

Please complete all sections A - H in BLOCK CAPITALS and sign the declaration in section I. It is important that you complete all sections of the application form. If you need guidance or clarification on any section of the form please do not hesitate to contact us on the number provided in section A

**Olea Care Group**  
**20 Torkington Road**  
**Hazel Grove**  
**Stockport SK7 4RQ**

## A About the vacancy

Vacancy applied for:

Full Time       Part Time       Bank

Where did you see the vacancy?

## B About yourself

Title:

Mr     Mrs     Ms     Miss    Other:

Surname:

Forenames:

Date of birth:

No of dependents:

National insurance number:

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Current address:

At this address for:

Years     Months

Country of origin:

Contact telephone numbers:

Home     Mobile

Email address:

## C Criminal convictions and disclosure

*As part of our recruitment process and under current legislation we are required to complete a disclosure check on all our new employees. A DBS (Disclosure and Barring Service) is a document containing information held by the police and government departments and is provided by the Criminal Records Bureau (CRB). This check will be used to confirm what has been disclosed on the application form and during the interview and an offer of employment will only be made after a satisfactory disclosure has been received.*

*There is a cost associated with the disclosure check and the employee is fully liable for this cost. In order to assist, it is company policy to pay for the disclosure and recover the costs from the employees first months pay.*

Do you understand that the company will have to apply for a disclosure check and that you will be liable for the cost?  Yes

*As you will be working with vulnerable adults, the position applied for is exempt under section 4(2) of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Therefore it is not an offence for any person to disclose convictions which would otherwise be considered "spent":*

Have you ever been convicted or cautioned for a criminal offence?  Yes     No

If YES, please provide details:

Date	Details of offence committed
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## D Your employment history

Do you require a work permit to work in the UK

Yes  No

Starting from your most recent employer, please provide a brief history of your employment, giving reasons for any gaps:

Start Date:	To Date:	Name and Address of Employer	Position held	Reason for leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## E Your educational history

Please provide a brief history of your education. Evidence of qualifications must be provided where the qualifications support your application:

**Senior School:**

From:	To:	School	Examinations passes & qualifications gained
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Further education:**

From:	To:	College/University	Examinations passes & qualifications gained
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Further courses/training:**

Course/training	Examinations passes & qualifications gained
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## F Your medical history

Name of your GP:

Address of your GP:

How much sickness absence have you had over the past three (3) years?  days

Please provide reasons:

Are you currently receiving treatment or medications?  Yes  No

Please provide details:

Have you undergone a general medical examination in the past three (3) years ?  Yes  No

Please provide reasons:

Are you a registered disabled person?  Yes  No

Please provide details:

Have you ever been treated medically or psychiatrically for any of the following?

- |                       |                              |                             |                    |                              |                             |
|-----------------------|------------------------------|-----------------------------|--------------------|------------------------------|-----------------------------|
| Depression?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Alcoholism?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Anxiety?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Nervous breakdown? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Similar type illness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                    |                              |                             |

If YES, please provide details, including any treatments received:

Have you ever experienced any of the following health problems, physical defect or disease?

- |                      |                              |                             |                                     |                              |                             |
|----------------------|------------------------------|-----------------------------|-------------------------------------|------------------------------|-----------------------------|
| High blood pressure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Diabetes?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Back pain/injury?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Muscular pain/injury?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart condition?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Infectious disease?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Arthritis            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | other significant health condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If YES, please provide details, including any treatments received:

## G References

Under current legislation we are required to seek a reference from your most recent employer, where this is not possible, then we will require character references. Character references cannot be sought from a member of your immediate family or close associate. Ideally referees who provide character references should hold a professional position, such as a GP. Your choice of referees is important as we cannot process your application until we have received at least two satisfactory references

Name of referee:

Company:

Address:

Contact telephone number:

Contact email:

Relationship (i.e. GP, Manager):

Name of referee:

Company:

Address:

Contact telephone number:

Contact email:

Relationship (i.e. GP, Manager):

## H Other supporting information

Please use the space below to add any other additional information in support of your application

## I Declaration

I declare that to the best of my knowledge and belief, all the above statements and answers are true, fair and accurate. I understand that providing inaccurate or misleading information, or failure to provide relevant information, will automatically render any contract of employment void, resulting in summary termination of my employment.

Signed by:

Date: