

APPLICATION FORM

Please complete all sections as fully as possible and return your application in an envelope marked 'private and confidential' to:

Sandra Joslin
Basingstoke Mencap
The Orchard
White Hart Lane
Basingstoke
Hants
RG21 4AF

Tel: 01256 423886

Position applied for	
Position applied for	
Where did you see this post	advertised?
Surname/Family Name	
Forenames	
Address	
	Postcode
Telephone	Home
	Work
	Mobile
Fmail	
Lindi	
	Postcode Home Work



Educational and Professional Qualifications

Secondary School	From - to	Please give a brief guide to examinations passed
College/University	From - to	Qualifications gained

<u>Training</u>

Please indicate [\checkmark] if you have any of the following qualifications or training:

NVQ 2/3 in Health & Social Care or equivalent	Epilepsy	
Learning Disability Awareness	Diabetes	
Safeguarding Adults / POVA	Mental Health	
Safeguarding Children / POCA	Mental Capacity Act & DoLS	
Emergency First Aid	Autism / Aspergers Awareness	
Medication / drug Administration	Managing Challenging Behaviour	
Moving & Handling	Makaton	
Health & Safety	Equality, Diversity & Inclusion	
Fire Safety	Person Centred Care	

Any other qualifications obtained or courses attended:



Employment

Complete, giving details of both paid employment and voluntary work, starting with you most recent experience and ensuring explanation provided for any gaps i.e. higher education, family carer etc.

From-to	Organisation Name & address	Position held Brief summary of duties	Reason for leaving

Present salary		
Please state the Notice period required by your present er	mployer	
Do you own a vehicle for use at work?	Yes []	No []
Do you have a current clean full driving license	Yes []	No []
<u>Availability</u>		
Please state the days / times you are available for work		
Basingstoke Mencap / HR / Recruitment / Appli		



General experience and further information

Please use this section to tell us how you meet the requirements set out in the job description and why this position is of interest to you.

Continue on a separate sheet if required



<u>References</u>

Please give the names and addresses of at least two referees to cover the previous five years, one of whom must be your current or most recent employer, tutor or employment advisor etc. A character reference will only be accepted from one referee.

References may be taken up for all short-listed candidates. If you do not wish us to contact your referees in advance of interview please tick the relevant box.

Name	Address	Position
May we contact? Yes [] No	[] Tel: Fax:	I

Name	Address	Position
May we contact? Yes [] No	[] Tel: Fax:	

Name	Address	Position
May we contact? Yes [] No	[] Tel: Fax:	1



Right to work in the United Kingdom

Basingstoke Mencap has a legal responsibility to ensure that all its employees have the legal right to live and work in the UK.

Are you eligible to live and work in the UK Yes [] No []

If you are made an offer of employment, this will be subject to us verifying that you are eligible to work in the UK before you start work.

...

National Insurance Number

	1	/	1	1
•••••/	/	′/	′	′

DBS

All positions involving contact with the Charity's service users will require an Enhanced check with the Disclosure & Barring Service. Possession of a criminal record will not necessarily prohibit an offer of employment, but you are asked to disclose on a separate sheet all previous convictions (including those deemed spent) under the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 Schedule I Part II Paragraph 12.

Do you have a criminal conviction?	Yes []	No[]

If yes, please provide details separately in a sealed envelope. This will only be considered if you are selected for appointment.

Health Record

In the past twelve months, please state the number of day's absence from work due to sickness:

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DECLARATION

If it is discovered that any of the information in your application is false or if you have concealed any fact concerning your eligibility for the post, we will not proceed with your application. If you have already been appointed to the post when such a discovery is made, you may be liable to summary dismissal.

I declare that the information provided on this application form (and any attachments enclosed) is a true and accurate record.

Signature



Equal Opportunities Monitoring Form.

Completion of this form is not obligatory.

Information obtained is held separately from your application and is used for monitoring purposes only.

1.	GENDER 2.	MARITAL STATUS	B. DATE OF BIRTH
	[] Female	[] Single	
	[] Male	[] Married	
4.	DISABILITY		
Do yo	ou consider yourself to be c	lisabled? Yes []	No[]
lf yes,	, please give brief details:		
Do yo	ou have any needs that req	uire special provision?	
•	For interview arrangemer	nts Yes[] I	No[]
	Ongoing support in the jo		lo []
-			
5. 	ETHNIC ORIGIN	(J. 0004	
Inese	e groupings are in line with	the 2001 census. I describe r	ny ethnic origin as:
	ASIAN OR ASIAN	BLACK OR BLACK	CHINESE OR OTHER
	BRITISH [] Indian	BRITISH	ETHNIC GROUP [] Chinese
	[] Pakistani	[] African	[] Other
	[] Bangladeshi	[] Other	
	[] Other		
	WHITE	MIXED ETHNICITY	OTHER
	[] British	[] Please specify	[] Please specify
		• • • • • • • • • • • •	
	[] Irish		