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| **APPLICATION FORM** |

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| Date: |

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| Mr/Miss/Ms/Mrs: |

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| Sex: M/F |

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| First Name: |

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| Date Of Birth: |

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| Last Name: |

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| NI Number: |

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| Address:  Post Code: |

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| Email Address: |

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| Telephone: |

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| Mobile: |

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| Place Of Birth: |

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| Nationality: |

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| Next of Kin  Telephone |

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| Do you have a CV?(if so please attach) |

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| **EMPLOYMENT /** **WORK EXPERIENCE** |

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| Previous Work experience  Company;  Contact Name:  Contact Number:  Dates Worked:  Brief details of Duties and Responsibilities | Previous Work experience  Company;  Contact Name:  Contact Number:  Dates Worked:  Brief details of Duties and Responsibilities: |

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| --- | --- |
| Previous Work experience  Company;  Contact Name:  Contact Number:  Dates Worked:  Brief details of Duties and Responsibilities: | Previous Work experience  Company;  Contact Name:  Contact Number:  Dates Worked:  Brief details of Duties and Responsibilities: |

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| Please state any other work experience you have e.g. voluntary |

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| --- | --- |
| School Qualifications  School Name:  Dates From TO  Subjects and Grades | School Qualifications  School Name:  Dates From TO  Subjects and Grades |

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| --- | --- |
| College/University Qualifications  College/University Name:  Date:  Course and Grades: | Further training  Institution Name:  Date:  Course and Grades: |

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| Please state any other skills, training or experiences you have or any further information concerning your training and qualifications that is relevant |
| **REFERENCES**  We require a minimum of 2 references covering the last 5 years |

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| **Reference 1(Most recent Employer)**  Company:  Referee Name:  Contact Number:  Address:  Telephone:  Email: | **Reference 2**  Company:  Referee Name:  Contact Number:  Address:  Telephone:  Email: |

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| **Declaration**  I hereby consent for Outreach Support services Ltd to obtain references from my previous employers and character references  Signed: Date: |

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| **EQUAL OPPORTUNITIES**  We are committed to our equal opportunities’ policy to ensure that all applicants are treated on the basis of their merits and abilities, and that unfair and unlawful discrimination is eliminated.  **Please tick one of the following** **boxes that best describes** **your ethnic origin** |

|  |  |
| --- | --- |
| White  British English [ ]  British Irish [ ]  British Scottish [ ]  British Welsh [ ]  Irish [ ]  Other | Black  Black African [ ]  Black Caribbean [ ]  Black British [ ]  Other  Please Specify |

|  |  |
| --- | --- |
| Asian/Asian British  Indian [ ]  Pakistan [ ]  Bangladeshi [ ]  Sri larikan [ ]  Asian British [ ]  Other | Mixed  Please Specify  Other Ethnic Background  Please Specify  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Name:  Signed: Date: |

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| **DATA PROTECTION**  The information that you provide on this form and on many CV given will be used by Outreach support Services Ltd to provide you work finding services. In providing this service to you, you consent to your personal data being included on a computerised database and consent to us transferring your personal details to our Clients.  We may check the information collected, with third parties or with other information held by us.  We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other way permitted or required by law. |
| **REQUESTING INFORMATION ABOUT CRIMINAL CONVICTIONS**  Do you have any unspent Criminal convictions? YES/NO(delete as applicable)  If yes, please list your criminal convictions and their dates below. The information that you give will be treated in confidence and only taken into account where, in the reasonable opinion of Outreach support services Ltd, the offence is relevant to the post for which you are applying.  Certain types of employment and certain professions are excepted from the Rehabilitation of offenders Act 1974 and in this cases particularly where the employment is sought in relation to positions involving working with children or vulnerable adults details of **All** criminal convictions, both spent and unspent**,** must be given. A list of all types of employment or professions is available. Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.  Signed: Date: |

**Please indicate which of the following courses you have completed**

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| ***Course Title*** | ***Yes/No*** | ***Date Attended*** |
| Fire Safety |  |  |
| First Aid |  |  |
| Manual Handling |  |  |
| Food and Hygiene |  |  |
| Health and Safety |  |  |
| Infection Control |  |  |
| Safeguarding(Adults) |  |  |
| Report Writing |  |  |
| COSHH |  |  |
| RIDDOR |  |  |

**MEDICAL DECLARATION**

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| --- | --- |
| Heart Problems [ ] | Renal Problems [ ] |
| Diabetes [ ] | Hernia [ ] |
| Thrombosis [ ] | Epilepsy/Seizures [ ] |
| Back Problems [ ] | Depression [ ] |
| Skin Irritations [ ] | Blood Pressure Problems [ ] |
| Hay Fever [ ] | Headaches/Migraines [ ] |
| Any Allergies [ ] |  |