

**Agape Healthcare Application Form**

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| **1.Your Personal Details** |
| Title: Mr Mrs Miss Ms Other DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_   |
| Name |
| Surname |
| Address: |
| National Insurance Number: |
| Home Telephone: | Work Telephone:  |
| Email: | Mobile: |
| Do you define yourself as a person with a Disability: Yes No |
| Do you own a car (Please Tick) Yes No Have A Current Driving Licence Yes NoProvisional License Yes No Full LicenseYes No |
| **2.Your Preferred Location To Work** |
| Birmingham Yes No State Areas\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Black Country Yes No State Areas\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Coventry Yes No State Areas\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **3.Your Service-user Experience** |
| Learning Disabilities Older Adults ResidentialPhysical disabilities Children/Young Adults Day Services Mental Health Early Years Respite  Domiciliary  |
| **4. Your Employment History** |
| Present/Last Employer:  |
| Address: |
| Job Title: |
| Duties/Responsibilities: |
| Reason For Leaving: |
|  Present/ Previous Employment: |
| **5. Details Of Previous Employment** **(Inc. Voluntary, Part- Time, gaps in employment Excluding above most recent employment).** |
| **Employer's Full Name and Address** | **From** | **To** | **Post Held** | **Reason for leaving** |
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| **6.Secondary Education** |
| **School Name /Address** | **Examinations (Subject/Result/Year etc)** |
|  |  |
|  **7 Further Education And Training** |
| **University/College** | **Type Of Course** | **Subjects** | **Qualification Or Class Of Degree** |
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| 1. **Occupational Qualifications**
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| **College/Institute Or Other Name** | **Qualification Level** |
|  |  |
|  |  |
| **9 Membership Of A Professional Body** |
| **College/Institute Or Other Name** | **Qualification/Level** |
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|  |  |
| **10 Your Criminal Conviction** |
| Have You Ever Been Convicted Of Criminal Offence Other Than A Spent Conviction Under The Rehabilitation Of Offenders Act 1974 Yes NoIf Yes Please Give Details Below: |
| **11 Your Chosen References:****Please give details of two people who may be contacted for references in connection with your application. One of your chosen referees must be your current or most recent employer.** |
| Company:  | Company:  |
| ***If Applicable*:** | ***If Applicable*:**  |
| Name: | Name: |
| Job Title: | Job Title: |
| Address: | Address: |
| Capacity in which known to you: | Capacity in which known to you:    |
| Can We Contact The Above Prior To InterviewYes No Telephone Number: E-mail:  | Can We Contact The Above Prior To InterviewYes No Telephone Number: E-mail:  |
| Please state the number and duration of absences from work/education during the past two years as a result of sickness/injury. Give Reason(s) |
| **10. Declaration:** |
| • I Declare that all statements on this form are true to the best of my knowledge.• I understand that should I make an incorrect statement about my medical history, either in  answering the above questions or to the material facts, I will, if appointed be liable to  dismissal.• I consent to Agape Health Care Ltd seeking any information required from any medical Practitioner who has attended to me, or from any hospital at which I have received treatment.  I authorise the giving of such information. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **What Is Your Ethnic Origin? *Please Tick*** |
| White | Mixed | Asian/Asian British |
| British | White & Black Caribbean | Pakistan |
| Irish | Black & White African | Indian |
| European | White & Asian | Bangladesh |
| African | Black/ Black British | Chinese |
| Caribbean | Other |  |
| Are You A British Citizen? Yes NoAre You an European |
| If Not What Kind Of Visa Or Permission Do You Have That Entitles You To Work In UK?(Proof Will Be Required)Working Holiday Visa: Residence Permit: Student Visa |
| Visa Expiry Date:  |