

Oswald House, 33, St. Oswald's Walk, Newton Aycliffe, Co. Durham. DL5 4BO

Tel. (01325) 300296 Fax. (01325) 314621 E-mail mail@oswaldhouse.co.uk

Oswald House – Application Form

*Please complete this form in your own handwriting.

Any gaps in your employment/educational history need to be explained on a separate sheet of paper.

<u>Please ensure that any dates you give are full dates for example day/month/year and not approximate</u>. Oswald House will check with previous employers to verify any information given on this form.

Confidential	
Please Complete in black ink	
Position applied for	Post Hours
Part A Personal Details	
Full Name :	Title
Telephone No (day)) (eve)
Are there any restrictions on you taking up employment in the UK?	☐ Yes ☐ No
National Insurance Number:	
If you need a work permit, please indicate if there are any limitations / conditions on the work permit	

Part B	Education	and	Training
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Reason for Leaving / Notice required in current post

Please give brief details of courses attended and examination results, including work-based training.

Name of establishment	From	То	Examination results (subject, level grade)
and or establishment	110111	10	grade)
_			
art C Present or mos	t recent employme	ent(<u>Please</u>	enter full dates inc. day and
<u>nonth</u>)			
ame and address of empl	over		
·			
Post held			
Date started	Until	_ Wage	e
Key roles/achievements			
·			
2.			

Employment History (most recent first))		
Name and address of employer			
Post held			
Date (dd/mm/yyyy) started		Wage	
Key roles/achievements 1			
2			
3			
Reason for Leaving			
Name and address of employer			
Post held			
Date (dd/mm/yyyy) started		Wage	
Key roles/achievements			
1.			
2.			
3			
Name and address of employer			
Post held			
Date (dd/mm/yyyy) started	Until	Wage	
Key roles/achievements			
1			
2			
3.			
Reason for Leaving			

Other EmploymentPlease note any other employment you would continue with if you were to be successful in obtaining this position.

Part D Experience/relevant skills/further information
Use this section to provide any additional information, and to show how you feel you will be able to meet the needs of our residents / organisation. You could for example draw on aspects of your education and experience, including paid or unpaid employment, voluntary work, interests and hobbies etc.
Driving Details
Do you hold a current driving licence?
If yes, please specify type of licence and list any endorsements

Part E Verification of employment or education record

Please give names and addresses of two people who can provide character and employment references. One should be your present / most recent employer, Preferably your immediate manager

Name Name Address Address Position held Tel No Tel No

If you have not been in paid employment please give the name / contact details of head of education or training establishment and/or the manager of a voluntary group for whom you have worked.

Please tick this box if you do not wish us to approach your present employer until, and if, a firm offer of employment has been made. (Oswald House normally takes up references if you have been short listed)

Rehabilitation of Offenders Act
You do not generally have to disclose details of spent convictions. However, the post you are applying for is exempt from the Rehabilitation of Offenders Act by virtue of the (Exceptions) order because it involves access to persons who are disabled. You must reveal details of all convictions, spent or otherwise.
Have you ever been convicted of any criminal offence? ☐ Yes ☐ No
If yes, please give details of conviction(s) and date(s)
Do you have a current enhanced DBS certificate ? ☐ Yes ☐ No (Before you can start working in any care setting you must have a new satisfactory enhanced Criminal Records Bureau
check. Oswald House can help you obtain one on these. A fee is applicable for this service)
Declaration
 I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personal file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau / Scottish Criminal Records Office for an enhanced disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.
Signature Date

Oswald House

Name ————
Post Applied For
Is the post applied for :- Full Time (39 hours) Part Time
Equal Opportunities Statement Oswald House has an Equal Opportunities Employment Policy to ensure that all applicants are treated fairly and are appointed solely on their suitability for the post irrespective of race, sex, disability, sexuality, age, non trade union & trade union membership, creed, colour, nationality, religion, language, political opinion or affiliation, gender reassignment, marital status, family connections, caring responsibilities or unrelated criminal conviction. All stages of the recruitment process are monitored to check that unfair discrimination is not taking place.
Would you like to be considered for this post as a job sharer ☐ Yes ☐ No Please state where you saw this position advertised