**Please return your completed application in a sealed envelope marked *‘Private and Confidential’* to:**

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| Head of Business Support  Anglia Care Trust  8 The Square  Martlesham Heath  Ipswich  IP5 3SL | G:\LEVEL3\Business Support\Marketing\NEW LOGOS 2017\FINAL ACT LOGOS\ACT_Logo_CMYK.jpg |

## **Application for Employment – Strictly Confidential**

* *This application may be hand-written in black ink or typed.*
* *All sections must be completed in full and not referred to in an accompanying CV.*
* *Additional information may be supplied.*
* *Anglia Care Trust operates a policy of Equality and Diversity. In pursuit of this policy applicants are requested to complete the Equality and Diversity Survey accompanying this form.*

*\*\* delete as appropriate*

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| Position applied for | | |  | | | | |
|  | Please tick () as appropriate | | Full time | Part time | | | Job share |
| If part time or job share please indicate availability | | |  | | | | |
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| PERSONAL DETAILS | | | | | | | |
| If invited for interview you will be asked to produce evidence confirming your identity | | | | | | | |
| Title | | | Mr/Mrs/Miss/Ms\* | |  | | |
| Family Name | | |  | | | | |
| Forenames | | |  | | | | |
| Address | | |  | | | | |
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| Postcode | | |  | | | | |
| Home Telephone Number | | |  | | | | |
| Daytime Telephone Number | | |  | | | | |
| Email address | | |  | | | | |
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| National Insurance No. | | |  | | | | |
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| Do you have a current driving licence? | | | Yes / No\* | |  |  | |
|  | | Type of licence held | Provisional / Standard / Other\* | | | | |
| Please give details of any penalties on your licence or convictions pending | | | | | | | |
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| Are you related to, or familiar with anyone who is currently employed - paid or voluntary – by Anglia Care Trust. If yes, please provide details. | | | | | | | |
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| Please let us know if you are aware of any adjustments that Anglia Care Trust could make to help you apply for or carry out the position applied for. | | | | | | | |
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| **QUALIFICATIONS and TRAINING** | | | | | | | | | | | | | | | | | |
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| *In the event of being offered employment you will be asked to provide evidence of qualifications obtained* | | | | | | | | | | | | | | | | | |
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| * ***Secondary Education*** | | | | | | | | |  | | | | | | | | |
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| **Subject** | | | | | | | | | **Qualification** | | | | | | | **Grade** | |
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| * ***Further/Higher/Professional Education*** | | | | | | | | | | | | | | | | | |
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| **University**  **or College** | | | | **Dates** | | | | **Qualification**  ***(state if full or part-time)*** | | **Subject** | | | | | | **Pass Level**  **or Grade** | |
| ***From*** | | ***To*** | |
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| * ***Other Qualifications (eg membership of professional bodies)*** | | | | | | | | | | | | | | | | | |
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| **Details** | | | | | | | | | | | | | **Date** | | | | |
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| * ***RELEVANT TRAINING and PERSONAL DEVELOPMENT*** | | | | | | | | | | | | | | | | | |
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| **Brief Particulars** | | | | | | | | | | | | | **Date** | | | | |
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| **PRESENT EMPLOYMENT** | | | | | | | | | | | | | | | | | |
| Name and Address of employer | | | | | | |  | | | | | | | | | | |
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| Position held | | | | | | |  | | | | | | | | | | |
| Salary and any benefits | | | | | | |  | | | | | | | | | | |
| Reason for Leaving | | | | | | |  | | | | | | | | | | |
| Number of hours worked | | | | | | |  | | | | | | | | | | |
| Date started | | | | | | |  | | | | | | | | | | |
| Notice required | | | | | | |  | | | | | | | | | | |
| Main duties | | | | | | |  | | | | | | | | | | |
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| **FULL EMPLOYMENT HISTORY** | | | | | | | | | | | | | | | | | |
| *This information should be in date order with the most recent employment first* | | | | | | | | | | | | | | | | | |
| **Dates** | | | **Name and Address**  **of Employer** | | | | | | **Position Held** | | | | **Reason for Leaving** | | | | |
| ***From*** | ***To*** | |
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| Do you require a work permit for the United Kingdom? | | | | | | | | | | |  | | | | | | Yes/No\* |
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| REFEREES | | | | | | | | | | | | | | | | | |
| Please give the names and address of two referees (including your present or most recent employer) who have known you covering the last five years. All references will be followed up and you will be asked to explain any gaps in employment. | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | |  | | | | | | | | |
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| Email Address | | | | | | | | |  | | | | | | | | |
| Relationship to you | | | | | | | | |  | | | | | | | | |
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| Please tick box, (), if you wish to be approached before this referee is contacted | | | | | | | | | | | | | | | | |  |
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| Relationship to you | | | | | | | | |  | | | | | | | | |
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| Please tick box, (), if you wish to be approached before this referee is contacted | | | | | | | | | | | | | | | | |  |
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| **DISCLOSURE OF CRIMINAL CONVICTIONS** | | | | | | | | | | | | | | | | | |
| **Rehabilitation of Offenders Act 1974**  In order to protect the public, the post you have applied for is exempt from certain provisions of the Rehabilitation of Offenders Act 1974. You are therefore required to disclose all and any past or pending cautions or convictions, whether spent or otherwise, unless it is either a “protected caution” or a “protected conviction” under the terms of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.  All information provided will be kept in the strictest confidence and only used for the purpose of assessing your suitability for the post you have applied for. Only relevant convictions and other information will be taken into account so disclosure need not necessarily be a bar to obtaining this position.  Do you have any unspent conditional cautions or convictions under the Rehabilitation of Offenders Act 1974? (Y/N)  Do you have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020? (Y/N) | | | | | | | | | | | | | | | | | |
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| *Information given in this section will be kept confidential. The Data Protection Act requires that personal information is obtained and processed fairly and lawfully; it will only be disclosed in appropriate circumstances; is accurate, relevant and not held longer than necessary and is kept securely.* | | | | | | | | | | | | | | | | | |
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| **SUPPORTING STATEMENT** | | | | | | | | | | | | | | | | | |
| It is important, in this section, to explain to us why you consider yourself to be the right person for the role. In considering your response, clearly make reference to the Supporting Information, Role Description and Person Specification.  If more space is needed please continue on a separate sheet of paper. | | | | | | | | | | | | | | | | | |
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| **DECLARATION** | | | | | | | | | | | | | | | | | |
| I confirm that the information given on my application form is correct and complete and that misleading statements may be sufficient for cancelling any agreements made with Anglia Care Trust.  I understand that:   * In the event of being short-listed for interview, I will be expected to bring proof of identity that includes a photograph plus proof of address. * In the event of being offered the post, I will be required to complete a confidential declaration in respect of my state of health. * An enhanced DBS disclosure will be sought in the event of a successful application. I confirm I am not on any list of those disbarred from working with children and vulnerable adults, disqualified from working with children or subject to sanctions imposed by a regulatory body. * By signing below, I am giving my consent for you to collect and store my data as outlined in the Personnel Privacy Notice. I am aware that I can withdraw or change my consent at any time by contacting the Business Support Team. | | | | | | | | | | | | | | | | | |
| Signed: | |  | | | | | | | | | | Date: |  | | | | |