

**Agape Healthcare Application Form**

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| **1.Your Personal Details** | | | | | | | |
| Title: Mr Mrs Miss Ms Other DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ | | | | | | | |
| Name | | | | | | | |
| Surname | | | | | | | |
| Address: | | | | | | | |
| National Insurance Number: | | | | | | | |
| Home Telephone: | | | | | Work Telephone: | | |
| Email: | | | | | Mobile: | | |
| Do you define yourself as a person with a Disability: Yes No | | | | | | | |
| Do you own a car (Please Tick) Yes No  Have A Current Driving Licence Yes No  Provisional License Yes No    Full LicenseYes No | | | | | | | |
| **2.Your Preferred Location To Work** | | | | | | | |
| Birmingham Yes No State Areas\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Black Country Yes No State Areas\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Coventry Yes No State Areas\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **3.Your Service-user Experience** | | | | | | | |
| Learning Disabilities Older Adults Residential  Physical disabilities Children/Young Adults Day Services  Mental Health Early Years Respite  Domiciliary | | | | | | | |
| **4. Your Employment History** | | | | | | | |
| Present/Last Employer: | | | | | | | |
| Address: | | | | | | | |
| Job Title: | | | | | | | |
| Duties/Responsibilities: | | | | | | | |
| Reason For Leaving: | | | | | | | |
| Present/ Previous Employment: | | | | | | | |
| **5. Details Of Previous Employment**  **(Inc. Voluntary, Part- Time, gaps in employment Excluding above most recent employment).** | | | | | | | |
| **Employer's Full Name and Address** | **From** | | **To** | **Post Held** | | **Reason for leaving** | |
|  |  | |  |  | |  | |
| **6.Secondary Education** | | | | | | | |
| **School Name /Address** | | | | | **Examinations (Subject/Result/Year etc)** | | |
|  | | | | |  | | |
| **7 Further Education And Training** | | | | | | | |
| **University/College** | | **Type Of Course** | | | **Subjects** | | **Qualification Or Class Of Degree** |
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| 1. **Occupational Qualifications** | | | | | | | |
| **College/Institute Or Other Name** | | | | | **Qualification Level** | | |
|  | | | | |  | | |
|  | | | | |  | | |
| **9 Membership Of A Professional Body** | | | | | | | |
| **College/Institute Or Other Name** | | | | | **Qualification/Level** | | |
|  | | | | |  | | |
|  | | | | |  | | |
| **10 Your Criminal Conviction** | | | | | | | |
| Have You Ever Been Convicted Of Criminal Offence Other Than A Spent Conviction Under The Rehabilitation Of Offenders Act 1974 Yes No  If Yes Please Give Details Below: | | | | | | | |
| **11 Your Chosen References:**  **Please give details of two people who may be contacted for references in connection with your application. One of your chosen referees must be your current or most recent employer.** | | | | | | | |
| Company: | | | | | Company: | | |
| ***If Applicable*:** | | | | | ***If Applicable*:** | | |
| Name: | | | | | Name: | | |
| Job Title: | | | | | Job Title: | | |
| Address: | | | | | Address: | | |
| Capacity in which known to you: | | | | | Capacity in which known to you: | | |
| Can We Contact The Above Prior To Interview  Yes No  Telephone Number:  E-mail: | | | | | Can We Contact The Above Prior To Interview  Yes No  Telephone Number:  E-mail: | | |
| Please state the number and duration of absences from work/education during the past two years as a result of sickness/injury. Give Reason(s) | | | | | | | |
| **10. Declaration:** | | | | | | | |
| • I Declare that all statements on this form are true to the best of my knowledge.  • I understand that should I make an incorrect statement about my medical history, either in  answering the above questions or to the material facts, I will, if appointed be liable to  dismissal.  • I consent to Agape Health Care Ltd seeking any information required from any medical  Practitioner who has attended to me, or from any hospital at which I have received treatment.  I authorise the giving of such information.    Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

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| **What Is Your Ethnic Origin? *Please Tick*** | | |
| White | Mixed | Asian/Asian British |
| British | White & Black Caribbean | Pakistan |
| Irish | Black & White African | Indian |
| European | White & Asian | Bangladesh |
| African | Black/ Black British | Chinese |
| Caribbean | Other |  |
| Are You A British Citizen? Yes No  Are You an European | | |
| If Not What Kind Of Visa Or Permission Do You Have That Entitles You To Work In UK?  (Proof Will Be Required)  Working Holiday Visa: Residence Permit: Student Visa | | |
| Visa Expiry Date: | | |