A close-up of a logo

Description automatically generated with low confidence

**Application Form**

**Safer and fair recruitment commitment**

Coverage Care is committed to safeguarding and promoting the welfare of vulnerable adults in our care. We expect all staff to share this commitment.

We practice robust selection procedures to ensure that the most suitable applicants are appointed and to deter, reject or identify people who might abuse or be otherwise unsuited to working with vulnerable adults. We adopt an equal opportunity approach to recruitment and will seek to recruit the best candidate(s) for the job.

Applicants must share with us all the information we ask for in this form. We confirm that this information will be treated in the strictest of confidence. Suitable applicants will not be refused employment because of offences or conduct that is no longer relevant where there is minimal risk to themselves, colleagues, or residents.

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| **Post Details** | | | |
| Post applied for |  | Preferred location(s) |  |
| How did you hear about the vacancy? | |  | |

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| **Your Personal Details** | | | | |
| First Name (s) |  | Last Name | |  |
| Address |  | Home Phone Number | |  |
| Mobile number | |  |
| Email address | |  |
| Postcode |  | Date of Birth | |  |
| Do you hold a full British Driving Licence? | | | | Yes 🞏 No 🞏 |
| If yes, please provide the number: | | |  | |

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| **Right to Work** | | | |
| *We have a legal obligation to comply with UK Prevention of Illegal Working legislation. This requires us to conduct basic checks on every potential employee to verify they have the necessary permission to perform the work on offer. If you are unable to comply with this, we will be unable to take your application further.* | | | |
| Do you require permission to work in the UK? | | | Yes 🞏 No 🞏 |
| National Insurance Number: | |  | |
| Passport Number: |  | UK / Irish | Yes 🞏 No 🞏 |
| If no, please give details: | |  | |
| Do you have a share code: | Yes 🞏 No 🞏 | If yes, please give details: |  |
| If no, what other right to work in the UK documentation do you hold? | |  | |
| Do you require sponsorship to work in the UK? | | Yes 🞏 No 🞏 | |

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| **Education** | | | | |
| *Please provide details of recent and / or relevant education and training undertaken, and qualifications gained, starting with most recent. These should be relevant to the role you are applying for, or in support of your application.* | | | | |
| Education Facility Name | Dates  From – To | Subject and Grade | Qualification or certification gained | Full or part-time study |
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| **Current Membership of Professional Bodies** | | | |
| Professional Body | Registration / Membership Level | Registration / Membership Number | Date Awarded |
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| **Employment** | | | | |
| Are you currently employed? | | | | Yes 🞏 No 🞏 |
| *If you have no current employer, please ignore Employment Section One – Current Employment and go straight to Section Two – Previous Employment.*  *If you have no employment or volunteering experience, please ignore Employment Sections One and Two and go straight to Section Three – Supporting Statement.*  *Please provide details of all employment and voluntary work for the last ten years (or longer where relevant to the role you are applying for) in chronological order. If there are gaps in your employment, please include these along with the reason for the break in employment.* | | | | |
| **Employment - Section One – Current Employment** | | | | |
| Name of Current Employer | |  | | |
| Address of Current Employer | |  | | |
| Job Title | |  | | |
| Start Date |  | Salary (including allowances) |  | |
| Notice Period |  | Reason for Leaving |  | |
| Key Duties |  | | | |

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| **Employment – Section Two – Previous Employment** | | | |
| Dates From – To | Employer / Education Facility Name and Address, or gap information | Post held and brief summary of duties | Reason for Leaving or gap in employment |
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| **Employment – Section Three – Supporting Statement** |
| *This section gives you the opportunity to provide more information about your personal attributes, skills, and experience to demonstrate how you meet the essential criteria we have described in the Person Specification. Please give examples where you can. Please continue on a separate piece of paper if necessary and attach to your application.* |
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*Please return the completed form to: HR Department, Coverage Care Services Ltd, Allison House, Oxon Business Park, Shrewsbury SY3 5HJ*