



E-mail: [stgregshomecare@btconnect.com](mailto:stgregshomecare@btconnect.com)  
Tel: 01524 720189 Fax: 01524 720199  
46 Market Street, Carnforth, Lancashire LA5 9LB

## APPLICATION FORM

Post Applied For:

### Section 1 – Personal Details

TITLE (Mr, Mrs, Miss, Ms):

NAME:

ADDRESS:

TELEPHONE:

MOBILE(OTHER CONTACT NOS)

<input type="text"/>	<input type="text"/>
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## **Section 2 – Education & Professional Qualifications**

Please provide information regarding your Education including Qualifications gained.


## **Section 3 – Current Post of Employment**

<b>JOB TITLE</b>	
<b>DATE STARTED THIS EMPLOYMENT</b>	
<b>EMPLOYERS NAME</b>	
<b>PRINCIPLE DUTIES</b>	
<b>Reason for wanting to leave employment (If applicable)</b>	

**Section 4 – Previous Employment: Please list all employment paid or voluntary**

DATES FROM	DATE TO	JOB TITLE	EMPLOYER	REASON FOR LEAVING

(If further space required continue on a continuation sheet and attach to application form please explain any gaps in employment)

**Section 5 – Relevant Skills, Abilities, Knowledge & Experience**

Please provide information regarding your skills, ability, knowledge and experience relevant to the post applied for.


**Section 6 – Rehabilitation of Offenders Act 1974**

This Act makes it unlawful for prospective employers to take into account offences in relation to which the person concerned is deemed to be rehabilitated. Employment with St Gregory’s Homecare is exempt from this ruling due to the nature of the services provided and all previous offences should be disclosed.

Have you ever been convicted of a Criminal Offence or received a Caution, Reprimand or Warning?	YES / NO
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If answer is yes please give details including dates and offences.

DATE	OFFENCE

**Do you currently hold a valid DVLA driving license: Y / N**

**Do you currently have any endorsements on your license: Y / N**

**Section 7 – References (From Previous Employers)**

PLEASE PROVIDE NAMES, ADDRESSES, & TELEPHONE NUMBERS OF TWO PEOPLE WHO WOULD BE PREPARED TO PROVIDE A REFERENCE, ONE PERSON MUST BE YOUR LAST EMPLOYER AND/OR THE LAST EMPLOYER THAT YOU WORKED FOR IN A CARE SETTING

PLEASE NOTE ALL POSTS ARE SUBJECT TO SATISFACTORY REFERENCES AND A DISCLOSURE AND BARRING SERVICE CHECK (DBS CRIMINAL RECORDS).

REFERENCE 1	REFERENCE 2
NAME	NAME
POSITION	POSITION
ADDRESS	ADDRESS
TEL	TEL

**Section 8 - Declaration**

I declare that the above information is true and accurate and submitted by me.

SIGNED.....

DATED.....

***If the information provided is found to be false or completed by another individual this application may be disregarded.***

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**Please return the completed form to the office at**

**46 MARKET STREET, CARNFORTH, LANCASHIRE, LA59LB**

Telephone **01524 720189** for further details if desired

Or alternatively email [stgregshomecare@btconnect.com](mailto:stgregshomecare@btconnect.com)

