

**APPLICATION FOR EMPLOYMENT**

Please read the ‘Guidance Notes’ before completing the application

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| **A** | **POST DETAILS** | |
| POSITION APPLIED FOR | | REFERENCE NUMBER (if known) |

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| **B** | **PERSONAL DETAILS** | | |
| SURNAME | | FIRST NAME(S) | TITLE  Mr/ Mrs/ Miss/ Ms/ Other |
| ADDRESS AND POSTCODE | | | TELEPHONE HOME |
| TELEPHONE MOBILE |
| E-MAIL ADDRESS | | | |
| *IF APPLICABLE*, DO YOU HOLD A CURRENT DRIVING LICENCE? YES / NO IF YES, WHAT TYPE? | | | |
| *IF APPLICABLE,* HAVE YOU EVER BEEN DISQUALIFIED FROM DRIVING? YES / NO IF YES, PLEASE GIVE DETAILS | | | |
| *IF APPLICABLE,* DETAILS OF CURRENT/ PENDING ENDORSEMENTS | | | |
| HEALTH OR SOCIAL CARE PROFFESIONAL REGISTRATION DETAILS  PROFFESIONAL BODY NAME  PROFFESIONAL REGISRTATION NUMBER  PROFFESIONAL BODY NAME  PROFESSIONAL REGISTRATION NUMBER | | | |
| ARE YOU CURRENTLY THE SUBJECT OF ANY INVESTIGATIONS OR YES / NO / NA IF YES, PLEASE GIVE DETAILS  PROCEEDINGS BEING TAKEN BY ANY PROFFESIONAL BODY WITH  REGULATORY FUNCTIONS IN REALTION TO HEALTH OR SOCIAL CARE  PROFFESIONALS, INCLUDING BY A REGULATORY BODY IN ANOTHER  COUNTRY? | | | |
| HAVE YOU EVER BEEN DISQUALIFIED FROM THE PRACTICE OF A YES / NO / NA IF YES, PLEASE GIVE DETAILS  PROFFESION OR REQUIRED TO PRACTICES SUBJECT TO SPECIFIC  LIMITATIONS FOLLOWING A FITNESS TO PRACTICE INVESTIGATION  BY A REGULATORY BODY IN THE UK OR ANOTHER COUNTRY? | | | |
| PLEASE PROVIDE DETAILS OF ANY CRIMINAL CONVICTIONS, CAUTIONS, REPRIMANDS OR FINAL WARNINGS EXCEPT THOSE “SPENT” UNDER THE REHABILITATION OF OFFENDERS ACT 1974 | | | |

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| **C** | **EDUCATION, QUALIFICATIONS & TRAINING** | | |
| SCHOOL / COLLEGE / UNIVERSITY | | QUALIFICATIONS / TRAINING | GRADE |
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| **D** | **PRESENT EMPLOYMENT (or most recent employment)** | | |
| NAME & ADDRESS OF EMPLOYER | | JOB TITLE | DATE COMMENCED EMPLOYMENT |
| CURRENT SALARY (GROSS) | DATE TERMINATED EMPLOYMENT (if applicable) |
| NOTICE PERIOD REQUIRED | REASON FOR LEAVING |
| MAIN DUTIES AND RESPONSIBILITIES | | | |

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| **E** | PREVIOUS EMPLOYMENT (Including Voluntary Work and Work Experience if Applicable) | | | | | | | |
| DATES | | | | | NAME & ADDRESS OF EMPLOYER | JOB TITLE | SALARY (GROSS) | REASON FOR LEAVING |
| FROM | | | TO | |
| MM | | YY | MM | YY |
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| **F** | **PERSONAL STATEMENT** |
| PLEASE STATE HOW YOUR EXPERIENCE, SKILLS AND TRAINING BOTH INSIDE AND OUTSIDE WORK MAKE YOU SUITABLE FOR THE POSITION APPLIED FOR *(Please continue on a separate sheet if necessary)* | |

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| **G** | **REFERENCES (PLEASE PROVIDE AT LEAST 3 REFERENCES) (1 OF WHICH MUST BE YOUR LAST EMPLOYER)** | |
| NAME  POSITION  COMPANY  ADDRESS  TELEPHONE  EMAIL  CAN THIS REFERENCE BE TAKEN UP PRIOR TO AN OFFER OF EMPLOYMENT BEING MADE YES / NO | | NAME  POSITION  COMPANY  ADDRESS  TELEPHONE  EMAIL  CAN THIS REFERENCE BE TAKEN UP PRIOR TO AN OFFER OF EMPLOYMENT BEING MADE YES / NO |
| NAME  POSITION  COMPANY  ADDRESS  TELEPHONE  EMAIL  CAN THIS REFERENCE BE TAKEN UP PRIOR TO AN OFFER OF EMPLOYMENT BEING MADE YES / NO | | NAME  POSITION  COMPANY  ADDRESS  TELEPHONE  EMAIL  CAN THIS REFERENCE BE TAKEN UP PRIOR TO AN OFFER OF EMPLOYMENT BEING MADE YES / NO |

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| **H** | **ADVERTISEMENT SOURCE** |
| HOW DID YOU LEARN OF THIS VACANCY? | |

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| **I** | **DECLARATION** |
| I confirm that the information provided in this application is correct to the best of my knowledge. I understand that false information or omissions may lead to dismissal without notice. By signing this document you are authorising Supported Living Solutions (NW) Ltd to carry out any required reference checks and check any relevant professional registration details, as detailed in section B.  Please note that application forms are retained for a minimum period of 6 months and may be used for future recruitment purposes by Supported Living Solutions (NW) Ltd, if you do not want your details to be used in this way please mark x here.  SIGNED: DATE: | |
| **Please contact the Human Resources Department if you require the application form in an alternative format or if you have any special requirements should you be invited to attend an interview** | |

YOUR APPLICATION WHEN COMPLETED SHOULD BE

RETURNED TO: FOR FURTHER QUERIES PLEASE CONTACT:

**HUMAN RESOURCES DEPARTMENT TELEPHONE: 01942 840181**

**SUPPORTED LIVING SOLUTIONS (NW) LTD EMAIL:** [**enquiries@slsnorthwest.co.uk**](mailto:enquiries@slsnorthwest.co.uk)

**UNIT C, ELLAND CLOSE WEBSITE:** [**www.slsnorthwest.co.uk**](http://www.slsnorthwest.co.uk)

**WINGATES INDUSTRIAL ESTATE**

**WESTHOUGHTON**

**BOLTON**

**BL5 3XE**

**EMAIL:** [**enquiries@slsnorthwest.co.uk**](mailto:enquiries@slsnorthwest.co.uk)

 EQUAL OPPORTUNITIES MONITORING

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| REFERENCE NO (IF KNOWN): |  |

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| SURNAME: | FIRST NAMES(S): |

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| Supported Living Solutions (NW) Ltd is committed to eliminating discrimination and encouraging diversity without discrimination, harassment or victimisation on the grounds of race, ethnic or national origin, sex, gender, disability, sexual orientation, religion or belief, or for any other identifiable discriminatory cause.In order that we can monitor the effectiveness of our policy we ask for your co-operation in providing the following information.Please note that completion of this form is for the purpose of equal opportunities monitoring, and will be detached from your application during the selection process. Failure to supply this information will not affect your application. |

Please mark the relevant box with an **X** to indicate your selection.

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| **Sex**  Male Female |
| **Ethnic Origin**  How would you describe your ethnic origin?  Bangladeshi Black African Black Caribbean Chinese  Indian Pakistani White Prefer not to say  Other (please specify................................) |
| **Disability**  According to the Disability Discrimination Act 1995 “a person has a disability … if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/ her ability to carry out normal day to day activities”. For an impairment to be long term it must have lasted or be likely to last for twelve months.  Do you consider yourself to have a disability?  Yes No Prefer not to say  If YES, Please give details............................................................................................................................................................ |
| **Marital Status**  How would you describe your marital status?  Divorced Married Single Widowed Prefer not to say  Other (please specify)......................................................................... |
| **Age Group**  16 – 25 26 – 35 36 – 45 46 – 55 56 – 65 over 65 |

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| **Sexual Orientation**  How would you describe your sexual orientation?  Bisexual Gay Heterosexual Lesbian Prefer not to say |
| **Religion**  How would you describe your religion?  Christian Buddhist Hindu Jewish Muslim Sikh None  Prefer not to say  Other (please specify)...................................................................... |

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| SLS Final | APPLICATION FOR EMPLOYMENT  GUIDANCE NOTES |
| **INTRODUCTION** | | |
| It is our policy to ensure that the recruitment process is as objective as possible. All candidates are assessed against the same criteria, and every effort is made to give them equal opportunity regardless of race, colour, nationality, ethnic or national origins, disability, age, sex, sexuality, marital status or religion. We encourage members from all sections of society to apply for posts.  All posts have a job description and person specification. The job description describes the post in detail, so that managers, post holders and job applicants are clear about what is required. The person specification identifies the minimum skills, experience and qualifications needed by the post holder to carry out the job effectively. | | |
| **A POST DETAILS** | | |
| The position applied for and reference number can normally be found on the advertisement and/or job description. | | |
| **B PERSONAL DETAILS** | | |
| This information is required to ensure that accurate personnel records may be maintained.  Questions relating to the holding of a current driving licence need only be answered if a full driving licence is a specified requirement of the position applied for.  Having a criminal conviction will not necessarily prevent a person from working at Supported Living Solutions. The information will be considered in the light of all the relevant circumstances e.g. the nature of the offence, the age of the applicant at the time the offence was committed, the applicant’s subsequent record and how relevant the offence is to the post the applicant has applied for.  Provide details of registration with any Health and Social care professional body.  An enhanced DBS will be carried out for all employees of Supported Living Solutions (NW) Ltd. | | |
| **C EDUCATION, QUALIFICATIONS & TRAINING** | | |
| This section is to provide details of all qualifications gained during secondary education, post school education at university or college and all other formal and informal post school education or training.  Evidence of qualifications may be requested if considered necessary for the position applied for. | | |
| **D PRESENT EMPLOYMENT** | | |
| This section gives you the opportunity to provide full details of your current / most recent position together with a brief description of your main duties and responsibilities in this role. | | |
| **E PREVIOUS EMPLOYMENT** | | |
| This section allows you to list in chronological order, details of your previous employment history.  Please do not forget to include periods of casual, temporary or voluntary work, where you think they may assist your application for this post.  Please explain any gaps in employment. | | |
| **F PERSONAL STATEMENT** | | |
| This section is important as it provides the opportunity for you to explain in your own words why you think that you would be suitable for the position.  Please ensure that you indicate how you meet the criteria in the person specification as it is these criteria, which will be used to shortlist applicants for interview. You may wish to include relevant details of previous posts you have held, either paid or unpaid, positions of responsibility you may have held both in workplace situations and in your leisure interests or particular life experiences.  If you require to use an additional page, remember to write your name and the details of the post applied for at the top of the page. | | |
| **G REFERENCES** | | |
| Referees are normally expected to be people who hold a position of responsibility.  References may be used to verify information provided within the application.  Where possible, you should select referees who have known you in a work situation. At least one referee should be your current or most recent employer. If, you do not wish the referee to be contacted prior to interview you should indicate this on your application form in which case, referees will be contacted only once a job offer has been issued and accepted.  Applicants should be aware that unsatisfactory references may result in withdrawal of a job offer. Applicants will be given the opportunity to make representation should any discrepancies arise. | | |
| **H ADVERTISEMENT SOURCE** | | |
| This information is required simply to assess the effectiveness of placing job advertisements in various publications. Please name the newspaper or other source in which you saw the post advertised. | | |
| **I DECLARATION** | | |
| You are asked to date and sign your application form and return it to the address shown in the top of the form.  Please ensure that your application form is returned before the closing date. | | |