

## CONTRAST CARE APPLICATION FORM

**POSITION APPLIED FOR:** \_\_\_\_\_

Please complete the Application form, which is divided into two parts; Part A and Part B. Please check that you have fully completed all relevant sections before returning it.

**Return to:**

**Contrast Care, 1 The Old Telephone Exchange, Drumchardine, By Kirkhill, Inverness-Shire**  
**e-mail: enquiries@contrastcare.co.uk**

**For Office Use Only**

Date Disclosure Sent:  
 Interview Date:  
 Ref Request Sent:  
 Date Processed:

### APPLICATION FOR EMPLOYMENT – PART A

#### Personal Details

Surname/Family Name			
First Names			
Title		Date of Birth	
Any Previous Names		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address			
Post Code		Work Telephone	
UK National Insurance No		Mobile Telephone	
Home Telephone		May we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address			

#### Rehabilitation of Offenders Act

Due to the nature of the work involved, this post is exempt from the provisions of the above Act. You are therefore obliged to mention spent convictions. Please detail all convictions below. Failure to do so could lead to dismissal. Any details will be held in the strictest confidence.

Have you at any time received, or had pending, a court conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details	

**APPLICATION FOR EMPLOYMENT – PART B**

<b>Education &amp; Professional Qualifications.</b> Include in this section all the relevant qualifications. Please also indicate subjects currently being studied.				
Subject/Qualification	Secondary/Further/Higher	Place of Study	Grade/result	Year

<b>Professional Qualifications</b>					
Professional Body/College/University	Dates		Course details	Grade/result	Year
	From	To			

<b>Membership of Professional Bodies</b> Please give details of membership or any professional duties				
Name of Professional Body (e.g. NMC, HPC)	Type of membership	Registration Details	Expiry Date	Reason for expiry

<b>Training Courses Attended.</b> Include in this section any relevant training courses that you have attended or details of courses that you are currently undertaking.				
Course Title	Training Provider	Duration	Date Completed	Reason for non-completion of course

## Employment History

Please record below the details of your current or most recent employer.

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date		End Date	
Reason for leaving (if applicable)			
Description of your duties and responsibilities			

## Previous Employment

Please record below the details of your previous employment beginning with the most recent first. Please add additional employers/information on a separate sheet. Please include any voluntary work as well as full time employment and give explanations for gaps in employment or education in the 'Statement to Support Application' section

### Previous Employer 1

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

## Previous Employer 2

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

## Additional Personal Information

Preferred Employment Type	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Flexible Hours
Availability?			
Do you have a valid driving licence for the UK?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have access to a vehicle, which can be used, for work purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a current Disclosure Scotland (PVG)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## References

**Referee 1**- must be your current or most recent employer. If you have worked at any time in the Care Sector then you must also provide a referee from this employer. References from family and friends are not accepted. References will only be sought from shortlisted candidates. Contrast Care reserves the right to contact any former employer in addition to the referees nominated by the candidate.

Surname/Family name		First Name	
Job Title			
Address			
Post Code			
Telephone			
Email			
Relationship		Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Referee 2 (must not be a family member)**

Surname/Family name		First Name	
Job Title			
Address			
Post Code/ Zip Code			
Telephone			
Email			
Relationship		Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**HEALTH DETAILS**

Is there anything we need to know in order to offer you a fair selection interview? For example, do you need a signer or interpreter or require an accessible interview room.

**GENERAL COMMENTS**

Please set out below the principle reason for your application and highlight main achievements to date and the strengths you would bring to the post. Please continue on a separate sheet if necessary.

## STATEMENT TO SUPPORT APPLICATION

Please provide any information that may be relevant to your application. Please continue on a separate sheet if necessary. Include – personal qualities and experience that you believe are relevant to your suitability for the post advertised and how you meet the person specification.

## DECLARATION

The information in this form (Parts A & B) is true and complete. I agree that any deliberate omissions, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Please note: All information received will be dealt with in confidence, consistent with our commitment to safeguard vulnerable adults

I agree to the above declaration			
Signature			
Name		Date	