

# APPLICATION FORM FOR EMPLOYMENT

Abbeyfield

The Dales  
Making time for older people

Please contact us if you need this application form in an alternative format or if you need any adjustments if you are asked to attend an interview.

**Important: PLEASE WRITE CLEARLY IN BLACK INK USING BLOCK CAPITAL**

## PERSONAL DETAILS

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	Other Title:	
First Name(s):		Surname(s):	
Address:			
		Postcode:	
Tel (Day):		Tel (Eve):	
Mobile:		Email:	
National Insurance Number:			
Do you have a full, valid UK driving licence?:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you eligible to work in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the earliest date you can start?			
How long is your notice period?			
Do you have any pre-planned leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date from:		Date to:	
Have you been employed by Abbeyfield before?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If yes, please provide details in your employment history.

Do any of your friends or family work or volunteer for us, please provide name(s) and relationship.

--

## POSITION INFORMATION

Job title:		Location:	
Where did you hear about this position?			
<input type="checkbox"/> Our website	<input type="checkbox"/> Other website	<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Employee <input type="checkbox"/> Social Media
Other (Please specify):			

## EMPLOYMENT HISTORY - Current/most recent employer

Organisation Name:		Position/Title:		
Reason for leaving:		From:		To:
Main Duties:				

--	--	--	--	--

## EMPLOYMENT HISTORY - Previous employment

Organisation Name:		Position/Title:		
Reason for leaving:		From:		To:
Main Duties:				

--	--	--	--	--

Organisation Name:		Position/Title:		
Reason for leaving:		From:		To:
Main Duties:				

--	--	--	--	--

Organisation Name:		Position/Title:		
Reason for leaving:		From:		To:
Main Duties:				

--	--	--	--	--

EDUCATION / TRAINING

Institute	Qualification/level	Grade	From	To

STATEMENT IN SUPPORT OF YOUR APPLICATION

Please provide further relevant information and highlight any key achievements that support your application. Please continue your statement on a separate sheet if necessary.

## REFERENCES

Please complete **ALL DETAILS** for your 3 referees below.

	Current/last employer	Previous employer	Personal reference
Full name:			
Address:			
Postcode:			
Occupation:			
Telephone:			
Email:			

If you do not want us to contact your referees **on offer of employment**, indicate below a date when you would prefer this to happen, otherwise leave this section blank.

Date:			
-------	--	--	--

## CONVICTIONS

Have you ever had convictions for any offences, or formal cautions, from the police for any offence or any bind-overs imposed by any court. You must include any spent convictions under the Rehabilitation Act 1974.

☐ Yes ☐ No

If yes, provide and dates and details of offence(s) below:

--

## DECLARATION

I hereby declare that I have answered all questions fully and truthfully to the best of my knowledge and understand the following (please tick each statement):

- ☐ False or misleading information I provide will lead to my disqualification at any stage of appointment.
- ☐ Any offer or continuation of my employment is subject to satisfactory references and DBS checks.
- ☐ Under the General Data Protection Regulation 2018, I understand that my personal information may be held on, or verified, by computer for personal/employee administration purposes, including analysis for management purposes and statutory returns.
- ☐ If I am unsuccessful my details will be kept on record for no longer than 1 year, then destroyed, and I am aware I can instruct Abbeyfield The Dales Ltd to destroy my personal details immediately at any point during this period.

Candidate signature:		Date:	
----------------------	--	-------	--

**Arrangements for interview:** If you have a disability are there any arrangements we can make for you? (Ground floor, sign language, interpreter etc)

--

## Please return your completed application form to:

Recruitment, Abbeyfield The Dales Ltd, Grove House, 12 Riddings Road, Ilkley, LS29 9BF.  
Phone: 01943 886000, Fax: 01943 886030, or email: [recruitment@abbeyfieldthedailes.co.uk](mailto:recruitment@abbeyfieldthedailes.co.uk).

# EQUAL OPPORTUNITY MONITORING FORM



Abbeyfield is committed to equal opportunities set out in the Equality & Diversity Policy. We will assess for jobs, and ensure all employees are treated fairly, without regard to gender, age, marital status, sexual orientation, race, colour, ethnic or national origin, disability, or religion.

The information you provide will be treated in the strictest confidence and will only be recorded and used for statistical purposes when monitoring our policy.

This section will be detached from the application form and returned to Recruitment before shortlisting and interview processes begins, or if you have already be appointed.

Role applied for / appointed to: ..... ☐ Prefer not to say

Date ..... ☐ Prefer not to say

## PLEASE TICK THE APPROPRIATE BOXES BELOW

### ABOUT YOU

I am ☐ Male ☐ Female ☐ Transgender ☐ Prefer not to say

Age ☐ 20 & under ☐ 21-29 ☐ 30-39 ☐ 40-49 ☐ 50-59  
☐ 60+ ☐ Prefer not to say

Marital Status ☐ Single ☐ Married ☐ Civil Partnership ☐ Co-habiting ☐ Divorced  
☐ Widowed ☐ Prefer not to say ☐ Other (please state) .....

Sexual Orientation ☐ Heterosexual ☐ Bisexual ☐ Homosexual ☐ Prefer not to say

### I WOULD DESCRIBE MY EHTNIC ORIGIN AS:

White ☐ British ☐ Irish ☐ Welsh ☐ Scottish ☐ Other

Asian / Asian British ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Other

Black / Black British ☐ African ☐ Caribbean ☐ Other

Mixed/Multi-ethnic ☐ White & Black Caribbean ☐ White & Black African ☐ White & Asian  
☐ Other

If other, please state .....

Prefer not to say ☐

### RELIGION

What is your religion or belief? ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish  
☐ Muslim ☐ None ☐ Other ☐ Prefer not to say

If other, please state .....

## DISABILITIES

The Equalities Act 2010 outlines the definition of a disability as ‘A physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities’.

**Do you consider yourself to have a disability?**    ☐ Yes                      ☐ No                      ☐ Prefer not to say

**If yes, are you registered disabled?**                      ☐ Yes                      ☐ No                      ☐ Prefer not to say

If yes to either, please provide details of your disability below:

.....

.....

**Thank you for taking the time to complete this Equal Opportunities Form, we appreciate your input and assistance with monitoring our Equality & Diversity Policy.**

If you have any queries regarding this form or would like to view or Equal Opportunities report based on the results of these forms, please contact your Business Support Manager.