

YERCOMBE (GLOUCESTERSHIRE) TRUST
APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE IN BLOCK CAPITALS

Position applied for;	Ref	App No
Where you heard about the vacancy	Closing Date	

EMPLOYMENT

List all employment commencing with most recent.

(Please attach an additional sheet if there is insufficient room on the form)

Name, Address and Telephone Number of Employer	From To	Salary	Job Title & Main Responsibilities	Reason for Leaving

Notice required by present employer?

FULL TIME EDUCATION (age 11 +)				
School / Colleges Attended	From	To	Examinations Passed	Grade

PROFESSIONAL QUALIFICATIONS (e.g. RGN, CIPD, NVQ etc)		
Qualification	Date Obtained	Examining Body / Organisation

JOB RELATED COURSES ATTENDED (Please attach an additional sheet if there is insufficient room on the form)		
Course Name	Date Obtained	Examining Body / Organisation

LANGUAGES (Please state any in which you are proficient)

What are your main spare time interests?

PLEASE DESCRIBE ANY PERSONAL QUALITIES AND EXPERIENCE OR GIVE ANY OTHER RELEVANT INFORMATION THAT YOU FEEL MAY HELP YOU IN YOUR APPLICATION. (Please continue on a separate piece of paper if necessary)

REFERENCES

References will be requested prior to a position being offered.
Ideally, one referee should be your current or most recent employer

<p>Do / not contact this person before interview</p> <p>Name</p> <p>Address</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Telephone No.....</p> <p>E-mail.....</p> <p>Relationship.....</p>	<p>Do / not contact this person before interview</p> <p>Name</p> <p>Address</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Telephone No.....</p> <p>E-mail.....</p> <p>Relationship</p>
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Data Protection Act 2018

The information on this form is being collected as part of the recruitment and selection procedure. If you are successful with your application, the information will be used to produce a Statement of Particulars. When you complete this form you are giving your consent to The Yercombe (Glos) Trust to hold and use personal information for these purposes. The application forms of unsuccessful candidates will be retained for six months, after which they will be destroyed by shredding.

DECLARATION

The facts set forth in this application for employment are, to the best of my knowledge, true and complete. I understand and agree that if I submit any false or misleading information or omit any material information this may result in any offer of employment being withdrawn, or, if I have already been employed, in my dismissal.

Signature..... Date.....

**Please return your completed application to;
Yercombe Lodge, Stinchcombe, Dursley, Gloucestershire, GL11 6AS**

Ref	App No
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PERSONAL DETAILS													
SURNAME (Mr, Mrs, Miss)	FORENAMES		DATE OF BIRTH										
ADDRESS		TELEPHONE No.s Home Other											
SURNAME BEFORE MARRIAGE (If Applicable)		NATIONAL INSURANCE NUMBER											
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HEALTH
Total number of sick days in the past 12 months
Details of any physical disability or serious illness (please include dates)
If you are registered disabled, please give details of your registration number

IMMIGRATION
The job offer will be confirmed subject to you providing documentary evidence to confirm that you are eligible to live and work in the United Kingdom.

ADDITIONAL INFORMATION			
Are you related to anyone working at Yercombe Lodge? If yes, please provide details			
Do you have a current full driving licence? Motor Car Motorcycle None			
Next of Kin			
<table border="1"> <tr> <td>Name</td> <td>Relationship</td> <td>Tel No</td> </tr> </table>	Name	Relationship	Tel No
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REHABILITATION OF OFFENDERS ACT

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 Rehabilitation Of Offenders Act (Exemption) Order 1975.

Applicants are, therefore, not entitled to withhold information about cautions, reprimands or convictions which for other purposes are 'spent' under the provisions of the act.

In this respect, is there anything you wish to bring to the attention of the prospective employer? **YES / NO**

If **YES**, Please give details

All applicants will be subject to a Criminal Records Bureau check in accordance with the Care Standards Act 2000.