

EMPLOYMENT APPLICATION FORM

1.PERSONAL DETAILS		
First Name		Surname
Address		
Postcode	Mobile	
Email Address		

2.POSITION APPLIED FOR		
Job Title		
Job Location		
Where did you see this vacancy advertised?		

3.WORK PERMIT		
		Yes
Do you require a Work Permit to work in the UK?		No
If yes, do you possess a Work Permit that is valid for the position applied for?		
Please note, you will be required to provide this documentation if you are selected for interview		

4.SSSC		
		Yes
Are you currently registered with the Scottish Social Service Council (SSSC)		No
		Reg No.
If yes, please provide your registration number and date of registration.		Date

5.PVG		
		Yes
Are you a member of the PVG scheme?		No
		Reg No.
If yes, please provide your registration number and date of registration.		Date

6.UK DRIVING LICENCE		
		Yes
Do you hold a current UK driving licence?		No
		Provisional
If yes, please note the type of licence		Full

7.EQUALITY

As holders of the Positive about Disabled People symbol we have a commitment to interview all disabled applicants who meet the minimum criteria for a job vacancy and consider them on their abilities.

	Yes	No
Do you consider yourself to be a disabled person within the meaning of the Equality Act 2010?		

8.CURRENT / LAST EMPLOYER

Position Held		Salary	
Date From		Date To	
Name of Employer			
Address		Postcode	
Reason for Leaving			
Brief Description of Duties			

9.PREVIOUS EMPLOYMENT

Name of Employer	Date From	Date To	Job Title	Reason for Leaving

10.SUPPORTING STATEMENT

In this section, please demonstrate how your skills and experience meet the requirements of the job description and person specification. You may also include any other information that you feel is relevant to your application, e.g., personal qualities, achievements at work, non-related or voluntary work experience.

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11. EDUCATION AND TRAINING

School / Uni / College	Date Achieved	Qualification	Subject	Grade

12. DECLARATION OF ANY FAMILY OR CLOSE RELATIONSHIPS

	Yes	No
Have you ever applied for a post with Cosgrove Care ?		
Have you ever worked for Cosgrove Care?		
Does any of your immediate family work for Cosgrove Care or use one of our services?		
If yes, please give their name and service details:		

13. REFERENCES

Please give details of three referees, two of whom must be able to comment on your professional suitability for the post and one whom must be your current or most recent employer. If you have had no previous employment, please ensure one referee is someone that had known you for at least three years. Please note that if you tick 'No' about contacting your referee before your interview, we will approach this referee after offer of employment is issued. Relatives will not be accepted as a suitable referee.



Name		Job Title	
Company Name		Email Address	
Company Address		Tel Number	
			Yes No
May we contact this referee prior to job offer?			
			Employer Character
What type of reference will this person provide?			

Name		Job Title	
Company Name		Email Address	
Company Address		Tel Number	
			Yes No
May we contact this referee prior to job offer?			
			Employer Character
What type of reference will this person provide?			

Name		Job Title	
Company Name		Email Address	
Company Address		Tel Number	
			Yes No
May we contact this referee prior to job offer?			
			Employer Character
What type of reference will this person provide?			

14. DECLARATION	
I understand that if I deliberately use misleading information to gain employment with Cosgrove Care, I may be instantly dismissed at a later date. The information contained in this application is, to the best of my knowledge, correct.	
Signature:	
Date:	