

**12. Information in support of your Application:** Please continue on a separate sheet/s if necessary. Please indicate clearly WHY you are applying for this post and why you believe you are suitable for this kind of work. You may also wish to include details of your background, work experiences, training undertaken and leisure pursuits.

**13. References:** Please provide details of your two most recent employers as a reference must be obtained from them in line with CSCI (the Commission for Social Care Inspection) regulations.

Name: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Tel no: <input type="text"/>	Tel no: <input type="text"/>

**14. Additional References:** If you have previously worked within the care industry but this employer does not fall within Section 13, we will also need to obtain a reference from them (also in line with CSCI regulations). Please provide their details below. In exceptional circumstances we may accept a character reference. You may provide details of a character referee in this section, if you wish:

Care Referee	Character Referee (optional)
Name: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Tel no: <input type="text"/>	Tel no: <input type="text"/>

**15. Declaration by Applicant:** Please read this section carefully before signing

I understand that my employment is subject to the receipt of satisfactory references. I hereby give the COMPLETE GROUP permission to take references from my previous employers and any other referees / employers noted on this application.

I confirm that the information I have given on this form is correct and complete, and that misleading statements may be sufficient for cancelling any employment agreements made. I understand that if employed, I will be required to complete a confidential declaration in respect to my state of health. Because of the sensitive nature of the duties the postholder will be expected to undertake, I also understand that the declaration will include details of any criminal convictions, cautions, reprimands and final warnings *and any other information that may have a bearing on my suitability for the post.* \* I understand, too, that an Enhanced Disclosure will be sought in the event of a successful application.

\* The part in italics only applies in relation to Enhanced Disclosures

<b>Signed:</b> <input style="width: 90%;" type="text"/>	<b>Date:</b> <input style="width: 90%;" type="text"/>
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# APPLICATION FORM

Complete Care Group  
1 Hawksworth Road  
Central Park  
Telford  
Shropshire  
TF2 9TU

Tel: 01952 293449 Fax: 01952 293191

**Find out more about us at [www.completegroup.co.uk](http://www.completegroup.co.uk)**

Position Applied for:	Closing Date:
Where did you see this job advertised:	Job Ref:

1. How to Contact You	2. Next of Kin (Person to be Contacted in Case of Emergency)
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Title: <input type="text"/> Surname: <input type="text"/> Forename/s: <input type="text"/> Address: <input type="text"/> <input type="text"/> <input type="text"/> Post Code: <input type="text"/> Tel:(Day) <input type="text"/> Tel:(Evening) <input type="text"/> Email Address: <input type="text"/>	Title: <input type="text"/> Surname: <input type="text"/> Forename/s: <input type="text"/> Address: <input type="text"/> <input type="text"/> <input type="text"/> Post Code: <input type="text"/> Tel:(Day) <input type="text"/> Tel:(Evening) <input type="text"/> Your relationship to them: <input type="text"/>
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Is this your permanent address: YES  NO

### 3. Personal Details: Please tick as appropriate:

Date of Birth: <input type="text"/>	Age: <input type="text"/>
National Insurance Number: <input type="text"/>	Nationality: <input type="text"/>
Are you eligible for work in the UK?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you require a work permit:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you hold a full, valid driving licence:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have your own transport:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have any driving convictions:	YES <input type="checkbox"/> NO <input type="checkbox"/>

If YES, please give details:

Do you smoke: YES  NO



Do you get on with animals  YES  NO  
 Are you willing to live-in as a PA on a Rota Basis  YES  NO  
 Are you willing to work anywhere in the UK  YES  NO

If you are not willing to work anywhere, please specify areas preferred:

**4. Medical Details: Please tick as appropriate**

Do you consider yourself to have a disability as defined under the Disability Discrimination Act 1995, which would affect this role? Under the Act, a person has a disability if he or she has a physical or mental impairment which has a substantial and long term effect on their ability to carry out normal day to day activities. Please tick box if this statement applies.

Do you need any specific assistance to complete this role:  YES  NO

Have you suffered from any major illnesses:  YES  NO

If you have answered YES to any of the above please give details:

**5. Criminal Convictions**

It may be that the nature of the work for which you are applying is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act.

As CPA Ltd meets the requirements in respect of exempted questions under the RoOA 1974, all applicants who are offered employment will be subject to a criminal record check from the CRB before appointment is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions. A caution will not necessarily be a bar to obtaining a position with the company.

Do you have any criminal convictions, prosecutions or cautions pending.  YES  NO  
 If YES, please give details:

Have you ever been cautioned or convicted of a criminal offence.  YES  NO  
 If YES, please give details:

I confirm that I have read and understand Section 5 and I thereby give permission to the Complete Group to apply for an Enhanced Disclosure.  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**6. Education: Please give details of schools and any further education establishments attended:**

Name and Address of School/College:	Attended From	Attended To	Examinations Passed

**7. Professional Qualifications:** \_\_\_\_\_

**8. Membership of Professional Bodies:** \_\_\_\_\_

**9. Current Employment:**

Name, address and business of employer	Date started (month & year)	Date finished (month & year)	Position Held	Reason for leaving

**10. Notice Required:** \_\_\_\_\_

**11. Previous Employment: Please give details of your previous two employers, listing positions held**

Name, address and business of employer	Date started (month & year)	Date finished (month & year)	Position Held	Reason for leaving