**BLUEBIRD CARE APPLICATION FORM**

**CONFIDENTIAL APPLICATION FOR EMPLOYMENT**

1. **Application form**

|  |  |
| --- | --- |
| Position applied for |  |
| Date available to take up employment |  |
| Salary expectations  |  |

1. **Prepared for work**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full time | YES / NO | Part time | YES / NO | Shift work | YES / NO |

1. **Personal details**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name  |  | Title |  |
| Address*If you have been registered as living at any other address in the past 5 years please include details at the end of this form* |  |
| Telephone numbers | Home |  |
| Mobile |  |
| Email address |  |
| National insurance number |  |
| Passport number |  | Issue Date |  |
| Do you own a car? | YES / NO | Have a current licence? | YES / NO |
| If yes, licence type | Provisional / Full |
| Driving licence number |  |
| Do you have any current driving convictions | YES / NO | If yes, give details including dates |
|  |
| Where did you hear about Bluebird Care? |  |

1. **Secondary education**

|  |  |
| --- | --- |
| School name, address and date attended | Examinations (subject, result, etc.) |
|  |  |
|  |  |
|  |  |

1. **Further education and training**

|  |  |  |  |
| --- | --- | --- | --- |
| University/College and date attended | Type of course | Subjects | Qualification or class of degree |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Occupational qualifications**

|  |  |
| --- | --- |
| College/Institute or other name and date attended | Qualification/Level |
|  |  |
|  |  |
|  |  |

1. **Membership of professional body**

|  |  |  |
| --- | --- | --- |
| Name | Level | Date |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Previous employment**

A full work history is required explaining any gaps in employment.

|  |  |
| --- | --- |
| Present/last employer |  |
| Address |  |
| Job title |  |
| Duties/responsibilities |  |
| Start date |  | End date |  |
| Reason for leaving |  |
| Employers name & address | Job title | From | To | Reason for leaving |
| *(month & year)* |
|  |  |  |  |  |
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1. **General**

|  |  |
| --- | --- |
| Interests/hobbies (give details of pastimes, sports, etc) |  |
| Offices held in social/sports clubs, etc |  |
| Public duties ( local councillor, etc) undertaken |  |
| If offered this position will you continue to work in any other capacity? | YES / NO |
| If yes, give details |

1. **Permission to work in the UK**

|  |  |
| --- | --- |
| Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK? | YES / NO |
| If you are successful in your application would you require permission to work in the UK? | YES / NO |

1. **Community/volunteer experience**

|  |  |  |
| --- | --- | --- |
| Name and address of organisation | Position/title | Duties |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Next of kin**

|  |  |
| --- | --- |
| Emergency contact name |  |
| Relationship to you |  |
| Contact number |  |
| Emergency contact name |  |
| Relationship to you |  |
| Contact number |  |

1. **Referees**

|  |
| --- |
| Work reference 1 (most recent employer) – not members of your own family |
| Name |  |
| Address |  |
| Organisation |  |
| Occupation |  |
| Telephone number |  |
| Email address |  |
| Work reference 2 – not members of your own family |
| Name |  |
| Address |  |
| Organisation |  |
| Occupation |  |
| Telephone number |  |
| Email address |  |
| Work, personal or educational – not members of your own family |
| Name |  |
| Address |  |
| Organisation |  |
| Occupation |  |
| Telephone number |  |
| Email address |  |

**The Data Protection Act 1998** requires that any staff handling personal data must follow certain principles in relation to the data that they hold. Individuals have rights of access to data that is held and rights to claim for damages if various offences occur. This covers manual as well as computerised records.

In implementing the legislation, Bluebird Care adopts a simple and straightforward policy.

If you are unsuccessful in this application, we will keep this form on file for 6 months should you wish to be considered for other vacancies within Bluebird Care.

Please tick to show your agreement to this. [ ]

|  |  |
| --- | --- |
| Date of previous application |  |
| Previous position applied for |  |
| Did the application go through to interview | YES / NO |
| If yes, what was the outcome |

### Criminal Record Check

I have completed / will complete an application for a criminal record check and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults or children.

I also give permission for a copy of the disclosure to which I am subject, being made available to a named authorised person upon written request, who acts on behalf of a National Government or Local Government Department for auditing purposes.

Name: ……………………………………………………………………...

Signature: …………………………………………………………… Date: ……………………………

**Working with Bluebird Care**

It is Bluebird Care’s policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, ethnic origin, national origin, sex, sexual orientation, religion or belief, pregnancy, trans-gender status, marital or civil partnership status, age or disability.

I authorise Bluebird Care to obtain references to support this application once an offer has been made and accepted and release Bluebird Care and referees from any liability caused by giving and receiving information.

**DECLARATION**

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement will be sufficient cause for rejection or, if employed, dismissal.

Name: ……………………………………………………………………...

Signature: …………………………………………………………… Date: ……………………………

## Please complete the additional form: equal opportunities monitoring form

*You are under no obligation to complete the above mentioned additional form*

Thank you for completing the application form. Please return this document to:

Bluebird Care Calderdale

Office 20, Enterprise Centre,

Hanson Lane,

Halifax,

HX1 5PG

Alternatively you may email the completed application form to: mailto:calderdale@bluebirdcare.co.uk

If you need to discuss any questions within this application form please contact Bluebird Care Calderdale on 01422 230055

**Previous registered home addresses in the last 5 years:**

|  |  |  |
| --- | --- | --- |
| Address  | Date from | Date to |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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