The For All Healthy Living Company

Application Form

**Post: Older People’s Development Worker**

# Personal Details

|  |  |
| --- | --- |
| Title |  |
| First names |  |
| Last name |  |
| Known as |  |
| Address |  |
| Home phone |  |
| Work phone |  |
| Mobile |  |
| Email |  |

**Declaration**

(Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

2.Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

3.I agree that my previous employers may be approached for references. I also agree that should I be successful in this application, I will apply to the Disclosure and Barring Service for a Disclosure and Barring certificate /PVG Scheme Record or Scheme Record Update. I understand that should I fail to do so, or should the disclosure or reference not be satisfactory, any offer of employment may be withdrawn or my employment terminated

Signed ………………………………………………….Date………………………..

|  |  |
| --- | --- |
| Are there any restrictions to you taking up work in the UK?If Yes please provide details. Do you have any personal requirements if you are invited for the interview? If yes please let us know what they are:Cautions, rehabilitation and criminal records Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.In addition you are required to submit to a Disclosure and Barring check /provide a PVG Scheme Record or Scheme Record Update. Any disclosure made by the Disclosure and Barring Service will remain strictly confidential. Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? If YES, please give details on a separate sheet. | Yes No Yes No  Yes No |

|  |
| --- |
| References (One of whom should be current or recent employer) |
| Reference 1 | Reference 2 |
| How known to you: | How known to you: |
| Name: | Name: |
| Address: | Address: |
| Phone NumberHomeWork | Phone NumberHomeWork |
| If selected for interview can we contact this person prior to interview? Yes No | If selected for interview can we contact this person prior to interview? Yes No |

# Education and training

Please fill in the section below with details of your post 16 education and any training relevant to this post. (Attach separate sheet if necessary)

|  |  |  |
| --- | --- | --- |
| Dates | **Where studied** | **Qualifications obtained** |
|  |  |  |

**Work History**

Please fill in the section below with your work experience, including relevant voluntary work. Please start with the most recent. (Attach separate sheet if necessary)

|  |  |  |
| --- | --- | --- |
| Dates | **Organisation** | **Your role** |
|  |  |  |

# Information about you

Please tell us what interests you about the position you are applying for and what skills and experiences you would bring which you believe to be relevant.

(You can use the space below and/or attach separate sheet.)