



APPLICATION FORM				
Surname or Family Name	First Name(s)	Title (Mr,Mrs,Miss,Ms)		
Date of Birth				
Contact Address				
Post Code				
Daytime Telephone Number		Evening Telephone Number		
Disabilities or general health problems.				
Previous Employment (in date order, earliest first)				
Name of Employer	Job Title	Dates		Reason for Leaving
		From	To	

Education and Training – Qualifications Obtained

Qualification	Grade	Institution	Date

Other relevant training or experience?

Please say why you are applying for this post, outline aspects of your experience and give details of any particular achievements which you consider relevant to this application. Please use a continuation sheet if necessary.

Training		
What qualifications do you hold that are relevant to Care Assistant work at The Chace?		
Have you undertaken NVQ.2 or 3? If No, are you prepared to undergo the training?	Yes	No
In the last 3 years have you obtained a First Aid course?	Yes	No
Are you trained to administer medications in a care setting?	Yes	No
Have you completed Health & Safety training in the last 3 years?	Yes	No
Have you completed Fire training in the last 12 months?	Yes	No
Have you completed Manual Handling training in the last 3 years?	Yes	No
Have you completed Food Hygiene training in the last 3 years?	Yes	No
Have you completed Infection Control training?	Yes	No
What other courses have you done? Include Foot Care, Health & Hygiene		
What other courses would you like to attend that you believe would be relevant to the work?		
Comments.		
Are you willing to participate in future training?		

General Information	
Where did you see this vacancy advertised?	
What activities outside work interest you? (State any positions held you consider relevant)	
Do you hold a current driving licence? YES/NO	Do you own a car? YES/NO
Are you related to any member or employee of the Chace ? YES/NO If yes, please provide name(s) and state relationship:	
HEALTH Please state the number of days sickness absence in the last 2 years:	
DISABILITY DISCRIMINATION ACT 1995 Are there any adjustments which you think we could make to overcome a disability in relation to the essential requirements of this job? YES/NO If Yes, please provide further details (use a continuation sheet if necessary):	
REHABILITATION OF OFFENDERS ACT 1974 Please note: If the post you have applied for meets the exemption requirements under this Act, all applicants who are offered employment will be subject to a criminal record check before the appointment is confirmed. This will include all spent convictions, cautions, reprimands or final warnings. (See information sheet for further guidance) Please declare any unspent convictions (or all convictions if the post is exempt) on a separate sheet and tick this box if doing so <input type="checkbox"/>	
Names and addresses of two referees, one of whom should be your current or most recent employer:	
Name: Address: Tel No:	Name: Address: Tel No:
Please indicate if we may contact them prior to interview YES/NO	
Please state maiden name if applicable	

Signed Date