

SWR Group Application Form

PERSONAL DETAILS

Surname Mr/Mrs/Ms /Miss	First Name(s)
Date of Birth	Nationality
Marital status	Title
Address	
	Post Code
Home Tel	Mobile
E-mail address	
Do you require a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	EEA National/Citizen <input type="checkbox"/>
UK Ancestry Visa <input type="checkbox"/>	Other <input type="checkbox"/>
Car Driver <input type="checkbox"/> Yes <input type="checkbox"/> No	Car owner [in U.K.] <input type="checkbox"/> Yes <input type="checkbox"/> No

GSCC Registration Details:

GENERAL HEALTH

Are you registered disabled: Yes No

How many days sick have you taken in the last 2 years, and on how many occasions were these spread over:

Is there any other information of a medical nature that might affect your role with us:

MEDICAL INFORMATION – NOTIFIABLE DISEASES

Persons working in the public health arena must declare, at the time of interview, and at any time thereafter if they have, or have had any of the following conditions or diseases:

MRSA – Methicillin Resistant Staphylococcus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Scabies, Lice or any other infestation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chicken Pox / Shingles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tuberculosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Salmonella	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rubella	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you ticked yes for any of the above, please give details:

Please could you send in copies of your immunisation Certificates.

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EDUCATION & TRAINING

Name Of Establishment	From – To	Qualifications Gained	Grade	Date Awarded

EXPERIENCE

Please tell us how much experience you have had in any of the following.

Challenging Behaviour		Drug / Alcohol Abuse		Community Care	
Care Management		Mental Health		Adults	
Alzheimer's / Senile Dementia		CAMH		Elderly	
Autism		Learning Difficulties		Children	
Sensory Impairment		Physical Disabilities		Education Welfare	
Homeless		Forensic		Asylum	
YOT		HIV		Unaccompanied Minors	
F&A		Hospital SW		Other	

SPECIALIST REFRESHER: Date when you last completed: Date when due:

EMPLOYMENT DETAILS

Do you have any specific requirements of your working environment:

When are you available for work:

What is your current job title:

What was your salary when you were appointed:

What is your current salary:

Why do you wish to leave your current job:

Have you ever been the subject of any of the following:

Disciplinary Procedures Yes No

Suspension Yes No

Dismissal Yes No

If you ticked yes for any of the above, please give details:

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Category of work preferred – Please tick where applicable

Perm	<input type="checkbox"/>	Respite Care	<input type="checkbox"/>	HIV	<input type="checkbox"/>
Temp	<input type="checkbox"/>	Nursery	<input type="checkbox"/>	EMI	<input type="checkbox"/>
Full-time	<input type="checkbox"/>	Infants School	<input type="checkbox"/>	Autism	<input type="checkbox"/>
Part-time	<input type="checkbox"/>	Terminally ill	<input type="checkbox"/>		
Occasional	<input type="checkbox"/>				
NHS	<input type="checkbox"/>	Sensory Impairment	<input type="checkbox"/>		
Private	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>		
Community	<input type="checkbox"/>	Learning Disabilities	<input type="checkbox"/>		
Prisons	<input type="checkbox"/>	Children	<input type="checkbox"/>		
Gen Hospital	<input type="checkbox"/>	Adolescence	<input type="checkbox"/>		
M/H Hospital	<input type="checkbox"/>	Forensic	<input type="checkbox"/>		
Hospice	<input type="checkbox"/>	Elderly	<input type="checkbox"/>		
Nursing Home	<input type="checkbox"/>	Alcohol & Drug Abuse	<input type="checkbox"/>		

PREVIOUS EMPLOYMENT

Current Employer:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Locum
Address: _____		
Post Code: _____		
Date From: _____	Date To: _____	
Summary of duties / responsibilities		

Reason for leaving: _____		
Salary: _____		
Previous Employer:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Locum
Address: _____		
Post Code: _____		
Date From: _____	Date To: _____	
Summary of duties / responsibilities		

Reason for leaving: _____		
Salary: _____		
Previous Employer:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Locum
Address: _____		
Post Code: _____		
Date From: _____	Date To: _____	
Summary of duties / responsibilities		

Reason for leaving: _____		
Salary: _____		

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PROFESSIONAL REFEREES

1st Referee - Name:

Position:

Address:

Post Code

Telephone No:

Fax:

When may we contact this referee?

Email:

2nd Referee - Name:

Position:

Address:

Post Code

Telephone No:

Fax:

When may we contact this referee?

Email:

3rd Referee - Name:

Position:

Address:

Post Code

Telephone No:

Fax:

When may we contact this referee?

Email:

CRIMINAL CONVICTIONS

Have you ever been convicted of an offence:

Yes No

Have you had a police check carried out:

Yes No

When was this carried out:

Who conducted the check:

Police Check Reference Number:

N.B. Because of the nature of the work for which you are applying, the provisions of Section 4 subsection 2 of the Rehabilitation of the Offenders Act (1974) (exceptions) (amendments) Order 1986, apply. Applicants are therefore required to give information about convictions which for other purposes are "spent" under the provisions of the Act. Any information given, will be completely confidential and will be considered only in relation to the application for the position of which the Order applies.

BANK / BUILDING SOCIETY DETAILS

Name

Address

Account Name

Account No

Sort Code

National Insurance Number

Limited Company Name and Number (if applicable)

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DECLARATION

The appointment is also covered by the provision of the Joint Circular 44 / 86. This circular recommends that a check as to the content of a criminal record may be requested from the Police after a person has been selected for appointment to a post having substantial access to children; and that the refusal to agree to a check being made would disqualify the applicant from being considered for the appointment.

I understand the conditions of service will be given to me at the time of my first temporary contract, and I am required to comply with the company policies regarding Equal Opportunities, Complaints, Grievance and Health and Safety.

I understand that my registration is subject to references, and a satisfactory result after checking my qualifications.

I undertake to inform you immediately if I am engaged through your introduction, including the offer of permanent employment, following a temporary assignment.

I also acknowledge that the information contained herein may form the basis of a computerised record, to which I may have access, as determined by the Data Protection Act 1984.

Signature: _____ Date: _____

By Signing below you are permitting to share information held on this application form with third parties for the sole purpose of securing you work

Signature: _____ Date: _____