



CARTERS GREEN HEALTHCARE SERVICES LIMITED
APPLICATION FORM
(Disclosures Applicable)

POSITION APPLIED FOR: _____

The following information will be treated in the strictest confidence.
(Please complete this section in BLOCK CAPITALS)

PERSONAL

Surname:		First Name(s):	
Address:			
Contact Tel. No:	Mobile Tel No.		
COVID 19 Vaccine	YES/NO	DATE of 1 st Vaccine: DATE of 2 nd Vaccine:	
COVID 19 Vaccine Booster	YES/NO	DATE:	
Full Driving Licence:	YES/NO	Endorsements:	YES/NO
* If YES, please give further details including dates.			
Are you involved in any activity which might limit your availability to work or your working hours e.g., local government?			YES/NO
If YES, please give full details.			
Are you subject to any restrictions or covenants which might restrict your working activities?			YES/NO
If YES, please give full details			
Are you willing to work overtime and weekends if required?			YES/NO
Please give details of any hours which you would not wish to work:			
Have you any convictions, including both spent and unspent convictions under the Rehabilitation of Offenders Act 1974? (A copy of the Company's Equal Opportunities Policy and Disclosure and Disclosure Information Policy is available on request. These reflect the CRB/Disclosure Scotland Codes of Practice)			YES/NO
If YES, please give full details			
If offered employment, you will be required to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination before employment?			YES/NO
Have you ever worked for this business before?			YES/NO

Have you applied for employment with this business before?		
Do you need a work permit to take up employment in the U.K.?		YES/NO
How much notice are you required to give to your current employer?		

EDUCATION

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

Please give details of membership of any technical or professional associations:

Please list languages spoken and the level of competence:

EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

PRESENT OR LAST EMPLOYER

Are you currently employed? YES/NO

Name of present or last employer:			
Address:			
Telephone No:			
Nature of business:			
Job title and a brief description of your duties:			
Reason for Leaving:			
Length of Service:	From:	To:	

INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES (e.g., hobbies, sports, club memberships)

SUPPLEMENTARY INFORMATION

Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths.

DECLARATION

Given the nature of the job to which I have applied, I understand that any offer of employment will be subject to information on my criminal record being disclosed to the Company by the Criminal Records Bureau / Disclosure Scotland.

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

Signature:	Date:
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REFERENCES

Please give the names of two people (these should be your present and most recent employers) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? YES/NO

Employer Reference	Employer Reference
Name:	Name:
Position:	Position:
Address:	Address:
Telephone number:	Telephone number:
Email:	Email:

Please give the name of someone who can give you a character reference (this person needs to have known you for 5 years and not a family member) whom we may approach for a reference.

Character Reference	Character Reference
Name:	Name:
Position:	Position:
Address:	Address:
Telephone Number:	Telephone Number:
Email:	Email:
How long as this person known you for?	How long as this person known you for?

SOURCE OF APPLICATION

EQUAL OPPORTUNITIES

GENDER

Male		Female	
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ETHNICITY

Asian or Asian British:		Black or Black British:	
Bangaldeshi		Caribbean	
Indian		African	
Pakinstani		Other Black Background	
Other Asian background			
Chinese, Yemeni or other ethnic group:		Dual Heritage:	
Chinese		White & Black Caribbean	
Eastern European		White & Black African	
Middle Eastern		White & Asian	
Other		Other	
White:			
British			
Irish			
European			
Other White Background			

DISABILITIES:

Do you have, or have had in the past, any disability which makes it difficult for you to carry out normal day to day activities? NO / YES If yes, please provide details of your disability Please identify any special requirements or equipment which may assist you: a) in the recruitment process b) to enable you to carry out the job
a)
b)