



Post applying for

Please complete this form in full using black ink or type.
Please ensure that all sections are completed and that any gaps in the employment history are recorded and explained.

PERSONAL DETAILS

First Name

Surname

Address

Telephone number

Mobile number

Email address

Postcode

National Insurance No

RIGHT TO WORK

Do you have the right to work in the UK without any current immigration restrictions?

Yes

No

If No, please give further details and include any limitation on the number of hours you are lawfully able to work, e.g. student visa, 20 hours, etc.

DRIVING LICENCE *

(*Only answer if relevant to post applied for.)

Do you hold a full driving licence valid in the UK?

Yes

No

Please detail any restrictions or points on your licence?

Do you have access to a car that you can use for work?

Yes

No

Does your car have class 1 business use?

Yes

No



HEALTH

Do you have any health condition that could affect your ability to carry out duties connected to this position? Yes No

(If yes, Please be aware that we may need to discuss these with you at your interview)

I am not aware of any health conditions which may affect my ability to undertake the duties of the position or place me at any risk in the workplace.

I am aware that some of my health conditions may affect my work and may require some special adjustments in the workplace.

PRESENT EMPLOYMENT

Present Employment (If you are currently unemployed, please give details of your last employer).

Name of Employer	<input type="text"/>	Position held	<input type="text"/>
Address	<input type="text"/>	Notice Period	<input type="text"/>
	<input type="text"/>	Manager's Name	<input type="text"/>
	<input type="text"/>	Manager's Email	<input type="text"/>
	<input type="text"/>	Start Date (day/month/year)	<input type="text"/>
Postcode	<input type="text"/>	End Date (day/month/year)	<input type="text"/>

Reason for leaving (if no longer employed):

Are you willing for this employer to be approached for a reference prior to the interview? Yes No



FULL EMPLOYMENT HISTORY

Gaps since completion of full time education

Previous Employment/Gap History (please give your most recent employer/gap first).

Please cover full period since you have left full time education and state the nature of the employer's business. Where there are gaps between jobs please indicate why, for example continuing education, family, child care, unemployment or traveling. Please continue on a separate sheet if necessary.

Employment/Gap	<input type="text"/>		
Brief description of duties/reason for leaving or explain Gap	<input type="text"/>		
Start Date (day/month/year)	<input type="text"/>	Start Date (day/month/year)	<input type="text"/>
Employment/Gap	<input type="text"/>		
Brief description of duties/reason for leaving or explain Gap	<input type="text"/>		
Start Date (day/month/year)	<input type="text"/>	Start Date (day/month/year)	<input type="text"/>
Employment/Gap	<input type="text"/>		
Brief description of duties/reason for leaving or explain Gap	<input type="text"/>		
Start Date (day/month/year)	<input type="text"/>	Start Date (day/month/year)	<input type="text"/>
Employment/Gap	<input type="text"/>		
Brief description of duties/reason for leaving or explain Gap	<input type="text"/>		
Start Date (day/month/year)	<input type="text"/>	Start Date (day/month/year)	<input type="text"/>



EDUCATION

Qualifications obtained from schools, colleges and universities. Please list highest qualification first.

Please continue on a separate sheet where necessary.

QUALIFICATION	DATE	GRADE

If you have undertaken any relevant training to this post please give details:-

COURSE	LOCATION	GRADE



CRIMINAL RECORDS

This post is offered subject to a satisfactory enhanced Disclosure & Barring Service (DBS) check, which will disclose any unspent convictions as well as any spent convictions and cautions that are not "protected"*. Information given will be completely confidential.

If you have any unspent convictions or cautions or any spent convictions or cautions that are not "protected", please give details in the box below.

SAFEGUARDING

Declaration for applicants into Regulated Activity with Vulnerable Adults/Children: I confirm that I have not been barred from working with vulnerable adults/children by the Independent Safeguarding Authority (ISA) or any other regulatory organisations.

Are you or have you ever been subjected to any safeguarding investigation by any past employer or public authority?

Yes (I confirm) No

If Yes, please give details below:



REFERENCES

We will normally request references from your two most recent employers. If this is not possible, please give details below of your alternative referees preferably from a professional such as your doctor, a teacher or lecturer, lawyer etc.

REFEREE 1

Name	<input type="text"/>
Job Title	<input type="text"/>
Relationship to you:	<input type="text"/>
Organisation	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Telephone No	<input type="text"/>
Email	<input type="text"/>

REFEREE 2

Name	<input type="text"/>
Job Title	<input type="text"/>
Relationship to you:	<input type="text"/>
Organisation	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Telephone No	<input type="text"/>
Email	<input type="text"/>

Are you willing for this referee to be approached prior to the interview? Yes No

Are you willing for this referee to be approached prior to the interview? Yes No

WORKING TIME REGULATIONS OPT-OUT AGREEMENT

I understand that I am entitled to have my average weekly working time limited to 48 hours per week. I agree that the 48-hour weekly limit shall not apply in my case.

Signed

Date



WHISPERS
CARE

DECLARATION

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

PLEASE READ THE DECLARATION CAREFULLY BEFORE SIGNING

I hereby declare that the information I have provided in this form is true and accurate and that a failure to disclose any matter may call into question my honesty and integrity. I understand that to knowingly make a false or misleading statement could lead to the rejection of this application, the withdrawal of any offer or the termination of my employment if the false or misleading statement becomes apparent after I have been hired.

I understand that it is my responsibility to inform Whispers Care Solutions Limited of any information that is relevant to my application and to notify Whispers Care Solutions Limited of any updates to this information should my circumstances change.

By submitting this application, I agree that the information contained in this form may become conditions of employment.

I declare that I approached Whispers Care Solutions Limited for the position of _____.

Print Name

Date

Sign Name

Please return this application to:

Victoria Stockton (Human Resources Manager)

Email: victoria.stockton@whisperscare.co.uk

Or post to:

Victoria Stockton (Human Resources Manager)

Whispers Care Solutions Limited

Unit 4A

Leyland's Business Park

Nob's Crook

Colden Common

Winchester

SO21 1TH