

CARLTON HALL RESIDENTIAL HOME, CARLTON HALL (LOWESTOFT) LTD

CHAPEL ROAD, CARLTON COLVILLE, LOWESTOFT, NR33 8AG

**APPLICATION**

Surname ……………………………….Forenames …………………………………............................

Address ………………………………………………………………………………………………………

……………………………………………………………………………… Post code ………………..…

Telephone No. (Home) …………………………………. (Mobile) ………………………………………..

Male / Female N.I. No: ……………………….......... D.O.B………………………………………….

Email address for completion of DBS.......................................................................................

Where did you read about this vacancy?.......................................................................................

## TRAINING OR COURSES ATTENDED – since leaving school

Name of college, Dates Course title / qualification

University, employer etc. From To obtained (if any)

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**PRESENT OCCUPATION (paid or unpaid)**

Name and Address of Employer …………………………………………………………………………..

……………………………………………………………………………………………….................

Present Position ……………………………………………………………………...............................

Date Started ……………………………………….. Present Salary …………………………………….

Grade or Salary Scale (if applicable) ……………….. Period of Notice Required ..………...............

Do you intend to continue with your present employment? **YES / NO**

**PREVIOUS OCCUPATION (paid or unpaid)**

Under the Care Standards Act 2000 all employers in the care sector need to obtain a full
employment history from their staff; please therefore give as much information about previous posts
held and relevant dates as possible. **Where there are any gaps please provide a full explanation.**

 Dates

Name of Employer Position Held From / To

…………………………................................................................................................................................

…………………………................................................................................................................................

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…………………………………………………………………………………………..............................................................

What skills and experience do you have relevant to this post (do also include any experience
gained in a voluntary capacity)?

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Why are you interested in this position?

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**Please use an additional sheet if necessary**

## Rehabilitation of Offenders Act 1974 and Exceptions Order 1975

Because of the nature of the work for which you are applying, you must provide information about convictions. In the event of being employed in connection with this application, any failure to disclose such convictions could result in dismissal or disciplinary action.

### Have you been convicted of any criminal offence – YES / NO

(If Yes, the details including type of offence, date, sentence, fine, etc. are required from you and should be included in a separate envelope. This will only be opened if you are considered for the appointment and will be subsequently returned to you. Such information will be completely confidential).

**Immigration Rules 2004**

From 1st May 2004 all employers have to be satisfied that their employees are permitted to legally work in the UK. If you are offered a position, you will be asked to provide documentary evidence of this. As a preliminary check, please provide the following information: -

**Do you have a current passport from either the UK or EU country? YES / NO**

**If NO, do you hold other evidence of your right to work in the UK? YES / NO**

## DRIVING

Do you have a full driving licence? …………… Country of issue: .……………………………………

Year in which you passed your test?.................... Number of points on licence: …........................

Do you have the exclusive use of a car? …………………………………………………………………

## REFERENCES

Please give details of two people who can be contacted for a reference. These should not be relatives and one should be your present or most recent employer. References will only be taken up after you have been interviewed and we are considering you for the position.

Name ………………………………………… Name…………………………………..............

Address ……………………………………… Address………………………………………....

……………………………………………….. …………………………………………………..

Post code……………………………….. Post code………………………………..

Telephone No: ……………........................ Telephone No ………………………………….

Occupation ………………….……………… Occupation ……………………......................

How do you know this person? How do you know this person?

………………………………………………... ……………………………………………………

## FURTHER INFORMATION

Please give any information to support your application for this post on a separate sheet.

I declare that the information on this application form is true and accurate, to the best of my knowledge.

Signature ……………………………………….. Date ……………………………………………..

If untrue or inaccurate information is recorded, any employment contract may be invalidated and the employee subject to disciplinary action or dismissal.

Please return the completed application to

Carlton Hall Care Home

Carlton Hall (Lowestoft) Ltd

Reg’d office: Excelsior House, 9 Quay View Business Park, Barnards Way, Lowestoft NR32 2HD

Co No. 04500956. Web address: [www.carltonhall](http://www.carltonhall).co.uk