**Snowflake Healthcare Ltd Application Form**

Please fill in the Application Form: Part A and Part B. Please fill in both parts of the form and check carefully before returning it. Please note that questions marked with an asterisk \* are mandatory and therefore must be answered.

**APPLICATION FORM FOR EMPLOYMENT – PART A**

Position Applied For: (*Tick as Appropriate*)

🞎 Support Worker 🞎 Supervisor 🞎 Coordinator

**Personal details**

|  |  |
| --- | --- |
| \* Surname |  |
| \* Forename |  |
| \* Middle name |  |
|  Title |  | \* Date of Birth |  |
| UK National Insurance No |  | \* Gender | 🞎 Male 🞎 Female🞎 Prefer not to say. |
|  Address |  |
| \* Postcode |  |  Work Telephone |  |
|  Home Telephone |  |  Mobile Telephone |  |
|   |  | May we contact you at work? | 🞎 Yes 🞎 No |
|  Email Address |  |

**Rehabilitation of Offenders Act**

Due to the nature of the work involved, this post is not exempt from the provisions of the above Act. You are therefore obliged to mention spent convictions. Please detail all convictions below. Failure to do so could lead to dismissal. Any details will be held in the strictest confidence.

|  |  |
| --- | --- |
| \* Have you at any time received, or had pending, a court conviction? | 🞎 Yes 🞎 No |
|  If yes, please give details |
|  |

**APPLICATION FOR EMPLOYMENT – PART B**

**Education & Professional Qualifications**

|  |
| --- |
| Include in this section all the relevant qualifications. Please also indicate subjects currently being studied. |
| Subject/Qualification | Place of Study | Grade/result | Year |
|  |  |  |  |
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|  |  |  |  |

**Training Courses Attended**

|  |
| --- |
| Include in this section any relevant training courses that you have attended or details of courses that you are currently undertaking. |
| Course Title | Training Provider | Duration | Date Completed |
|  |  |  |  |
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**Employment History**

**Current Employer**

|  |  |
| --- | --- |
|  Employer Name |  |
|  Address |  |
|  Type of Business |  |  Telephone |  |
|  Job Title |  |
|  Start Date |  |  End Date |  |
|  Reason for leaving (if applicable) |
|  |
| Description of your duties and responsibilities |
|  |

**Previous Employment**

Please record below the details of your previous employment beginning with the most recent first.

**Previous Employer 1**

|  |  |
| --- | --- |
| Employer Name |  |
| Address |  |
| Job Title |  | Grade |  |
| From Date  |  | To Date |  |
| Reason for Leaving |
|  |
| Description of your duties and responsibilities |
|  |

**Previous Employer 2**

|  |  |
| --- | --- |
| Employer Name |  |
| Address |  |
| Job Title |  | Grade |  |
| From Date  |  | To Date |  |
| Reason for Leaving |
|  |
| Description of your duties and responsibilities |
|  |

**Additional Personal Information**

|  |  |
| --- | --- |
|  Preferred Shift Patterns (*tick as appropriate*) | 🞎 Early 🞎 Late 🞎 Long/Full Day🞎 Twilight 🞎 Night  |
| Availability? |   |
| Do you have a valid driving licence for the UK? | 🞎 Yes 🞎 No  |
| Do you have access to a vehicle, which can be used, for work purposes? | 🞎 Yes 🞎 No |
| Do you have a current **Disclosure/ DBS**? | 🞎 Yes 🞎 NoIf **Yes**, *tick as appropriate*  🞎 Basic 🞎 Enhanced**Date of Issue**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**References \*(not friends or relatives)**

**Referee 1**

|  |  |  |  |
| --- | --- | --- | --- |
| \*Surname/Family name |  | First Name |  |
| Job Title |  |
| \*Address |  |
| \*Post Code |  |  |  |
| Telephone |  |  |  |
| Email |  |
| \* Relationship |  | \*Can the referee be contacted prior to interview? | 🞎 Yes 🞎 No |

**Referee 2**

|  |  |  |  |
| --- | --- | --- | --- |
|  \*Surname/Family name |  |  First Name |  |
|  Job Title |  |
| \*Address |  |
| \*Post Code/ Zip Code |  |  |  |
|  Telephone |  |   |  |
|  Email |  |
| \* Relationship |  | \* Can the referee be contacted prior to interview? | 🞎 Yes 🞎 No |

**STATEMENT TO SUPPORT APPLICATION**

|  |
| --- |
| Please provide any information that may be relevant to your application. Please continue on a separate sheet if necessary. |
|  |

**DECLARATION**

The information in this form (Parts A & B) is true and complete. I agree that any deliberate omissions, falsification, or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. This applies equally to any medical questionnaire/forms I may complete.

|  |
| --- |
| I agree to the above declaration |
| Signature |  |
| Name |  | Date |  |

Return to: **Snowflake Healthcare Ltd, Office 62E, Ocean Village Innovation Centre, Ocean Way, SO14 3JZ, England, UK**

**Or: info@snowflakehealthcare.com**