

**Application For Employment**

**Post Details.**

Post Applied For		
Closing Date For Application		
Interview Date		

**Personal Details.**

Titles		Are You Aged 18 or Over? (Yes/No)	
Initials			
Surname			
Address			
Postcode			
Tel No (Day)			
Tel No (Evening)			
Mobile			
Email			
Do You Hold A Valid UK Driving Licence? (Yes/No)			
Are There Any Endorsements On This Licence? (Yes/No)			
Under The Assignment and Immigration Act 1996, Do You Require A Work Permit To Work In The UK? (Yes/No)			
Are You A Member of Any Professional Organisation? (Yes/No)			
If Yes, Please State Which			

**Inshore Support Ltd, Lynwood House, Dudley Road, Stourbridge, West Midlands, DY9 8DU**  
**www.inshoresupportltd.co.uk Tel: 01384 421460 Fax: 01384 895892**  
**Email: info@inshoresupportltd.com**

Employment Details.			
<b>Current Or Last Post:</b>			
Employer			
Address			
Postcode			
Position		Salary	
Date Employment Commenced		Notice Required	
Current Duties and Responsibilities			
<b>Past Employment</b>			
Please Give Details of Previous Employment Starting With The Most Recent (Please Give Reasons For Any Breaks of Employment)			
Employer	Post	Salary	Dates (From - To)
Please Give Reasons Why Left Recent Social Care Employer (If Applicable)			

**Experience**

Please Give Details About Your Knowledge, Skills And Experience And How You Would  
Apply Them To The Post.

Education And Training		
Please Give Details Of Schools, Further Education and Professional Training		
Establishment	Qualifications	Dates
Other Relevant Training Undertaken		
Course	Organising Body	Dates

Further Information:			
<b>Sickness Absence</b>			
How Many Days Sickness Absence Have You Had In The Last 2 Years			
Main Reason			
<b>References</b>			
Please Supply Details Of 2 References. One Should Be Your Present Or Most Recent Employer, (School or College If You Are A Student)			
<b>1st (Employer)</b>	Name		
	Position		
	Address		
	Postcode		
	Telephone No.		
<b>2nd</b>	Name		
	Position		
	Address		
	Postcode		
	Telephone No.		
<b>3rd (If Currently Unemployed)</b>	Name		
	Position		
	Address		
	Postcode		
	Telephone No.		
Are There Any Gaps In Employment History? (Yes/No)			
If Yes, Please Give Details			

**Supporting Information**

**Declaration**

I declare that to the best of my knowledge that information that I have given on this form is true and accurate. I understand that if I knowingly withhold information or include information I may be liable to instant dismissal.

Name		
Signature		
Date		

Declaration	
Criminal Convictions	
<p>Due to the nature of the work for which you are applying, this position is exempt from the provision of section 4 (42) of the rehabilitation of offenders act 1974 (exemptions order) 1975. as a result you are not entitled to withhold information about criminal convictions which for any other purposes are 'spent' under the Act. In the event of employment any failure to disclose such convictions could result in instant dismissal or disciplinary action by senior management to staff. Any such information received will be treated in the strictest confidence and will only be taken into consideration in relation to an application for position to which the order applies. The position that you have applied for allows for substantial access to vulnerable adults and, any offer of employment will be subject to police and medical checks. Your written consent for these will be requested (if appropriate) at a later stage</p>	
Name	
Signature	
Date	

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**Equal Opportunities Monitoring Form**

Monitoring Form							
Application No. (* This part only for Office use)							
*Post Applied For					*Ref No.		
*Department							
Where Did You See This Vacancy Advertised ( Please complete)							
Surname							
Forenames							
Title			Miss/Mrs/Ms/Mr/Dr/Other				
Address							
Postcode							
Tel No. (Home)				Tel No. (Work)			
Age							
16-19		20-24		25-29		30-34	
35-39		40-44		45-49		50-54	
55-59		60-64		65+			
Are You Related To Any Member Or Holder Of Any Post Within Inshore Support Ltd? (Yes/No)							
If Yes Name Of Employee And Position							

Ethnic Categories					
<b>(A) White</b>			<b>(B) Mixed</b>		
British (A)			White & Black Caribbean (D)		
Irish (B)			White & Black African E		
Any Other White Background C			White & Asian (F)		
			Any Other Mixed Background (G)		
<b>C Asian or Asian British</b>			<b>(D) Black or Black British</b>		
Indian (H)			Caribbean (M)		
Pakistani (J)			African (N)		
Bangladeshi (K)			Any Other Black Background (P)		
Any Other Asian Background (L)					
<b>E Other Ethnic Groups</b>			<b>(F) Not Stated</b>		
Chinese R			Not Stated (Z)		
Any Other Ethnic Group (S)					
(Please Tick Which Box Appropriately Meets Your Ethnic Origin) (Letters In Brackets Are For Office Use Only)					
Disability: If You Are Likely To Be Regarded as Disabled Under The Disability Discrimination Act 1995, Please Circle The Category That Corresponds To Your Most Significant Resultant Impairment (Anyone With A Physical Or Mental Impairment, Which Has A Substantial And Long Term Effect Upon Their Ability To Carry Out Normal Day To Day Activities).					
Hearing Impairment		Visual Impairment		Speech Impairment	
Mobility Impairment		Severe Disfigurement		Physical Co-ordination Difficulties	
Reduced Physical Capacity		Progressive Condition		Learning Difficulties/Other Mental Impairment	
<b>Non Disabled</b>					
Where Did You First See/Hear About This Vacancy (Circle ONE Choice Only)					
Local Newspaper (Please Specify)		Website/Internet (Please Specify)		Job Centre	
Internal Advert		Current Employee		Other	