

Return this form to:

APPLICATION FOR EMPLOYMENT

Margarot Forrest Care Management Ltd.
Falkirk Business Centre
118 North Main Street
Falkirk
FK2 8HR

POST APPLIED FOR:
CLOSING DATE:
SALARY EXPECTED:

Please complete legibly in your own handwriting in black ink

Surname	Forename(s)
Address	Name and Address of next of kin
Post Code	
Daytime Tele. No.	Tele. No. Relationship
Evening Tele. No.	National Insurance No.
E-mail Address	
Do you need a permit to work in the UK? YES ☐ NO ☐	Have you a current driving licence? YES ☐ NO ☐ If YES give details, including any endorsements eg. car, HGV, PSV etc.
Are you eligible to work in the UK? YES ☐ NO ☐	

EDUCATION

Schools Attended	Dates From/To	Qualifications attained (including grades)
Colleges/Universities Attended	Dates From/To	Subjects taken and Qualifications attained
Other Training/Membership of Professional Bodies/Apprenticeships/Special Courses etc. include dates where appropriate.		

EMPLOYMENT HISTORY (current or most recent employer first)
Please include temporary posts and work experience.

FROM - TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE & DUTIES	FINAL SALARY & REASON FOR LEAVING

Notice required in current post:

REFERENCES

Please note here the names, addresses and telephone numbers of two persons from whom we may obtain both character and work experience references. References from your current employer will not be sought without your authority.	
1	2

LEISURE

Please note here your leisure interests, sports, hobbies and other pastimes etc. including positions of responsibility held.

LANGUAGE SKILLS

Which languages other than English do you speak and/or write (tick if fluent)

	Speak	Write		Speak	Write
.....	☐	☐		☐	☐
.....	☐	☐		☐	☐

ATTENDANCE & RELIABILITY

Please give details of your lateness and absence records over the last 12 months.

GENERAL COMMENTS

Please detail here your specific reasons for this application, your main achievements to date, the strengths you would bring to this post and any other information relevant to your application.

Please continue on a separate sheet if necessary.

REHABILITATION OF OFFENDERS ACT 1974

Our recruitment process is compliant with "The Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 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 TV 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 action with the H.M. Forces and /or Professional Bodies, including the Police Force? YES / NO

Have you ever been convicted of a criminal offence? YES / NO

Do you have any pending charges you wish to declare to us? YES / NO

If you have answered 'yes' please state when, the court, the offence and disposal.

Please list any convictions/pending charges below:

Do you have a physical or mental health condition or disability that:

- has a substantial effect on your ability to carry out day to day activities?
- has lasted or is expected to last 12 months or more?

YES ☐ NO ☐ Prefer not to say ☐

If you answered 'yes' please tick if it is either of the following:

Learning Disability	☐	Physical Impairment	☐
Long Standing Illness	☐	Sensory Impairment	☐
Mental Health Condition	☐	Other (please describe):	☐

Again, if 'yes', please describe any particular arrangements you would need for your work location:

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 the contents only used for necessary business purposes subject to my express consent for disclosure where necessary.

Signed

Dated