

Please return by post to: Elm Lodge Cluntergate, Horbury Wakefield WF45DB

Or scan, save and email to: manager@elmlodgecare.co.uk

Application for Employment

POSITION APPLIED FOR			
Personal Details			
Full Name		Date of Birth	
Address			
City	County Postcode		
NI Number	Email Address		
Phone (home) (please include area code)	Phone (mobile)		
Emergency Contact 1			
Full Name	Phone		
Address	Relationship		
T			
Emergency Contact 2			
Full Name	Phone		
Address	Relationship		
Transportation			
Transportation: Do you have a current UK driving license?	Details of current endorse	monte	
yes no	Details of current endorse	memo	
Availability			
Available to work Times you are available to work	Any times <i>not</i> available to work	Can you be called at the last minute in case of emergency?	
Full time		yes no	
Part time			
Nights U Comments			
Comments			

Schools		
Name of School(s)	Qualifications	Dates Achieved (include
rumo di comodi(e)	Qualifications	Month and year)
		monun ana you,
Г <u>а</u>		
Colleges / Universities	10 110 11	[B
Name of Establishment	Qualifications	Dates Achieved (include
		Month and year)
Comments		_
Comments		
Professional memberships		
Special skills or courses relevant to this position		
(e.g. – NVQ's or Diplomas or other in employment training)		

Experience		
Discuss any training or experience you have in caring	for others	
What would you like most about working in care?		
What would you like <i>least</i> about working in care?		
The state of the s		
Employment History		
Please begin with your present / most recent employer the	n vour previous employers	Use additional blank
sheets if more space is required. PLEASE EXPLAIN ANY	GAPS IN EMPLOYMENT	ooo aaamona barii
May we contact your current employer prior to interview?		
П.,,,,		
☐ U yes ☐ no ☐ Company name and address	From	То
Company name and address	110111	
Job Title	Reason left and explain ar	ny gaps in employment:
Duties		
Name of employer/line manager	Phone	
Name of employer/fine manager	Priorie	
Current notice required		
•		
Company name and address	From	То
Job Title	Reason left and explain ar	y gans in amplayment:
300 Title	Neason left and explain at	iy gaps in employment.
Duties		
Dulles		
Name of employer	Phone	

Your home to home within a safe and caring environment

Company name and address	From	То
Job Title	Reason left and explain ar	ny gaps in employment:
Duties		
Name of employer	Phone	
Company name and address	From	То
Job Title	Reason left and explain ar	ny gaps in employment:
Duties		
Name of employer	Phone	
Company name and address	From	То
Job Title	Reason left and explain ar	ny gaps in employment:
Duties		
Name of employer	Phone	
Company name and address	From	То
Job Title	Reason left and explain an	ny gaps in employment:
Duties		
Name of employer	Phone	

Please list names and addresses of two persons from whom we may obtain both work experience and		
character references.		
May we contact your current employer prior to interview? We reserve the right to contact any employer or referee of		gun.
☐ yes ☐ no		
Full name		Capacity in which giving a reference? Professional/ Personal
Address		Professional/ Personal
Address		
City	County	Postcode
Job Title (if professional referee) or Relationship to you (if personal referee)	Email address	
Full name		Capacity in which giving a reference? Professional/ Personal
Address		1
City	County	Postcode
Job Title (if professional referee) or Relationship to you (if personal referee)	Email address	
For Our Recruitment Purposes		
Please describe how you heard of Elm Lodge:		
Trease accombe new year heard of Elin Leage.		
Health Details		
Do you have a mental or physical disability:		
yes no		
If yes: Please give details		
What adjustments (if any) need to be made to the working environment to accommodate your disability?		
Please give details of all absences from work in the last 12 months		
3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Are you currently under the care of a GP, Consultant or any other medical professional?		
yes no If yes please give details		
ii yes piease give detalis		

Leisure		
	note any sports, hobbies, pastimes etc	
Crimina	al Records Declaration	
	ovisions relating to the non-disclosure of criminal convictions do not apply to the position you oplying for. You must therefore disclose any criminal convictions even if under the	
	litation of Offenders Act 1974 they would otherwise be regarded as spent. Any failure to	
	e any information in this section could result in termination of your employment	
Have y	ou been convicted of a criminal offence at any time?	
	ves no	
	ou ever received any official cautions, reprimands or warnings?	
Ι Π .	🗆	
	/es	
	nsed but not yet dealt with) or any police investigation?	
If your s	s Ino answer to either of the three previous questions was 'yes' please provide details	
ii youi a	diswer to ettrier of the tiffee previous questions was yes please provide details	
Note: If	selected for employment, you will need to undergo an enhanced DBS and Adult 1st check at your own	
	ough one of our agencies.	
	Requirements	
Becaus followin	e this position involves the care of children and/or vulnerable adults employment is dependent on the	
TOHOWITI	g.	
1)	Your written consent to obtaining a standard/enhanced DBS certificate from the Criminal	
	Records Bureau or an Elm Lodge approved umbrella body.	
2)	Such disclosure being acceptable to us.	
,		
3)	Proof of identity and right to work in the UK – birth or marriage certificate (where appropriate) and	
	passport (if available).	
4)	Two satisfactory written references.	
6)	Evidence of physical or mental suitability for your work	
Declaration (Please read this carefully before signing this application)		
1	I confirm that the above information is complete and correct and that any untrue or misleading	
	information will give my employer the right to terminate any employment contract offered.	
2.	Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to	
	contacting your doctor. I agree that the organisation reserves right the right to require me to undergo a	
	medical examination. In addition, I agree that this information will be retained in my personnel file	
	during employment and for up to six years thereafter and understand that information will be	
	processed in accordance with the Data Protection Act.	
3.	I agree that should I be successful in this application, I will, if required, apply to the Criminal Records	
	Bureau/Scottish Criminal Records Office for an enhanced disclosure. I understand that should I fail to	
	do so or should the disclosure not be to the satisfaction of Elm Lodge any offer of employment may be	
	withdrawn or my employment terminated.	
Signed:	Date:	

This page is for Office Use Only:			
Decision to interview:			
Name of Person Assessing Applicat	tion:		
On the basis of the interviewed?	completed application	on form, is the	e applicant suitable to be
Yes	No		
If 'no', please provi	de reasons:		
Applicant invited to	interview?	Yes	Not at this time
Signed:		Date	d:
Notes:			