

Application For Employment

**Thank you for applying to Progressive Care. If you require any assistance with your application form please contact our recruitment team at** [**recruitment@progressivecare.co.uk**](mailto:recruitment@progressivecare.co.uk) **or telephone 0114 2800210. Please visit** [**www.progressivecare.co.uk**](http://www.progressivecare.co.uk) **for more information about our company.**

We are an equal Opportunities employer

Please complete all sections fully, and where necessary mark any non-applicable questions as ‘N/A’ or ‘Unknown’.

Please complete in **black** ink

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Role Applied for:** | **Location:** |
| **Hours of Work Required:**  **Full time** **Part time (What hours required if seeking part-time:**       **)  Zero hours** | |
| **Title: Mr Mrs Miss** **Ms Other:** | **Surname:** |
| **Forename(s):** | |
| **Date of birth:**  *To meet with legislation and regulations all employees must be aged 18 or above to work with adults or children. To work in a supervisory role, candidates must be aged 21 or over. In some roles where you will be working with children, there may be a need for candidates to be older than 18, dependent on the service being recruited to and the age of the young people in that service.* | |
| **National Insurance Number:** | |
| **Current Address:** | |
| **Post code:** | |
| **Home telephone number:** | **Mobile / Other number:** |
| **E-mail address:** | |
| **Do you hold a full current driving licence: Yes** **No** | |
| **Do you own your own transport: Yes No** | |
| **Are you related to an existing employee: Yes No**  **If yes please provide details:** | |
| **Have you ever applied to work for or have worked for us previously? Yes No**  **If yes please provide details:** | |

**EMPLOYMENT HISTORY**

Please provide details of your employment history, starting with your most current or recent employer first, remember to include any voluntary work experience that you have. **Please ensure that any gaps in your employment history are documented and the reason for the gap is explained such ‘unemployed’ or ‘travelling’.** Please continue on a separate sheet if necessary marking it as ‘Employment’

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date(s)**  To and from | **Employe**r  Name and Address | **Job Held**  Job title and main duties | **Reason for leaving** | **Final Salary** |
|  |  |  |  |  |
| **If currently employed what is your notice period:** | | | | |

**EDUCATION, QUALIFICATIONS AND TRAINING**

Please provide details of any qualifications gained and relevant training undertaken. Please continue on a separate sheet if necessary marking it as ‘Education and Training’

|  |  |  |  |
| --- | --- | --- | --- |
| **Date(s)**  To and from | **Name of school, college, university or training provider** | | **Qualification / Attainment** |
|  |  | |  |
| **Please provide details of any professional institute memberships** | | | |
| **Professional Institute** | | **Membership Level** | |

**SUPPORTING INFORMATION**

Please use the space below to tell us about yourself; what skills, experience, knowledge and abilities you have that you feel would make you right for this job and what you feel you can bring to the role. Please continue on a separate sheet if necessary marking it as ‘Supporting Information’.

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**REFERENCES**

We will seek a minimum of two references. Please provide details of your two most recent places of employment, or if you have not had two places of employment, please provide details of an individual who can provide an academic reference. If you have ever worked in care, we will also seek to obtain a reference from this employer. A character reference will only be sought if you are unable to provide employment or academic referees.

|  |  |
| --- | --- |
| **1) Employment / Academic Reference** | **2) Employment / Academic Reference** |
| **Name:**  **Job Title / Position:** | **Name:**  **Job Title / Position:** |
| **Address:** | **Address:** |
| **Contact number:** | **Contact number:** |
| **Email:** | **Email:** |
| **May the reference be taken up without prior approval:**  **Yes No** | **May the reference be taken up without prior approval:**  **Yes No** |
| **3) Care Reference** (required if you have ever worked in care and references 1 & 2 do not cover this period of employment) | **4) Character reference** (required if you are unable to provide employment / academic referees) |
| **Name:**  **Job Title / Position:** | **Name:**  **Job Title / Position:** |
| **Address:** | **Address:** |
| **Contact number:** | **Contact number:** |
| **Email:** | **Email:** |
| **May the reference be taken up without prior approval:**  **Yes No** | **May the reference be taken up without prior approval:**  **Yes No** |

**REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1975**

Due to the nature of the work that Progressive Care undertakes, the role that you are applying for is exempt from the Rehabilitation of Offenders Act 1974 (exceptions) order 1975. You are required to provide details of ALL convictions for criminal offences including those which would otherwise be endorsed as ‘spent’ by virtue of the above act.

Offers of employment will be subject to an enhanced check from the Disclosure and Barring Service (DBS). Having a criminal record will not automatically bar you from obtaining a position with Progressive Care.

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| **Have you ever been convicted or cautioned for a criminal offence in the UK or Overseas (do not assume that any convictions are spent). Yes No**  **If yes, please provide details:** |

**DATA PROTECTION**

Information provided by you in this application form will be used throughout our recruitment procedures. Once the recruitment procedure is completed, the data will be stored for 12 months and then destroyed.

If you are a successful candidate, this application form and information provided by you throughout our recruitment procedures will be used as part of your personnel records.

**DECLARATION**

By signing this document you are declaring that the information that you have given in this application form is complete, accurate and true. You understand that providing false or misleading information will disqualify you from our recruitment process, and if discovered after your appointment, may result in your summary dismissal.

|  |  |
| --- | --- |
| **Signature:** | **Dated:** |
| **Print Name:** | |

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| **To Apply Online** | **To Apply by Post** |
| * **Please complete and save this document** * **Go to** [**www.progressivecare.co.uk/vacancies**](http://www.progressivecare.co.uk/vacancies) * **Click on the vacancy** * **Click apply** * **Upload your Application Form and insert your contact details.** * **Click submit** | **Please return your application form to:**  **Recruitment Team**  **51 Attercliffe Common**  **Sheffield**  **Don Valley**  **S9 2AE** |

**If you experience any difficulties in returning your application form please call 0114 2800 210 or email** [**recruitment@progressivecare.co.uk**](mailto:recruitment@progressivecare.co.uk)