# APPLICATION FORM – Confidential

**Please complete all parts of this application form in full using black ink**

**1 VACANCY DETAILS**

|  |  |  |
| --- | --- | --- |
| Post Applied for: | Location: | Closing Date: |

**2 PERSONAL DETAILS**

|  |  |  |
| --- | --- | --- |
| Title | Surname | First Name(s) |
| Address | | Home Tel |
|  | | Mobile Tel |
|  | | Email |
| Post Code | | Work Tel |

**3. EDUCATION AND QUALIFICATIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Including Professional and Vocational Qualifications. Please state most recent qualification first. | | | | |
| School/College/University | From  Month/year | To  Month/year | Subject/Qualification obtained | Grade |
|  | …../…. | …./…. |  |  |
|  | …./…. | …./…. |  |  |
|  | …./…. | …./…. |  |  |
|  | …./…. | …./…. |  |  |
|  | …./…. | …./…. |  |  |
|  | …./…. | …./…. |  |  |
|  | …./…. | …./…. |  |  |

**4. CURRENT STUDY**

|  |  |  |
| --- | --- | --- |
| Please detail any study you are currently undertaking | | |
| School/College/University | Subject/Qualification | Expected Completion and Grade |
|  |  |  |
|  |  |  |

**5. MEMBERSHIP OF PROFESSIONAL INSTITUTIONS / ORGANISATIONS**

|  |  |
| --- | --- |
| Name of Institute / Organisation and level of membership | Date |
|  |  |
|  |  |

**6. PRESENT OR MOST RECENT MAIN EMPLOYMENT**

**(If you have more than one job, please list others under 7)**

|  |  |
| --- | --- |
| Employer Name | Position Held |
| Employer Address | Hours of Work |
|  | Dates of Employment |
|  | Grade/Salary |
| Telephone | Period of Notice Required |
| Please give details of your current duties and main responsibilities in this post:  (continue on a separate sheet if necessary) | |
| Please give reason for leaving: | |

**7. PREVIOUS EMPLOYMENT – Continue on a separate sheet if necessary**

**Most recent first. Please provide a FULL history of employment, please explain any gaps in employment under 8**

**(This information is required under schedule 3, regulation 19 of the Health and Social Care Act 2014)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer Name & Address | Position Held | From  DD/MM/YY | To  DD/MM/YY | Reason for Leaving |
|  |  | …/…/… | …/…/… |  |
|  |  | …/…/… | …/…/… |  |
|  |  | …/…/… | …/…/… |  |
|  |  | …/…/… | …/…/… |  |
|  |  | …/…/… | …/…/… |  |
|  |  | …/…/… | …/…/… |  |
|  |  | …/…/… | …/…/… |  |

**8. INFORMATION IN SUPPORT OF YOUR APPLICATION**

|  |
| --- |
| Please study the Person Specification and Job Description, telling us how your qualifications, skills and experience make you suited to this post, even if a CV is included. |
|  |

**9. REFERENCES**

|  |  |
| --- | --- |
| Please give the names of people who have agreed to supply references. For all positions you must provide 2 references. If you are, or have been, employed these should be your two most recent employers, your line manager or someone in a position of responsibility who can comment on your suitability for the post. If you are a student please provide contact details of a teacher at your school, college or university. Please note that personal references such as friends and relatives are not acceptable. All referees will be approached prior to interview unless you indicate otherwise. | |
| **REFERENCE 1** | **REFERENCE 2** |
| Name | Name |
| Address | Address |
|  |  |
|  |  |
| Post Code | Post Code |
| Telephone | Telephone |
| Email | Email |
| Can be contacted Yes ⬜ No ⬜ | Can be contacted Yes ⬜ No ⬜ |
| In what capacity do you know this person? | In what capacity do you know this person? |

**10. PROFESSIONAL IDENTIFICATION**

|  |  |
| --- | --- |
| Professional Identification Number, e.g. NMC (if appropriate) | Expiry Date |
| Are you currently the subject of a fitness to practise investigation or proceedings by a licensing or regulatory body in the UK or in any other country? If yes, please provide details on a separate sheet. | Yes ⬜ No ⬜ |
| Have you ever been removed from the register or have conditions ever been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country? If yes, please provide details on a separate sheet. | Yes ⬜ No ⬜ |

**11. ADDITIONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| Do you require a work Permit to work in the UK | | Yes ⬜ No ⬜ |
| Do you hold a current UK Passport | | Yes ⬜ No ⬜ |
| Do you hold a current UK Driving Licence | | Yes ⬜ No ⬜ |
| Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198’.  Please give details as failure to disclose will result in your application being declined. |  | |
| If you have a disability please tell us about any adjustments we may need to make to assist you at interview |  | |
| Please tell us if there are any dates when you will not be available for interview |  | |
| ***I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberate false information could result in my dismissal.*** | | |

**12. AVAILABILITY – Please circle**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Week 1 | Mon | Tues | Wed | Thur | Fri | Sat | Sun |
|  | 0700-1400 | 0700-1400 | 0700-1400 | 0700-1400 | 0700-1400 | 0700-1400 | 0700-1400 |
|  | 1600-2200 | 1600-2200 | 1600-2200 | 1600-2200 | 1600-2200 | 1600-2200 | 1600-2200 |
|  |
| Week 2 | Mon | Tues | Wed | Thur | Fri | Sat | Sun |
|  | 0700-1400 | 0700-1400 | 0700-1400 | 0700-1400 | 0700-1400 | 0700-1400 | 0700-1400 |
|  | 1600-2200 | 1600-2200 | 1600-2200 | 1600-2200 | 1600-2200 | 1600-2200 | 1600-2200 |
|  | | | | | | | |

**13. DECLARATION**

|  |  |
| --- | --- |
| I understand that the appointment, if offered, will be subject to information given on this form and I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by Butterfly Home Help. | |
| Signature | Date: |

**Please return completed application form to: If applying for a position in:**

|  |  |
| --- | --- |
| **Wiltshire**  Manager  Butterfly, Wessex House. 40 Station Road, Westbury, Wiltshire. BA13 3JN | **Bath**  Manager  Butterfly, 37 Upper Bloomfield Road  Odd Down, Bath. BA2 2RY |