**Please complete in full and return to the above email address**

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| APPLICATION FOR THE POST OF: |  |
| **AT (NAME OF HOME/LOCATION):**(if known at this time) |  | **Ref:**  |
| **CLOSING DATE:** |  |
| **PERSONAL DETAILS** |
| Last Name: | Title (E.g. Mr/Mrs/Miss/Ms): |
| Forename(s): | Date of Birth: |
| Home Address:Postcode:  |
| Telephone  | Mobile:  |
| National Insurance Number:  | E-mail:  |
| Are you eligible to work in the UK? | **YES** |  | If appointed do you require a work permit to work in the UK? | **YES** |  |
| **NO** |  | **NO** |  |
| ***Direct/indirect canvassing in relation to this application will render you liable to disqualification*** |
| Are you related to any person employed by, or connected with Coastal Path Care? | **YES** |  | **NO** | no |
| Name: | Job Title: |
| Relationship: |

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| **EMPLOYMENT HISTORY** |

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| **PRESENT (or LAST) EMPLOYER** |
|  Dates | Name & Address of Employer, Nature of the Business | Position Held | Current/Last Salary  |
| FromMonth/Year | ToMonth/Year |
|  |  | . |  |  |
| Reason for leaving or wishing to leave current/last employment: career change |
| Notice Required: | none | CURRENT PAY SCALE:  |   |
| **Please give a brief description of current duties and responsibilities:** |
| **EMPLOYMENT HISTORY STARTING WITH THE MOST RECENT AND INCLUDING ALL GAPS IN EMPLOYMENT SINCE LEAVING SCHOOL AND THE REASON FOR THE GAPS** (Please list employment and provide details of any time not spent in employment and provide specific **month/year** dates – your application will be unsuccessful if you fail to do this.) |
| Dates | Name & Address of Employer, Nature of the Business  | Position Held and your reason for leaving |
| FromMonth/Year | ToMonth/Year |
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| **QUALIFICATIONS & TRAINING** |
| **SECONDARY/HIGHER EDUCATION***Short listed candidates will be asked to provide original certificates where relevant* |
| From | To | School/College | Certificates/Qualifications Awarded & Dates |
|  |  |  |  |
| **TRAINING & DEVELOPMENT** |
| **Please give details of any qualifications or training courses that you have completed which support your application.***Include any on the job training and formal courses* |
|  |
| **DRIVING LICENCE** |
| Do you hold a full current driving licence? | **YES** |  | **NO** |  |
| Have or have you had any driving convictions/penalty points in the last three years?  | **YES** |  | **NO** |  |
| **CRIMINAL CONVICTIONS** |
| **Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?** | **YES** |  | **NO** |  |
| **If you have answered YES to the above question, please complete the attached Rehabilitation of Offenders form, place it in an envelope and return it with your completed application form.** |

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| **REFERENCES***Please provide the contact details for two referees one of whom must be your current and/or last employer and the other from a previous employer (none of whom should be close friends or family), who should be able to comment on your suitability for the post for which you are applying. One of these must be your present or last employer. We will request references from all referees named and reserve the right to request additional references.* ***All offers of employment will be subject to the receipt of satisfactory references****. NB: It is imperative for speed of process that you make your referees aware that you have named them and that they should complete and return requests as soon as possible.* |
| **Present/last employer:****Name: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Address: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| I **do not** wish my present employer to be approached at this stage**(*Tick Box*)** |
| **Previous Employer:****Name: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Disability**

The Equality Act 2010 protects people with disabilities from unlawful discrimination. To meet the Act’s definition, a person must have a physical or mental impairment, which has substantial long-term effects on their ability to carry out normal day-to-day activities and which has lasted or is likely to last more than 12 months. Should you be shortlisted for interview we will make adjustments or special arrangements, if required, to facilitate your attendance at the interview.

Do you have a disability you wish us to know about at this stage? Yes No

If yes, please let us know what access requirements you may have:

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**DECLARATION**

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| *I declare that the information contained in this application form is complete and correct.* *I understand that if I have knowingly given false or incomplete information my application may be rejected or, if appointed, I may be dismissed. I understand that the information I have given may be processed in accordance with the Data Protection Act 1998 and I give permission for my details to be retained.* **Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_****Print Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please note if we do not contact you within 4/6 weeks of the published closing date (or in the absence of a closing date, within 4/6 weeks of the date on which you submitted your application), then you have not been short listed for an interview.

All applicants’ details are kept on file for 6 months and considered for future vacancies within Coastal Path Care as and when they may occur.

**In the meantime, may we take this opportunity to thank you for your application and for your interest in Coastal Path Care Ltd.**