



Promoting Independence In Your Own Home....

Post Applied For		Scheme		Source of Advert	
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PERSONAL INFORMATION			
Title (Mr, Mrs, Ms, Miss):		Home No.	
Surname:		Mob No.	
Forename(s):		Work No.	
Current Address:			
Postcode:		National Insurance Number:	
Email Address:			

		Please Select Appropriate Box							
Have You Had A Disclosure Barring Service (DBS) Check?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Have You Signed Up to The Update Service	<input type="checkbox"/>	<input type="checkbox"/>	No	<input type="checkbox"/>
Do You Need A Work Permit for Employment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Do You Hold A Current Driving Licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Type of Licence				
Do You Have Any Driving Offences?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, Please Specify Offences:				
Do You Have Your Own Transport?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Can Transport Be Used for Work Purposes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Do You Have Business Insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Do You Have A Family Member or Partner Working Within the Care Solutions Group?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
If So, What Area Do They Work?									

PRESENT OR MOST RECENT EMPLOYER: This Information Will Be Used for Your First Work Reference. Contact given must be your immediate manager, supervisor, or departmental head (i.e. HR Manager)									
Company Name:					Date Employment Started:				
Company Address:					Reason for Leaving:				
Postcode:					Notice Required:				
Referee Name:					Referee Telephone:				
Referee Job Title:					Referee Email:				
Is It Okay to Contact This Referee Before The Interview?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Current Salary				

EMPLOYMENT HISTORY				
Please give details of ALL previous employment including any periods of unemployment and reasons why. Continue a separate sheet of paper if necessary. This must be your FULL employment history , or all employment carried out since leaving full time education.				
Name and Address of Previous Employers:	Job Title and Main Responsibilities	Start Date: MM/YY	Leaving Date MM/YY	Reason for Leaving

EDUCATION

Please list School/College attended, any examinations taken and the level of pass. Continue a separate sheet of paper if necessary.

Establishment Name and Address	Date	Course Title/Subjects Taken	Qualification Obtained/Pass Level

RELEVANT TRAINING COURSES ATTENDED

Please list any relevant training courses that you have attended. Continue a separate sheet of paper if necessary.

Course Title	Date Attended	Expiration Date (If Applicable)

SPECIFIC EVIDENCE

Using the job description and person specification attached please give further details of any previous experience and skills which you consider relevant to this post. Continue on a separate sheet if necessary.

What hobbies, interests and sport activities are you interested in? Please list these including memberships of clubs and associations

EMERGENCY CONTACT DETAILS

Name:		Relationship:	
Address:		Home No.	
		Mob No.	
Postcode:		Work No.	

ADDITIONAL REFERENCE

This **must** be different to current/most recent employer and immediate manager, supervisor or departmental head.

Contact Name:		Company Name:	
Address:		Referee Job Title:	
		Telephone Number:	
Postcode:		Email Address:	

Is It Okay to Contact This Referee Before the Interview? Yes No

On occasion to satisfy Trinity requirements it may be requested for you to provide further references from previous employment if we feel we do not have sufficient employment history.

AVAILABILITY

It is a condition of employment in Trinity that you agree to work a flexible shift pattern including sleep ins and where you could be called on to work early or late shifts, waking nights and weekends.

Hours Wanted Per Week?	Full Time		
	Part Time		
	Zero Hour Contract		
	Bank Staff (as and when required for cover)		

Zero Hour Contract Requirements Will Be Discussed at Interview

REHABILITATION OF OFFENDERS ACT 1974 (PLEASE READ FOLLOWING CAREFULLY)

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health and social services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his normal duties. Your answer to the following questions **should include any "spent" convictions, reprimands or cautions that you may have received.**

Have You Ever Been Referred to The Safeguarding of Vulnerable Adults List or ISA Adults First?	Yes		No	
Have You Ever Been Referred to The Protection of Children List or ISA Children's List?	Yes		No	
Have You A Court Case Pending or Any Other Action Currently Being Taken Against You?	Yes		No	
If Yes, Please Provide Brief Details:				
Have You Ever Been Convicted, Reprimanded or Cautioned Over A Criminal Offence?	Yes		No	
If Yes, Please Provide Brief Details Of Dates And The Nature Of The Offence/Custodial Sentence?				

DECLARATION	
<p>I declare that I have answered the above questions honestly and fully and I am not aware of any physical or mental disability, which will, or may affect my working capacity. I realise that any false or incomplete statement on my part will render me liable to disciplinary action or dismissal.</p> <p>I also understand that if successful in my application, I will be subject to a Disclosure Barring Service (DBS) Check and a POVA or ISA Adult First Check and the receipt of two references satisfactory Trinity group.</p>	
Signed:	Dated:

EQUALITY AND DIVERSITY MONITORING							
<p>Trinity group is committed to equal opportunity practices. In line with the Equality Act where two or more equally qualified candidates apply for a position, we will seek to recruit from anyone belonging to a protected group which is underrepresented in the current workforce. The information provided in this section will only be used for monitoring purposes or to support this policy.</p>							
Ethnic Group – please select							
White British	White European	White Irish	Mixed Caribbean	Black Caribbean	Mixed Asian		
Indian	Pakistani	Bangladeshi	Mixed African	Black African	Other Eastern Asian	Chinese	
Other (Please State) _____							
Disability – Do You Consider Yourself to Have A Disability for Which You Require Adjustments to Be Made To Attend An Interview Or To Enable You To Work?						Yes	No
If Yes, Please State What Adjustments You Require, Continue A Separate Sheet If Necessary:							