



APPLICATION FORM

Please return completed form addressed as follows:

To be opened by: The Manager, My Supported Life, Bearland Lodge, 47 Longsmith Street Gloucester, GL1 2HT

Or email it to: pee.olubele@mysupportedlife.co.uk

My Supported Life

Job Applied For:	
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Personal Details

Surname/Family Name			
First Names			
Title		UK National Insurance No	
Address			
Postcode		Country	
Home Telephone		Mobile Telephone	
Work Telephone		May we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address			
Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If 'no', do you have any evidence of entitlement to enter and work permanently in the United Kingdom (UK), i.e. settled status?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please supply details of any permit currently held, including number, validity and expiry date			
If you have a disability do you require any specific arrangements to enable you to attend for interview?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please supply details below;			

Education & Professional Qualifications (Please continue on additional sheets if necessary).

Include in this section all the relevant qualifications. Please also indicate subjects currently being studied.			
Subject/Qualification	Place of Study	Grade/result	Year

Training Courses Attended (Please continue on additional sheets if necessary).

Include in this section any relevant training courses that you have attended or details of courses that you are currently undertaking.			
Course Title	Training Provider	Duration	Date Completed

Employment History

Please record below the details of your current or most recent employer

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date		End Date	
Grade		Salary	
Reporting to (job title)		Notice Period	
Reason for leaving (if applicable)			
Description of your duties and responsibilities			

Previous Employment

Please record below the details of your previous employment beginning with the most recent first. Please explain any gaps in employment in the 'Supporting Information' section below. Please add additional employers/information on a separate sheet.

Previous Employer 1

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 2

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Supporting Information

In this section please give your reasons for applying for this post and additional information which shows how you match the person specification for the job (you will have been sent this document with the application form). This can include relevant skills, knowledge, experience, voluntary activities and training etc

Supporting information (Please continue on additional sheets if necessary).

Additional Personal Information

Preferred Employment Type	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Flexible Hours
The salary offered is negotiable, depending on qualifications and experience. Please state the salary range acceptable to you	
Do you have a valid full driving licence for the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have access to a vehicle which can be used for work purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No

References

Please give the names of the people who have agreed to supply references. For all positions you must provide 2 references. If you are, or have been employed, these should be your two most recent employers. These may include your line manager or someone in a position of responsibility who can comment on your work experience, competence, personal qualities and suitability for the post. Please note that personal references such as friends and relatives are not acceptable. For all posts written references obtained must cover the preceding 3 years of employment. Satisfactory references are required to support our conditional offer of employment.

Referee 1

Surname/Family name		First Name	
Job Title			
Address			
Post Code		Country	
Telephone		Fax	
Email			
*Relationship		Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Referee 2

Surname/Family name		First Name	
Job Title			
Address			
Post Code		Country	
Telephone		Fax	
Email			
Relationship		Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Where did you see this vacancy advertised?			
<input type="checkbox"/> Search Engine <input type="checkbox"/> Forest of Dean Newspaper	<input type="checkbox"/> National website <input type="checkbox"/> Gloucestershire jobs website <input type="checkbox"/> Hereford Newspaper	<input type="checkbox"/> Monmouthshire newspaper <input type="checkbox"/> Gloucestershire newspaper	<input type="checkbox"/> Other

MONITORING INFORMATION

This section of the application form will be detached from your application form and will be used for monitoring purposes only.

My Supported Life LLP actively promotes the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

Disability Discrimination Act 1995

The Disability Discrimination Act protects disabled people. This includes people with long-term health conditions. If you tell us that you have a disability we can make reasonable adjustments to where you work and your work arrangements and at interview.

Do you consider yourself to have a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> I do not wish to disclose this information
	<input type="checkbox"/> No	
Please state the type of impairment which applies to you. People may experience more than one type of impairment; in which case you may indicate more than one. If none of the categories apply, please mark 'other'.		
<input type="checkbox"/> Physical Impairment	<input type="checkbox"/> Learning Disability/Difficulty	
<input type="checkbox"/> Sensory Impairment	<input type="checkbox"/> Long-standing illness	
<input type="checkbox"/> Mental Health Condition	<input type="checkbox"/> Other	

Rehabilitation of Offenders Act

The Rehabilitation of Offenders Act helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions to employers after the rehabilitation period set by the Court has elapsed and the convictions become 'spent'. However, this rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:

- any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or
- any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his/ her normal duties

One or both of the above apply to this post.

You are therefore requested to provide details of all convictions, including those which would otherwise be considered as "spent". All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.

Before you can be considered for appointment with My Supported Life we need to be satisfied about your character and suitability.

Have you any spent or unspent criminal convictions or bindovers, or any cautions, warnings or reprimands?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give details		

Your offer of employment will be subject to a satisfactory disclosure from the Disclosure and Barring Service. Failure to reveal information relating to any convictions could lead to withdrawal of an offer of employment.

Relationships

If you are related to a Partner, or have a relationship with an employee of My Supported Life LLP, please state the relationship

Please sign the declaration on the next page.

DECLARATION

The information in this form is true and complete. I agree that any deliberate omissions, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. This applies equally to any medical questionnaire/forms I may complete.

I agree to the above declaration			
Signature			
Name		Date	