

ADDITIONAL INFORMATION

<p>MEDICAL/HEALTH HISTORY</p> <p>How many days have you been absent from work, through illness or injury, in the last two years?</p> <p>On how many occasions?</p> <p>Please give details:</p>
<p>Do you have a health problem or disability which is relevant to your job application? YES / NO</p> <p>If YES, please give details:</p>
<p>Are there any specific facilities you need us to provide, to help you attend an interview or to perform this job? YES / NO</p> <p>If YES, please give details:</p>
<p>Signed:</p>
<p>Date:</p>

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SUPPORTING INFORMATION

Please give your reasons for applying for the post, and any additional information in support of your application:

REFERENCES

Please give details of two referees, the first of whom must be your past or present employer. If you have recently left full-time education, one reference should be from your school or college.

Name:	Name:
Address:	Address:
Position:	Position:
Telephone No:	Telephone No:
<input type="checkbox"/> Tick here if you do not wish your present employer to be contacted prior to interview.	

I confirm that all information submitted is true and correct, that there are no medical or other reasons that I know of which prevents me from undertaking the duties of the post and I understand that any misrepresentation may invalidate my application and, if appointed, may result in subsequent dismissal.

Signed: _____ Date: _____

PLEASE RETURN COMPLETED FORM TO:
THE CONTINUUM CARE GROUP, SESSIONS HOUSE, 32 SOMERS ROAD,
WISBECH, CAMBRIDGESHIRE. PE13 1JF



Continuum Group

Empowering, enhancing and encouraging the development of young people

APPLICATION FOR EMPLOYMENT

POST DETAILS

Post Applied for:	Ref:
House / School / H/O	Full Time / Part Time

PERSONAL DETAILS

Title:	National Insurance No:
Surname:	Are you required to hold a work permit? YES / NO
Previous Name (if applicable):	
Forename(s):	
Address (in full):	
Post Code:	
Telephone Number at Work:	
Telephone Number at Home:	
Mobile Telephone Number:	

DRIVING DETAILS

Do you hold a Full Driving Licence that is valid in the UK? YES / NO
Please give details of any penalty points (with dates):
Do you have use of, or own, a motor vehicle: OWN / HAVE USE OF / NEITHER

APPLICATION DETAILS

Have you applied for a position within the Continuum Group before? YES / NO
Where did you see this position advertised?



Green Corns



Farrow House



Herts Care



Cambrian Care

EDUCATION from age 11				
Dates From / To	Name of School College or University	Subject or qualification gained	Grade	Date
(mm/yy to mm/yy)				
(mm/yy to mm/yy)				
(mm/yy to mm/yy)				
(mm/yy to mm/yy)				
(mm/yy to mm/yy)				
(mm/yy to mm/yy)				
(mm/yy to mm/yy)				

PROFESSIONAL DETAILS	
Professional Qualifications & Memberships	Date of Examination or Acceptance

CURRENT RELEVANT TRAINING and/or STUDIES

OTHER INTERESTS

EMPLOYMENT DETAILS	
Name of present/last employer:	
Address:	
Position held:	Salary / Hourly Rate:
Dates: From To	Period of Notice required:
Reason for Leaving:	
Main Duties & Responsibilities of present/last Post:	

PAST EMPLOYMENT HISTORY			
Please INCLUDE FULL EMPLOYMENT from leaving school, including ANY GAPS, giving reasons (eg: college, housewife, mother). If you have ever been dismissed from a company, please give reasons.			
Dates From/ To	Name & Address of Employer	Position Held	Reasons for Leaving
(mm/yy to mm/yy)			
(mm/yy to mm/yy)			
(mm/yy to mm/yy)			
(mm/yy to mm/yy)			
(mm/yy to mm/yy)			
(mm/yy to mm/yy)			
(mm/yy to mm/yy)			
(mm/yy to mm/yy)			

Name:
Ref:

ADDITIONAL INFORMATION

CRIMINAL CONVICTIONS <small>(Rehabilitation of Offenders Act 1974)</small> As all posts within the company will, at some point, involve contact with vulnerable children, you are required to declare all convictions, whether or not they would be regarded as spent under the act.
Do you have any criminal convictions? YES / NO
Are there any current criminal proceedings against you? YES / NO
Are you disqualified from caring under Care Regulations 1991? YES / NO
If your answer is YES to any of the above questions, please give full details on a separate piece of paper

Marital Status:
DOB:
Age:

ETHNIC MONITORING
Please tick the box which you feel best describes your ethnic origin <small>(NB Ethnic origin is not a matter of your nationality, right of abode or place of birth)</small>
<input type="checkbox"/> White <input type="checkbox"/> Black - African <input type="checkbox"/> Black - Caribbean <input type="checkbox"/> Black - Other <input type="checkbox"/> Chinese <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other

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