

**Position subject to enhanced disclosure from DBS  
TRANSPORT APPLICATION FORM**

**CONFIDENTIAL**

**EQUAL OPPORTUNITIES**

The organisation is an equal opportunities employer. It aims to ensure that no job application receives less favourable treatment on the grounds of race, colour, nationality, citizenship, ethnicity, religion, disability, gender, sexual orientation, marital status or medical condition.

**Job Details**

Post Applying For .....

Closing Date of Application .....

Where did you hear of the post .....

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**Personal Details**

Surname ..... Address .....

Maiden Name or Previous Name .....

.....

First Names .....

Do you have a current driving license? Yes/No .....  
Correspondence Address (if different from above)

Do you have the use of a car for work? Yes/No .....

Do you have a clean driving license? Yes/No .....

National Insurance No. .... Telephone No. Daytime .....  
Evening .....

Do you require a work permit? Yes/No .....  
Email address .....

**EDUCATION AND QUALIFICATIONS - from the age of eleven onwards**

From	To	Name & Address of School, College University	Full or Part-time	Qualifications gained and Grades

**MEMBERSHIP OF PROFESSIONAL BODIES**

Institute	Level of Membership	Year of Award

Telephone Contacts: 08005999161

Email Contact: [admin@vcare24.co.uk](mailto:admin@vcare24.co.uk)

**TRAINING** - this includes government training schemes, apprenticeships, short courses, projects, trade and professional training.

Course Title	Organisation	From	To

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**DETAILS OF PRESENT/MOST RECENT EMPLOYMENT**

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Name and Address of Employer

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 .....

Position held ..... From ..... To

.....

Details of main purpose of job, who you report to and your responsibilities

.....  
 .....  
 .....

Reason for leaving/wishing to leave

.....

.....Current Salary .....

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**EMPLOYMENT PRIOR TO ABOVE** (record all posts you have held starting with the most recent, including any vocational work and service with HM Forces - continue on a separate sheet if required)

Name & Address of Employer Nature of Business	From (Exact dates)	To (Exact dates)	Position Held/Duties and Achievements	Reason for Leaving and Salary

What is the earliest date you could commence employment with us?

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**VOLUNTARY WORK** - include all work prior to and after leaving school.

Organisation	From	To	Position Held, Duties and Achievements Number of Hours Per Week	Reason for Leaving

**OTHER EXPERIENCE** - please describe time spent since leaving full time education, full details should be given of any period not accounted for by full or part-time employment.

Other Experience	From/To

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**OTHER INTERESTS** - (these include leisure activities, hobbies, any public duties or private business work etc. Please list any achievements).

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**Why are you applying for this job? What attracted you to the vacancy?**

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**HEALTH**

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A separate declaration will be forwarded should your application for employment be successful.

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**INFORMATION IN SUPPORT OF YOUR APPLICATION** - please mention any specific skills, experience and achievements you can offer which meets the requirements of the job description and person specification. These skills/experience/achievements may have been gained in your current or previous employment, education, training, domestic activities, voluntary work, leisure interests etc. (cont. on a separate sheet if necessary).

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**WRITTEN EXERCISE** - please indicate using approximately 1,000 words, what attitudes, personal characteristics and skills you consider to be most important to be an effective employee in a Health and Social Care setting. State clearly, what you consider to be an important part of the role when supporting an individual with mental health issues. Continue on a separate sheet if necessary. Please note that written exercises form an important part of the selection process and will be discussed at the interview.



**REFEREES** - Please state the names and addresses of three persons from whom references may be obtained. One must be your current or most recent employer. In the absence of previous employment experience, a reference from your last place of full-time education will be a suitable alternative.

1. Name .....	2. Name .....
Address ..... ..... ..... .....	Address ..... ..... ..... .....
Tel No: .....	Tel No: .....
Occupation	Occupation
Relationship to Applicant	Relationship to Applicant
How long has the Referee known you?	How long has the Referee known you?

Please note that the above named people should not be relatives.

The company reserves the right to contact any of the employers listed under previous employment if it is considered necessary.

Note: references will normally be taken up if you are called for interview. Please indicate if this is likely to cause you problems. Yes/No.

**REHABILITATION OF OFFENDERS ACT**

Because the nature of the work for which you are applying involves substantial access to children, it is exempt from the provision of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendments) Order 1986. You are therefore NOT entitled to withhold information about convictions which for other purposes are “spent” under the provision of the Act. A conviction, bind over or caution will not automatically disqualify you from employment, but any failure to disclose such information could result in dismissal or disciplinary action being taken by The Company any information given will be kept in strict confidence.

Failure to declare a conviction may, however, disqualify you from appointment, or result in summary dismissal when the discrepancy comes to light.

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Have you ever been convicted at a court or cautioned by the police? Yes/No

If yes, give details

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Continue on a separate sheet if necessary.

Do you have any possible prosecutions pending? Yes/No

If yes, give details

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Continue on a separate sheet if necessary.

**DISCIPLINARY**

Please list any disciplinary offences and type of disciplinary action you have received at any time.

Offence(s)	Type of Disciplinary Action	Outcome	Date	Name & Address of Employer

**DECLARATION**

I understand that the information on this application form will be treated as confidential and I declare that the above statements are true, to the best of my knowledge. I understand that if any deliberate, false or misleading information is given to this application, it may render me liable to dismissal, if engaged.

Signed ..... Date .....

Please return this form to the Manager at the address printed on the top of the application form. Please note that Curriculum Vitae will not be accepted and neither will any application form, which is received after the closing date.

The following documents should be included with the application form.

- Equal Opportunities Monitoring Form
- Right to Work in the UK Monitoring Form

Note: Health Declaration must only be sent to applicants who are offered employment.

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