

Membership of Professional Bodies:

Any Ongoing Qualifications/Training/Studies (State Subject/Qualification & expected Date of Completion):

REFERENCE REQUEST FORM (Pt4)

BROWNS SHORT BREAK RESPITE LIMITED

Reg No. 07226034

SUPPORTING INFORMATION:

Please state any information that you feel is relevant in support of your application. Do not use additional sheets. Highlight specific skills and experience that relate to the job description.

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REFERENCE REQUEST FORM (Pt5)

BROWNS SHORT BREAK RESPITE LIMITED

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What activities outside work interest you?

How many days sickness have you had in the last 5 years?

Do you hold a current driving licence? Yes ☐ No ☐

Do you own a car? Yes ☐ No ☐

If yes, would you be prepared to take out business insurance to transport service users? Yes ☐ No ☐

If applying for the position of 'Care Worker', this post requires flexability therefore please state the times and days you would be available to work;

Would this position be your only job? If not please provide details;

Are you prepared to do Respite Holidays away from home? Yes ☐ No ☐

Are you related to any employee of the company? Yes ☐ No ☐

REHABILITATION OF OFFENDERS ACT 1974 please note:

If the post you have applied for meets the exemption requirements under this act, all applicants who are offered employment will be subject to a criminal record check before the appointment is confirmed. This will include all spent convictions, cautions, reprimands or final warning

Please sign and print that you understand the above information

Signature

Print Name

Do you have a transferrable DBS? Yes ☐ No ☐

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REFERENCE REQUEST FORM (Pt6)

BROWNS SHORT BREAK RESPITE LIMITED

Reg No. 07226034

MAIN REFEREE:

Name:

Position:

Address:

Email:

Tel No:

How Long Known Referee:

In What Capacity Known Referee:

2ND REFEREE:

Name:

Position:

Address:

Email:

Tel No:

How Long Known Referee:

In What Capacity Known Referee:

MAY WE CONTACT YOUR REFEREES PRIOR TO INTERVIEW?

Main Referee: Yes ☐ No ☐

2nd Referee: Yes ☐ No ☐

Any dates/times I am unavailable for interview are detailed below

DECLARATION:

I confirm that the information given in this application is to the best of my knowledge complete and accurate. I give my consent to the information contained within this application to be used and processed for the purpose of recruitment and selection and that it will be handled and stored according to the guidelines laid out by the Data Protection Act 1998. I understand that any false, incomplete or misleading information given in this application form may lead to dismissal.

Signature

Date

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