

Application form for external applicants			
Return this form to:			
Position applied for:			
Personal details			
Title:			
Name:			
Address:			
Empile			
Email:			
Telephone (landline):			
Telephone (mobile):			
ISA Registration number: (If applicable)			
If offered employment we are rec registration status before your em Do you consent to Sharob Care ur	ployment is confirmed.	Yes	No
Have you previously worked for, or previously applied for a position with Sharob Care		Yes	No
If Yes, please provide details			
Do you hold a current driving licence?		Yes	No
Details of any endorsements:			
Do you have a current right to you	rk in the LIK2		
Do you have a current right to work in the UK?		Yes	No
If no, please provide details.			
How much Notice are you required to give your current employer?			

Personal information (confidential)



Equality & Diversity Monitoring					
Applicants are requested to tick the relevant boxes below to enable Sharob Care to monitor its Equality & Diversity policy. Monitoring is recommended by the Codes of Practice for the elimination of racial discrimination and for the elimination of discrimination on the grounds of sex and marital status. This information is used for no other purpose and will be treated as confidential.					
Gender:	Male	Female	Intersex 🗌	Non-Binary	Prefer not to say
If you identify using a different term, please specify:					
Age:	16-24 🗌 45-45 🔲	25-29 🗌 50-54 🗌	30-34 55-59	35-39 🗌 60-64 🗌	40-44 65 + Prefer not to say
What is your et	hnicity:				
Prefer not to say Asian/Asian Britis Asian/Asian Britis Asian/Asian Britis Black/Black Britis Black/Black Britis Black/Black Britis	sh – Indian sh – Pakistani sh – Other h – African h – Caribbean	Mixed - Mixed - Mixed - Mixed - Arab Chinese	thnic group	aribbean	White – British
Sexual Orientat	ion:		,		
Heterosexual / St	raight	Gay 🗌	Lesbian	Bisexual	Prefer not to say 🗌
If you identify using a different term, please specify:					
Religion or Belief: No Religion or Belief Muslim Buddhist Sikh Other Religion or Belief					
If other Religion or Belief please specify:					
Disability : Do you consider yourself to have a disability or health condition? Yes No Prefer not to say					
What is the effect or impact of your disability or health condition on your ability to give your best at work? Please specify here:					
The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.					
National Insura	nce Number:				



Education - Please provide your education history here:		
Schools/Colleges/University	Qualification gained	
Additional Learning & Development	Continue on separate sheet if required	
	echnical learning & development you have undertaken	
Professional Body or Organisation	Qualification	
Professional and Technical Association Membership Please provide details of any membership you hold to professional or technical bodies, including grade of		
Please provide details of any membership you hold to membership or other relevant details	professional or technical bodies, including grade of	
Professional body or Organisation	Membership Number	



Employment history – continued				
Name and address of	Job title and main duties	Date of departure and reason for		
employer(s)		leaving		
Please note here any other e	l employment that you would continue wit	Continue on separate sheet if required		
obtaining this role:				



Other Experience and Achievements including languages spoken
Please provide details of any other relevant experience or achievements that may support your application including languages spoken and level of fluency
Rehabilitation of Offenders
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 which means that spent convictions must be disclosed and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application. In addition you are required to submit to a Disclosure and Barring check. Any disclosure made by the Disclosure and Barring Service will remain strictly confidential.
Any offer of employment is conditional on receipt of satisfactory checks and references.
Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence?
YES NO
If Yes, please provide details:
Data Protection Statement
All of the information collected in this form is necessary and relevant to the performance of the job applied for. We will use the information provided by you on this form, by the referees you have noted, and the educational institutions with whom we may undertake to verify your qualifications with, for recruitment purposes only. The Company will treat all personal information with the utmost confidentiality and in line with current data protection legislation. We rely on the lawful basis of Legitimate Interest to process the information provided by you in this form.

Should you be successful in your application, the information provided, and further information which will be gathered at the relevant time, will be subsequently used for the administration of your employment and in relation to any legal challenge which may be made regarding our recruitment practices.

For more information on how we use the information you have provided, please see our privacy notice for job applicants which is located on our company website: www.sharobcare.co.uk

Personal information (confidential)



Declaration				
will give my employer the right to terminate any emp employment is conditional on the Company being sat				
Signed:	Date:			
References				
Please provide two referees, one of which must be yo approach for references.	our present or most recent employer, whom we may			
May we approach your existing employer before an offer of employment is made?				
Yes No				
Name:	Name:			
Position:	Position:			
Address:	Address:			
Email:	Email:			
Telephone:	Telephone:			

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