



THE CHESHIRE RESIDENTIAL HOMES TRUST

Upton Grange Sandiway Manor Trepassey

APPLICATION FOR EMPLOYMENT

Details entered within this application will be stored on a strictly confidential basis.

Position Applied For:	
Home: (please tick)	☐ Trepassey ☐ Sandiway Manor ☐ Upton Grange

Personal Details

Title	
Surname	
Forename(s)	
Pronouns	
Uniform Size	
NI Number	
Address	
Postcode	
Contact number(s)	
Email Address	

Are you in a United Kingdom (UK), European Community (EU) or European Economic Area (EEA) National?

☐ YES

☐ NO

If you answered 'no' to the above, please answer the below questions –
Please select the below category that best relates to your current immigration status (this will be subject to checking prior to your interview)

- ☐ Highly Skilled Migrant Programme / Tier 1
- ☐ Indefinite Leave to Remain / enter
- ☐ Work Permit / Tier 2
- ☐ Dependent / Spouse
- ☐ Clinical Attachment
- ☐ Tier 4 Student
- ☐ Visitor
- ☐ Post Graduate Doctors & Dentist
- ☐ Tier 5 Temporary Workers
- ☐ Tier 5 Youth Mobility / Working holiday visa
- ☐ Refugee
- ☐ Other, please specify

Please supply details of any visa you currently hold:

Visa Number –

Start Date –

Expiry Date –

Does your Visa have a condition restricting employment or UK occupancy? YES/NO

Details of any Restriction -

Education & Professional Qualifications Gained

Please provide as much detail as possible including any currently being studied

[illegible]

Training Courses Attended

[illegible]

Employment History

Please detail below your full employment history, starting with your most recent / current role.

Employer Name			
Address			
Postcode			
Job Title			
Contact number			
Salary			
Notice Required			
Start Date		End date (if applicable)	

Reason for leaving (if applicable) -

Please detail duties & responsibilities -

Employment History

Previous employer 1

Employer Name			
Address			
Postcode			
Job Title			
Contact number			
Salary			
Start Date		End date	

Reason for leaving -

Please detail duties & responsibilities -

Employment History

Previous employer 2

Employer Name			
Address			
Postcode			
Job Title			
Contact number			
Salary			
Start Date		End date	

Reason for leaving -

Please detail duties & responsibilities -

Employment History

Previous employer 3

Employer Name			
Address			
Postcode			
Job Title			
Contact number			
Salary			
Start Date		End date	

Reason for leaving -

Please detail duties & responsibilities -

Employment History

Previous employer 4

Employer Name			
Address			
Postcode			
Job Title			
Contact number			
Salary			
Start Date		End date	

Reason for leaving -

Please detail duties & responsibilities -

Employment History

Previous employer 5

Employer Name			
Address			
Postcode			
Job Title			
Contact number			
Salary			
Start Date		End date	

Reason for leaving -

Please detail duties & responsibilities -

Please continue on blank paper if needed

Employment History

If you have any gaps in your employment history, please detail reasons below.

Please note any other employment that you would continue with should you be successful in being offered this position

References

Please provide names and full contact details of the people who have agreed to supply references for yourself. You must provide an email address for us to obtain references – should these not be provided, we will not be able to obtain this information and this will affect your application.

If you have not been in employment for some time, please ensure you provide details for your last employer and a character reference. Any character references must not be anybody related to you and this person must be of a recognised profession eg doctor, teacher / lecturer, accountant, dentist etc - you can find more information regarding suitable professional bodies online.

Please also note that we may approach referees prior to the interview unless stated otherwise below

Referee 1

Type of Reference (please tick)	☐ Employer ☐ Education ☐ Personal
Title	
Surname	
First Name	
Relationship to you	
Employer name	
Referee Job Title	
Employer Name	
Email Address	
Contact Number	
Can we contact prior to interview?	

Referee 2

Type of Reference (please tick)	☐ Employer ☐ Education ☐ Personal
Title	
Surname	
First Name	
Relationship to you	
Employer name	
Referee Job Title	
Employer Name	
Email Address	
Contact Number	
Can we contact prior to interview?	

General Comments

Please take this opportunity to detail your reasons for applying for this position along with any other supporting information you believe is relevant to the role you have applied for. Specifically, please detail your knowledge, skills and experience.

Preferred Employment

- ☐ Full time
- ☐ Part time
- ☐ Bank Staff

Cautions, Rehabilitation & Criminal Records

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exemptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will only be considered in relation to this application.

In addition, you are required to submit to a Criminal Records Bureau and Independent Safeguarding Adults check. Any enhanced disclosure made by the CRB will remain strictly confidential.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? YES/NO (delete as required)

If YES, please give details:

Equality Act 2010

We are an equal opportunity employer – the aim of our policy is to ensure that no job applicant or employee received less favourable treatment because of age, disability, gender reassignment, marriage / civil partnerships, race, religion, sex, sexual orientation etc.

Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities and that no applicant or employee is disadvantaged by provisions, criteria or practices which cannot be shown to be justified. To ensure that this policy is fully and fairly implemented and monitored, and no other reason, we kindly ask for the following information -

Date of Birth	
Gender	☐ Male ☐ Female ☐ Prefer not to say ☐ Other – please state
Ethnic Group	A. White ☐ English ☐ Welsh ☐ Scottish ☐ Irish B. Mixed ☐ White & Black Caribbean ☐ White & Asian ☐ White & Black African ☐ Other – Please state C. Asian, Asian British, Asian English, Asian Scottish, Asian Welsh ☐ Indian ☐ Bangladeshi ☐ Pakistani ☐ Other – Please state D. Black, Black British, Black English, Chinese Scottish, Chinese Welsh or other Ethnic Group ☐ Chinese ☐ Other – Please state
Marital Status	☐ Married ☐ Single ☐ Civil Partnership ☐ Legally Separated ☐ Divorced ☐ Widowed ☐ Do not wish to disclose
Sexual Orientation	☐ Lesbian ☐ Gay ☐ Bisexual ☐ Heterosexual ☐ Do not wish to disclose ☐ Other – please state

Religious Beliefs	☐ Atheism ☐ Islam ☐ Buddhism ☐ Christianity ☐ Hinduism ☐ Jainism ☐ Judaism ☐ Sikhism ☐ Other ☐ Do not wish to disclose
Disability	Do you consider yourself to have a disability? ☐ YES ☐ NO ☐ Rather not say If you answered yes to the above, please tick below that may apply to you – ☐ Physical Impairment ☐ Sensory Impairment ☐ Mental Health Condition ☐ Learning Disability / Difficulty ☐ Any long-standing illness ☐ Other – Please state

Declaration

Because this position involves the care of vulnerable adults' employment is dependent on the following:

- 1) Your written consent to obtaining an enhanced disclosure certificate from the Criminal Record Bureau and the Independent Safeguarding Authority or an approved umbrella body.
- 2) Such disclosure being acceptable to us.
- 3) Proof of identity – birth or marriage certificate (where appropriate) and passport (if available).
- 4) Two satisfactory written references.
- 5) That you will supply a photograph of yourself for retention in your records.
- 6) Evidence of physical or mental suitability for your work.

DECLARATION (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will be required to apply for an enhanced disclosure from the Criminal Records Bureau and the Independent

Safeguarding Authority. I understand that if either of these are not to the satisfaction of the Trust any offer of employment may be withdrawn or my employment terminated.

Sign:

Date: