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**APPLICATION FORM**

**POSITION APPLIED FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE CIRCLE ONE:** FULL TIME / PART TIME / CASUAL

**PERSONAL DETAILS**

**TITLE:** MR / MRS / MISS / MS / OTHER **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FORENAME(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NATIONAL INSURANCE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOBILE NUMBER:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NEXT OF KIN**

**FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS (FIRST LINE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **POST CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CURRENT ADDRESS**

**FIRST LINE OF ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **POST CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PREVIOUS ADDRESS (IF LESS THAN 5 YEARS)**

**FIRST LINE OF ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **POST CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FIRST LINE OF ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **POST CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FIRST LINE OF ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **POST CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Continue full 5-year address history on a separate page if necessary\***

**DO YOU HAVE A CURRENT VALID PASSPORT?** **YES / NO**

**ARE YOU ELIGIBLE TO WORK IN THE UK?  YES / NO**

**\*If yes, please provide proof at the interview stage.**

**DO YOU HOLD A CURRENT FULL UK DRIVING LICENSE? YES / NO**

**DO YOU HAVE A CAR?  YES / NO**

**IF YES, DO YOU HAVE INSURANCE FOR THE CAR?  YES / NO**

**DO YOU HOLD A CURRENT DBS? ON UPDATE SERVICE?  YES / NO**

**REFERENCES**

Please give the name of two recent professional referees (not related to you), stating their occupation and position. One of the referees MUST be your most recent employer which correspond with your employment History.

**REFEREE 1**

**FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSITION HELD BY REFEREE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATES OF EMPLOYMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRES**S: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHARACTER REFEREE**

**FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSITION HELD BY REFEREE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATES OF EMPLOYMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRES**S: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FULL EMPLOYMENT HISTORY (**Continue on a separate sheet if necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COMPANY NAME ADDRESS & TELEPHONE NUMBER:** | **POSITION HELD:** | **DATES FROM:** | **DATES TO:** | **REASON FOR LEAVING:** |
|  |  |  |  |  |
| **COMPANY NAME ADDRESS & TELEPHONE NUMBER:** | **POSITION HELD:** | **DATES FROM:** | **DATES TO:** | **REASON FOR LEAVING:** |
|  |  |  |  |  |
| **COMPANY NAME ADDRESS & TELEPHONE NUMBER:** | **POSITION HELD:** | **DATES FROM:** | **DATES TO:** | **REASON FOR LEAVING:** |
|  |  |  |  |  |
| **COMPANY NAME ADDRESS & TELEPHONE NUMBER:** | **POSITION HELD:** | **DATES FROM:** | **DATES TO:** | **REASON FOR LEAVING:** |
|  |  |  |  |  |

**EDUCATION HISTORY** (Continue on a separate sheet if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME & ADDRESS OF**  **SCHOOL*/*COLLEGE*/*INSTITUTION:** | **QUALIFCATION STUDIED & GRADES:** | **DATES FROM:** | **DATES TO:** |
|  |  |  |  |
| **NAME & ADDRESS OF**  **SCHOOL*/*COLLEGE*/*INSTITUTION:** | **QUALIFCATION STUDIED & GRADES:** | **DATES FROM:** | **DATES TO:** |
|  |  |  |  |
| **NAME & ADDRESS OF**  **SCHOOL*/*COLLEGE*/*INSTITUTION:** | **QUALIFCATION STUDIED & GRADES:** | **DATES FROM:** | **DATES TO:** |
|  |  |  |  |
| **NAME & ADDRESS OF**  **SCHOOL*/*COLLEGE*/*INSTITUTION:** | **QUALIFCATION STUDIED & GRADES:** | **DATES FROM:** | **DATES TO:** |
|  |  |  |  |

**ADDITIONAL TRAININGS & QUALIFICATIONS**

Please list any other qualifications and trainings you have undertaken that you feel are relevant to the position you are applying for. These may include training and courses undertaken in previous employment.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF COMPANY*/*INSTITUTION:** | **COURSE STUDIED & QUALIFICATION(S) GAINED:** | **DATES FROM:** | **DATES TO:** |
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**REHABILITATION OF OFFENDERS ACT 197*4***

Working in health and social care means care means we need to pass enhanced checks. Because of this you are required to disclose all spent and unspent convictions, cautions, reprimands, and warnings under the Rehabilitation of Offenders Act 1974 exemption. Please be aware that some convictions although spent may still appear on your DBS/PVG check.

Through the 1975 Exemptions Order of the Rehabilitation of Offenders Act 1974, and by virtue of the nature of the post for which you are applying, Akeo Recruitment and Training Ltd is obliged, as your prospective employers, to ask the following question(s). Any information supplied by you will remain confidential and will only be considered in relation to this Job Application.

Please answer this section honestly. If you are in any doubt whatsoever about making a declaration, then please contact us. You are required under the act, to inform us if you are convicted of a criminal offence, cautioned, or have a hearing pending in the future. A conviction does not automatically prevent you from working for us, however failure to declare or providing inaccurate information will be taken into consideration when reviewing your disclosure.

If you are successful in your application, you have a responsibility to update us with your disclosure status.

We actively promote equality of opportunity for us all, as stated in our Equal Opportunities policy, which can be found in your personal file in the office.

**With The Exception of Minor Motoring Offences, Have You Ever Been Convicted of Any Criminal Offence by A Court of Law? Yes No**

**Are you aware of any recent/outstanding allegations/investigations that have been made against you that relate to any safeguarding issues/referrals including any referrals to the Nursing Medical Council, Disclosure & Barring Service (DBS) or Protection of Vulnerable Groups Scheme (PVG)? Yes No**

**Do you have any spent or unspent convictions, cautions, reprimands, or warnings? Yes No**

**Do you have any pending or unresolved disciplinary action taken against you, either in employment or care related activity? Yes No**

**If you have answered YES to any of the above, please provide details:**

If necessary, please continue on a separate page and attach to the application form.

**DECLARATION**

I confirm that I am 18 years of age or over and that I am eligible to work in the UK.

I declare that all the information given in this application form is true, and that I understand that any false or misleading information may render me liable for disciplinary action and/or dismissal from Akeo Recruitment and Training.

I understand that my details will be submitted to the Disclosure and Barring Service (DBS – Formerly CRB) for security checks.

Akeo Recruitment and Training will request, if necessary, annual DBS security checks from a DBS agent, and I am responsible for the payment of associated administration charges.

Whilst I am employed at Akeo Recruitment and Training, I will make the company aware of any criminal offences committed, convicted and/or charged with, which includes any driving offences where more than 3 points have been declared on your driving licence. I understand that failure to do this could lead to disciplinary action and/or immediate dismissal.

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WORKING TIME REGULATION – OPT OUT FROM 48 HOUR RULING**

The working time regulation came into effect on 1 October 1998. One of the main provisions of the regulation states that employees other than managing executives or employees with autonomous decisions making powers may not be required to work in excess of 48 hours per week averaged over a seventeen-week reference period. While Akeo Recruitment and Training positively discourages the working of excessive hours, it recognizes that individual employees may wish to exercise their right to opt in or out of the 48 hours ruling. You will find further information on the Health and Safety Executive website.

I wish to exercise my right to opt in or out of the 48-hour ruling contained within the working time regulation and understand that in normal circumstances I will be required to give four weeks' notice in the event that I wish to withdraw from this agreement.  **Please indicate your preference:**

**I DO NOT wish to work more than 48 hours per week (please tick\_\_\_\_\_\_)**

**I DO wish to work more than 48 hours per week (please tick\_\_\_\_\_\_)**

**Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job Title**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATA PROTECTION STATEMENT**

**In accordance with GDPR Data Act 2018:**

**• I declare that the information I have given in this application is accurate and true. I understand that providing misleading or false information or false information will disqualify me from appointment OR, if appointed, may result in summary dismissal.**

**• I declare that I have not omitted to disclose information relevant to this application**

**• I confirm my agreement with arrangements in relation to the processing of Enhanced Criminal Disclosure applications.**

**• I confirm my agreement with practices in relation to the processing and handling of personal sensitive information contained within this application**

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**BANK DETAILS**

|  |  |
| --- | --- |
| **NAME:** |  |
| **ACCOUNT NAME:** |  |
| **BANK NAME:** |  |
| **BANK ADDRESS:** |  |
| **ACCOUNT NO:** |  |
| **SORT CODE:** |  |
| **SIGNATURE:** |  |
| **DATE:** |  |