

Employment History most recent first

Dates Names and addresses of employers Job title, description of duties and reason for leaving

Dates	Names and addresses of employers	Job title, description of duties and reason for leaving

Continue on separate sheet if necessary

Employment History most recent first

Please tell us why you would succeed in this position, setting out relevant knowledge, skills and expertise you have gained from current employment or voluntary community work, you should also provide any other information that may be of interest and relevant to the position. Please also describe your aspirations and ambitions.

Continue on separate sheet if necessary

Additional personal details

Outside interest, leisure time activities and other personal information which you think may assist us in evaluating your application.

[Continue on separate sheet if necessary](#)

General information

Because of the nature of the work for which you are applying. This post is exempt from provision of the rehabilitations of offenders act 1974 (exemptions) order 1975. you are therefore not entitled to withhold any information about convictions

A Have you ever been or are you currently, the subject of any police investigations, in this or any other country (please tick)? Yes No

B Have you ever been convicted of any criminal offence or bound over, or cautioned in respect of any such offence, in this, or any after country? Yes No

If yes to A and /or B, using a separate sheet, please give details, dates, extenuating, circumstances and any additional information you wish to include. Place in a sealed envelope addressed to the manager. This will not automatically jeopardise your chance of employment, however not declaring a criminal record, and it is found out at a later date, would jeopardise employment opportunities.

If your consider yourself as having a disability is there any support your would require to attend for interview?

Important notes

Victoria Community Care Ltd (VCCL) is an equal opportunities employer and will not necessarily reject an application based on the answer being yes to any of the above questions, however, VCCL reserves the right to reject a candidate's application in the event that they are not satisfied with the nature of any information given by the candidate, in connection with the above.

The candidate's attention is drawn to the confidential aspects of this post. Breaches of confidence will result in disciplinary action, which may involve dismissal. The candidate should also be aware that, regardless of any action taken by VCCL, breaches of confidentiality could result in civil action for damages.

References

Applying for a post whiles in employment

Two references are required from your current or most recent employer, covering the whole of the preceding three years of your employment and one character reference from somebody who has known you for a least three years, but must not be a family member.

Direct from university/college

Two references are required one of which must be from your lead tutor.

After substantial break in employment

Two references are required from individuals, who can judge confidently your skills and abilities for the post for which you are applying. References should not be from a close friend or relative.

Reference 1

Name	<input type="text"/>	Position	<input type="text"/>
Address	<input type="text"/>	Phone no.	<input type="text"/>
		Email	<input type="text"/>

Reference 2

Name	<input type="text"/>	Position	<input type="text"/>
Address	<input type="text"/>	Phone no.	<input type="text"/>
		Email	<input type="text"/>

Reference 3 (Character reference)

Name	<input type="text"/>	Position	<input type="text"/>
Address	<input type="text"/>	Phone no.	<input type="text"/>
		Email	<input type="text"/>

Declaration

I declare that the information on this form and any supporting information attached herewith is correct and complete and that misleading statements may be sufficient for cancelling any agreements made, e.g. curriculum vitae (CV) is correct. I understand that any appointment offered is subject to health clearance and if appropriate. Confirmation of statutory qualifications/registration and / or criminal record disclosure clearance. I also understand the information provided will be processed and I hereby give consent for data processing under the data protection Act 1998.

Signature	<input type="text"/>	Date	<input type="text"/>
-----------	----------------------	------	----------------------

Office use only

CRB submitted	Interview	
CRB received	Induction	
Start date / /	1st ref	2nd ref

Equal opportunities monitoring



Unit 6 Helsby court, Prescot Business Park, Prescot, Merseyside, L34 1PB
t 0151 546 4400 office@victoriacommunitycare.com www.victoriacommunitycare.com

Applicants are requested to tick the relevant boxes below to enable Victoria Community care ltd (VCCL) to monitor it's equal opportunities policy. Monitoring is recommended by the codes of practice for the elimination of discrimination on the grounds of age, gender, race or disability, VCCL will analyse the information on a depersonalised bases and will not disclose the results of the analysis except in an anonymous form, we respect a person's right not to disclose information relating to disability, ethnic origin, gender or age. Completion of this form if optional, therefore not compulsory.

Gender Female Male

Age Year of birth

Ethnic background

Choose one category from A to E and then tick the appropriate box to indicate your cultural background.

A White

British
Irish

Other

B Mixed

White and black Caribbean
White and black African
White and Asian

Other

C Asian and Asian British

Indian
Pakistani
Bangladeshi

Other

D Black or Black British

Caribbean
African

Other

E Chinese or Other Ethnic Group

Chinese

Other

Disability

The Disability Discrimination Act (1985) defines a disabled person as anyone with a physical or mental impairment, which has a substantial and long term adverse effect upon their ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability? Yes No

If YES, what is the nature of your disability?

Visually impaired Yes No

Please indicate type if known B1 B2 B3

Learning disability SLD MLD

Physical disability - please state type

Hearing impaired Yes No

Other disability - please state

Thank you for completing this form