



EQUALITY CARE LIMITED

- ▶ The Old Vicarage Staverton, ▶ Longbridge Deverill House, ▶ Staverton House,
- ▶ Longbridge Deverill Nursing Home

HEAD OFFICE

The Old Vicarage, 51 Staverton, Trowbridge Wilts BA14 6NX

APPLICATION FORM

Position Applied For: Part time/Full time

Day/Night

Personal Details:

Surname: Forenames:

Date of Birth: Marital Status:

Home address:

.....

Tel No(s) where we can contact you confidentially: Home:.....

Work:..... Mobile:.....

E mail address:.....

Where did you see the job advertised?.....

Current Driving Licence held Yes/No

Do you own a car: Yes/No

Interests and Hobbies/Community Experience (not mandatory)

.....

Career history starting with the most recent: All employment to be listed – any gaps must be identified. (Continue on a separate sheet if necessary)

Name of Employer	Position Held	From	To

Current Responsibilities:

Reasons for applying for this post and what you feel you would bring to the role:

Current Salary/Hourly Rate:

Notice Period:

Qualifications and dates achieved:.....

.....

.....

.....

Current Training and/or Further Study:

.....

.....

.....

.....

REFERENCES

Please give details of two referees who should be your current and previous employer. If you are only able to supply one employment reference or you are unable to supply us with character references please include 3. Please indicate whether the reference given is an Employment or Character Reference (*please circle*):

Name		Name	
Job Title		Job Title	
Company Name		Company Name	
Address		Address	
Postcode		Postcode	
Telephone		Telephone	
Email		Email	

CHARACTER / EMPLOYMENT

CHARACTER / EMPLOYMENT

If you need to supply us with a character reference (if you have only one of no employment reference, please give details of a third referee.

Name	
Address	
Postcode	
Telephone	
Email	

When may we approach your referees? (*Please circle as appropriate*).

Immediately / If short-listed / When you give permission.

DBS Certificate

Do you hold a transferable DBS certificate (this will be if your DBS check was carried out after 17/6/13)? YES/NO

Certificate number:.....

Surname your DBS Certificate is registered in?.....

Do you give permission for us to access your DBS certificate? YES/NO

Which Workforce does your DBS certificate relate to (*please circle as appropriate*)?

ADULT WORKFORCE / CHILDRENS WORKFORCE / BOTH / OTHER

Are you up to date with paying your annual subscription fee of £13.00? YES/NO

REHABILITATION OF OFFENDERS

Please give details of any criminal convictions (with dates) in the space below, if you do not have any, please write 'No convictions'. This post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974. Applicants are therefore not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. In the event of employment, any failure to disclose relevant convictions could result in dismissal or disciplinary action by the Employer. **Any Information given will be treated on a strictly confidential basis.** This post is subject to disclosure.

DECLARATION

I declare that all the information I have given in this application form is true to the best of my knowledge and belief and understand that my application may be rejected (or that I may be dismissed if appointed) if I have given false information or withheld relevant details.

Signed..... Date

Return completed form to

(depending on which home you would like to apply to)

The Old Vicarage, 51 Staverton, Trowbridge, Wiltshire BA14 6NX

or

Staverton House, 51a Staverton, Trowbridge, Wiltshire BA14 6NX

or

*Longbridge Deverill House, Church Street, Longbridge Deverill, Warminster,
Wiltshire, BA12 7DJ.*

or

*Longbridge Deverill Nursing Home, Church Street, Longbridge Deverill,
Warminster, Wiltshire, BA12 7DJ.*