## CONFIDENTIAL APPLICATION FOR EMPLOYMENT



Primecare Health LTD

11 Castle Road

Winchburgh

EH52 6RQ

First Name:		Position Applied For:		
Surname:				
Address:		Next Of Kin Details:		
		Name -		
Post Code:		Number -		
-		Relationship -		
Home Telephone Number:				
Mobile Telephone Number:		National Insurance No.		
Email Address:				
Do you need a permit to work in the UK?  Yes  No  N/A  Are you eligible to work in the UK?  Yes  No	Do you have a current driving licence? Driver? Driver with transport? If YES give details ,including any endorsements eg. Car,HGV Etc.			
<b>EDUCATION</b>				
Schools Attended	Dates from/to	Qualifications (Including Grades)		
Colleges/Universities Attended	Dates from	/to Subjects & Qualifications		
Other training apprenticeships/ special courses etc, including dates where appropriate.				

<u>From-To</u>	Name & Address Of Employer	Job Title & Duties	Reason For Leaving
Notice require	d in current post :		
	u m current post .		
REFERENCES			
Please give the	names and addresses of your ex line s must be your current or most rec	manager, not family members,	who are able to provide
ence, a referenc	e from your last place of full time educyears please also supply a reference	cation will be a suitable alternat	ve. If your current employmen
1 ( CURRENT OR	MOST RECENT EMPLOYER )	2 ( CHARACTER REFERANCE	1

Can this reference be taken up after interview? YES/NO

**EMPLOYMENT HISTORY** ( Current or most recent employer first )

Can this reference be taken up after interview? YES/NO

STATEMENT IN SUPPORT OF APPLICATION				
Please give a concise statement in support of your application which explains your in strengths you would bring to this post and any other relevant information to your appl	iterest in this post & the lication.			
HOBBIES				
What hobbies and interest do you like to do in spare time?				
What hossies and interest as you like to as in spare time.				
LANGUAGE SKILLS				
Which languages other than English do you speak and/or write (tick if fluent)				
Speak Write	Speak Write			
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## Rehabilitation Of Offenders Act 1974

ur recruitment process is compliant with "The rehabilitation of Offenders Act 1997 (Exclusions and Exceptions) (Scotland) Oder 2003 as amended "and entitles us as providers of care services, to conduct the appropriate level of disclosure check to confirm candidates suitability for employment in this sector. You are therefore required to provide details of all convictions whether they be current, pending or expired. You should be aware that any convictions including for example - unpaid TC licence, driving convictions, including speeding offences, admonished convictions and any warnings or cautions you have received since the age of 16 will be highlighted on your disclosure certificate.

Please refer to www.disclosurescotland.co.uk for more information on Disclosure Scotland's ' Code of practice '

- Have you read the above statement? Yes

  No
- Have you ever been the subject of disciplinary actions with the H.M. Forces and/or Professional Bodies, including the Police Force? Yes
- Have you ever been convicted of a criminal offence? Yes

  No
- Do you have and pending charges you wish to declare to us? Yes

  No

If you have answered **YES** please state when, the offence and disposal.

Please list any convictions/pending charges below:

## **Declaration**

## Please read this carefully before signing this application

I confirm that the above information is complete and correct and that any untrue or misleading information will give the employer the right to reject my application , to withdraw any employment contract offered or, if employed, dismiss without notice.

I agree that the information provided in this application form may be processed by the employer in relation to my application for this post to assist in the decision making process. I further expressly agree that, should it be necessary to validate any of the information provided herein, the employer may release this information for verification purposes. If successful in my application it is agreed that any information provided will be retained by the employer in a secure confidential file and he contents only used for necessary business purposes subject to my express consent for disclosure where necessary.

Print Name:	Sign:	Date:	