



#### 4. TRAINING AND PERSONAL DEVELOPMENT

Training Courses Attended	Dates

#### 5. EMPLOYMENT RECORD

(Please list **FULL** employment history with a written explanation of any gaps – present or most recent employment first. Continue on a separate sheet if necessary)

From - To	Name & Address of Employer	Job Title & Duties	Final Salary & Reason for Leaving

## 6. SUITABILITY/ADDITIONAL INFORMATION

Please give further details of previous experience and any other information which you consider relevant (use a continuation sheet if necessary)

## 7. INTERESTS AND ACTIVITIES

Please give details of your hobbies and any interests/activities with which you are involved

## 8. GENERAL INFORMATION

1. How many days work have you lost due to sickness in the last 12 months?	
2. Do you expect to require time off work for any medical reason within the next 12 months? If Yes please give details:	YES/NO
3. Are you currently taking or have you taken any prescribed medication in the last 12 months or do you anticipate doing so in the near future? If Yes please give details:	YES/NO
4. When was the last time you consulted your doctor? Reason:	
5. Have you ever been dismissed from a previous job or been involved in any disciplinary process? (If YES please give details)	YES/NO
6. How did you learn of this vacancy?	
7. Do you know or are you related to any other employees at Martha Trust? (If YES please give details)	YES/NO
8. Do you own a car and have a full current driving licence?	YES/NO
9. How much notice do you need to give to your present employer?	
10. What is the earliest date you would be able to commence employment?	
11. Are you registered disabled? (if YES please give registration number)	YES/NO

## 9. REFERENCES

Please give names of two **professional** referees (one must be your current or last employer)

Name:	Job Title:
Address:	
Postcode:	
Tel:	Email:
May we approach this referee before an interview:	YES/NO
Name:	Job Title:
Address:	
Postcode:	
Tel:	Email:
May we approach this referee before an interview:	YES/NO
Please also provide contact details for one other person who will comment on your ability to do this job (not a relation or neighbour):	
May we approach this referee before an interview:	
	YES/NO

## 10. WORKING IN THE UK

If appointed you will be required to produce documentary evidence to show you are allowed to work in the UK in accordance with the Asylum and Immigration Act 1996.

Do you have evidence of your entitlement to live and work in the UK?	YES/NO
Do you require a work permit to work within this country?	YES/NO
Do you hold a current work permit?	YES/NO

## 11. THE REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 (Exemptions) order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of The Act. In the event of employment any failure to disclose such conviction could result in dismissal or disciplinary action. Any information will be completely confidential and will be considered in relation to the positions to which the Order applies.

Have you ever be convicted of a criminal offence? YES/NO

If YES please give details:

***Please read the following carefully and sign your confirmation where indicated:***

I am not currently, nor have I ever been, the subject of any police investigation or prosecution.

I have never been convicted of any criminal offence in the UK, received a police caution in the UK, or a criminal conviction in any other country.

I am not currently, nor have I ever been, the subject of any investigation or proceedings by any Professional Regulatory Body.

I have never been disqualified from practising my profession, or been the subject of any limitations to my practice following investigation by a regulatory body in the UK or any other country.

**Signed:**

**Dated:**

## 12. DECLARATION: (Please read this carefully before signing your application)

1. I confirm that the information included in this application is complete and correct and that any untrue, misleading or withheld information will give Martha Trust the right to reject my application, to withdraw any offer of employment or, if employed, to effect instant dismissal without notice.
2. I declare that I am mentally and physically fit for the purpose of the work for which I am applying. I hereby give my authority for Martha Trust to contact my doctor for any further details of my state of health or to request that I undergo a medical examination.
3. I am not currently included (either provisionally or fully) on the POVA (Protection of Vulnerable Adults) list of persons considered unsuitable to carry out care work.
4. I acknowledge that my employment with Martha Trust is subject to a satisfactory CRB disclosure and POVA check.

**Signed:**

**Dated:**

Please send the completed application form to:  
Personnel Assistant, Martha Trust, Homestead Lane, Hacklinge, Deal, Kent, CT14 0PG  
Fax: 01304-615462 or Email: [recruitment@marthatrust.org.uk](mailto:recruitment@marthatrust.org.uk)

# MONITORING FORM



**APPLICATION FOR THE POSITION OF:** .....

Martha Trust does not discriminate against the people it employs, or people seeking employment, on grounds of gender, sexual orientation, marital status, race, disability, ethnic origin, creed or age.

You are required to complete this detachable form to allow Martha Trust to monitor its recruitment policies. To help us ensure that our recruitment procedures operate in such a way as to provide genuine equality of opportunity, and for no other reason, it would be helpful if you would assist this process by completing the brief questions below and returning this sheet with your application form.

**(Please tick appropriate box)**

**Do you consider yourself to have a disability:** YES  NO

If yes please give details: .....

**MARITAL STATUS**

SINGLE  MARRIED  SEPARATED  DIVORCED  WIDOWED

**AGE**

UNDER 30  30 – 45  46 – 55  OVER 55

DATE OF BIRTH: ..... AGE LAST BIRTHDAY: .....

Our regulatory body requires a staff member providing intimate personal care for a resident to be at least age 18.

**GENDER**

MALE  FEMALE

**ETHNIC ORIGIN** – Choose one section form A to E, then tick the appropriate box to indicate your cultural background.

A White	B Mixed	C Asian or Asian British	D Black or Black British	E Chinese or other Ethnic Group
<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background: .....	<input type="checkbox"/> White & Black <input type="checkbox"/> Caribbean <input type="checkbox"/> White & Black <input type="checkbox"/> African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other Mixed background: .....	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background: .....	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background: .....	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other: .....