



Application Form

ALL INFORMATION CONTAINED IN THIS APPLICATION FORM WILL BE TREATED CONFIDENTIALLY

Before completing this application, please note the following:

- a) ALL questions must be answered (additional sheets of A4 paper may be used)
- b) CVs will not be accepted
- c) The accompanying Equality Monitoring form must also be completed

Position applied for:	
Where did you see this post advertised?	
Have you previously applied for a post with Lifeshare?	
If yes, which post did you apply for?	

Title:	
Forename:	
Last Name(s):	
Former Name(s):	
Address (including postcode):	
Home telephone number:	
Mobile telephone number:	
Email address:	

ELIGIBILITY TO WORK IN THE UK

Do you require a work permit to work in the UK:	if yes please complete the following
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Work Permit Expiry Date: Work Permit Date of Issue: Work Permit Place of Issue: Passport Nationality: Passport Number: Passport Expiry Date: National Insurance Number: Are you visiting Britain on a working holiday?	
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EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

Please list the most recent first (include current studies).
 If shortlisted, you will be asked to produce evidence of qualifications.

Dates		Secondary school / college / university / training organisation	Qualification	Subject/s	Grade
From (month / year)	To (month / year)				

MEMBERSHIP OF PROFESSIONAL BODIES, BOARDS OR COMMITTEES

Name of Body:		Membership/Status:	
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CURRENT OR MOST RECENT EMPLOYMENT

Please specify any paid employment you intend to continue if offered a position within Lifeshare. Should there be any conflicts of interest, Lifeshare will notify you and any offer of employment would be dependent upon this conflict ceasing.

Name of Organisation:	
Address (including postcode):	

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Telephone number:	
Email address:	
Job Title:	
Date commenced:	
Leave date (if applicable):	
Current salary:	
Notice required:	

EMPLOYMENT EXPERIENCE

Please give details of previous employment working backwards. Include all periods of unemployment (and reason), travel etc. in the space provided so there are no gaps in the record.

Dates		Employer's name, address and nature of business	Job title and brief description of duties	Reason for leaving
From (month / year)	To (month / year)			

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VOLUNTARY WORK

Dates		Organisation Name & Address	Nature of Work
From	To		



PROTECTION OF VULNERABLE ADULTS

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 (Exceptions) Order 1975. This means that applicants or volunteers are not entitled to withhold information about any previous convictions or cautions which, for other purposes, are spent under the terms of the Act. You are therefore requested to give details as required below, listing all convictions and cautions, no matter how long ago they occurred. An unspent conviction does not necessarily mean that you will be barred from employment. Lifeshare has a policy in respect of the rehabilitation of offenders and is committed to working in accordance with the DBS. Information is available on request.

Applicants for certain posts will be subject to a check with the Disclosure and Baring Service (DBS) prior to confirmation of appointment.

In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by Lifeshare. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the offer applies.

Have you ever been convicted of a criminal offence or received a caution? NO
 Are you currently the subject of any criminal proceedings or police investigations? NO
 If 'Yes' to either of the above, please give details:

Date	Nature of Conviction / Caution	Sentence

ADDITIONAL INFORMATION

Do you hold a current full driving licence?
 If yes, is it subject to any penalty points? YES / NO If 'yes' please give details:



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If additional sheets have been included please state number _____

REFERENCES

Referees will only be contacted if an offer of employment is made.

Please provide the details of two contactable referees who should know your capabilities, reliability and potential. References will not be accepted from relatives or from people writing solely in the capacity as a friend.

The first **MUST** be your current or most recent employer. In the absence of employment experience, please provide a referee from your last place of full-time education or volunteering.

The second referee should also be a previous employer where possible.

Reference One (current or most recent employer or if not possible, volunteer or academic referee)

Name of referee:	
Position of referee:	
Address (including postcode):	
Telephone number:	
Email address:	
How long has the referee known you and in what capacity?*	
Can this reference be taken up immediately?	

*if less than 12 months we will need to contact a previous employer

Reference Two

If you are not currently working with vulnerable adults/ adults at risk but have done so in the past, a reference from this employer is required

Name of referee:	
Position of referee:	
Address (including postcode):	
Telephone number:	
Email address:	



How long has the referee known you and in what capacity?	
Can this reference be taken up immediately?	

Reference Three (to be used if either of the above cover a period of less than 12 months)

Name of referee:	
Position of referee:	
Address (including postcode):	
Telephone number:	
Email address:	
How long has the referee known you and in what capacity?	
Can this reference be taken up immediately?	YES / NO

Please note: Lifeshare reserves the right to request a reference, or to contact any of your employers or educational establishments, in addition to the referees you have nominated in your application.

DECLARATION

Do you have a spouse, partner, relative or friend employed by Lifeshare or on the governing body? If so, please state name and relationship:

Name :		Relationship :	
Name :		Relationship :	

To the best of my knowledge, there is no reason in respect of my physical or mental health why I should not be able to fully carry out the tasks described for this post.

I give my consent to the processing of data contained or referred to on this form in accordance with the Data Protection Act 1988.

I understand that any canvassing will automatically invalidate my application.

I confirm that the information I have given on this form is correct and complete and I understand that providing false information is an offence.

I confirm that, to the best of my knowledge, the information I have provided in this application is correct and that I have completed this form myself. I understand that misleading statements or withholding relevant information may be sufficient grounds to cancel any agreement made.



Signed: _____

Dated: _____

FOR OFFICE USE	
Shortlist number	
Does applicant meet essential criteria	YES / NO
Date and time of interview	
Location of interview	
Appointable	YES / NO
Days / Hours	
Salary	
Evidence of qualifications checked	YES / NO
Any additional needs identified	YES / NO
Checks required: References DBS Medical clearance	YES / NO YES / NO YES / NO

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