# **iCARE WORLD LTD**

## **ICARE WORLD LTD IS AN EQUAL OPPORTUNITIES EMPLOYER**

All information provided will be treated in the strictest confidence

**iCARE WORLD LTD** 

### PERSONAL DETAILS

# Please write in clear BLOCK CAPITALS Where there is YES/NO circulate the right answer

POSITION APPLIED FOR	

PERSONAL I	DETAILS		
Surname		Title:	Mr / Mrs / Miss / Ms Other title
Forename(s)		Date and place of birth:	
Address:		Tel. (Home)	
		Tel. (Mobile) Work(optional)	
E-mail address		National Insurance Nu	umber
Do you	hold a current full driving licence?	Do you have any cu	rrent endorsements?
	YES NO	<u>YES</u>	<u>NO</u>
employ a pers the U.K Are you entitle of Ireland, and	Immigration Act 1996 makes it illegal to son who is not entitled to live or work in ed to live and work in the UK or Republic d if appointed would you be able to otable documents to prove this?	<u>YES</u>	<u>NO</u>

N.B Acceptable documentation includes a passport showing that you are either a British citizen or a national of an EEA country, or passport or other document endorsed to show that you currently have the right to live and work in UK. Acceptable documentation also includes a document showing your **permanent NI** number combined with one of the following: a birth certificate issued in UK or Republic of Ireland, a letter or immigration Status Document issued by the Home Office indicating you currently have the right to live and work in UK or republic of Ireland, a certificate of registration or naturalization stating you are a British Citizen. (Please note that there are other forms of documentation that are acceptable. Management will provide a list of these if you do not have any of the above listed documents)

<b>EDU</b> 0	> A TI			INING
EDU	$_{\mathcal{A}}AII$	UIV /	IRA	

Examinations Passed/Qualifications gained

		Please supply copies of certificates
TRAINING HISTOR	Y/PROFESSIO	ONAL STATUS
		Notes
		Please supply copies o certificates/membership details
Short Co	ourses Attend	ded
	Location	1
	Location/De	TRAINING HISTORY/PROFESSI Location/Details  Short Courses Atten Location

School/College/University

# PREVIOUS EMPLOYMENT DETAILS

Current/Last first. Must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).

recent/last employer	
Date Employed	
Nature of business	
Position held and reason for leaving	
Salary / Rate	
Name and address of Employer prior to the employer listed above	
Date Employed	
Nature of business	
Position held and reason for leaving	
Salary / Rate	
Name and address of employer prior to the employer listed above	
Date Employed	

Nature of business	
Position held and reason for leaving	
Salary / Rate	
Other Roles (use additional sheet)	
	riones. This may be taken from the work cituation, voluntary work, charity or

Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if insufficient space is available.

# ADDITIONAL INFORMATION

Do you have any mental or physical disal	bility or illn	ess (currently	or recurring) which	s relevant to
the post for which you are applying?	YES	NO		
If yes, please give details:				
VAII at a divistment of (if any ) read to be made	ala ta tlaa	raulda ar a sardua.		
What adjustments (if any) need to be maddisability?	de to the v	vorking enviro	nment to accommod	ate your
Please give details of <b>all</b> absences from v	work in the	e last 12 month	ns. except holidays	
<u> </u>			-, <sub>1</sub>	

Please give details of any illness/accider	nts/injuries in the last 2 years
REFERENCES	
REFERENCES	
You must provide references from vo	our two most recent employers. Please provide an
	pe contacted, therefore please inform the referees of the
	If you are unable to provide the required references,
please inform your interviewer imme	diately
Name:	
Address	
Address:	
Tel No:	
Terno.	
Job Title:	
Email	
Do you want us to contact your referee	

current or most recent employer

Previous employer to the one above

Name:

Address:

Tel No:

Job Title:

Email

Do you want us to contact your referee

#### Character Reference

Name:	
Address:	
Tel No:	
Email	
Relationship to you:	
Do you want us to contact your referee	

## NON OPTIONAL SECTION - Applicants Declaration - Read and understand before signing.

- 1. I confirm that the information given above is complete and correct, and that I understand that any incomplete, untrue or misleading information given to the employer will entitle the employer to reject my application, withdraw any employment offer made, or, if I am employed, dismiss me without notice
- 2. I agree that the employer reserves the right to require me to undergo a medical examination to assess my suitability to work

I CERTIFY THAT I HAVE READ AND UNDERSTOOD THE ABOVE AND THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT.

Signature:	Date	

Any appointment to the vacancy for which you are applying will be subject to a satisfactory Standard of Enhanced Level Disclosure form the Criminal Records Bureau. A conviction will not necessarily be a bar to obtaining the position.

#### iCARE WORLD LTD

#### **CONFIDENTIAL DECLARATION FORM**

Before you can be considered for appointment in a position of trust with iCARE WORLD LTD we need to be satisfied about your character and suitability.

Please read the following notes carefully before completing this declaration Form. If you require further information, please contact

Unity Business Centre iCare World Ltd, Suite 11 26 Roundhay Road Leeds LS7 1AB

Tel: 0113 450 3152/ 07503909575

All enquires will be treated in confidence.

iCARE WORLD LTD aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion, disability, sexual orientation, age or offending history. We undertake not to discriminate unfairly against on the basis of criminal conviction or other information declared.

Prior to making a final decision concerning your application, we shall discuss with you any information declared by you that we believe has a bearing on your suitability for the position. If we do not raise information with you, this is because we do not believe that it should be taken into account. In that event, you remain free to discuss any of that information or any other matter that you wish to raise. As part of assessing your application, we will only take into account relevant criminal record and other information declared.

The Data Protection Act 1998 requires us to provide you with certain information and to obtain your consent before processing sensitive data about you. Processing includes: obtaining, recording, holding, disclosing destruction and retaining information.

Sensitive personal data includes any of the following information: criminal offences, criminal convictions, criminal proceedings, disposal or sentence. The information that you provide in this Declaration Form will be processed in accordance with Data Protection Act 1998, and will only be used for the purpose of determining your applicant for this position. Once a decision has been made concerning you appointment, we will not remain this Declaration Form longer than is necessary.

This Declaration Form will be kept securely and in confidence, and access to it will be restricted to designated persons within iCARE WORLD LTD and other persons who need to see it as part of the selection process and who are authorized to do so.

Please ensure that you read the "Guidance Notes for Applicants" that accompanied your application form carefully before completing this Declaration Form. They provide you with further and more detailed information concerning how your application will be processed, and include details for which information about you will be processed, the persons to whom it will be disclosed and the checks that will be undertaken to verify the information provided before you are offered a position if your application is successful.

Please will you answer all of the following questions. If you answer 'Yes' to any of the questions, please provide full details in the space indicated. Please also use the space below to provide any other information that may have a bearing on your suitability for the position for which you are applying. You may continue on a separate sheet if necessary and you may attach supplementary comments should you wish to do so.

The position for which you have applied is exempted from the Rehabilitation of Offenders Act 1974. This means that you must declare all criminal convictions, including those that would otherwise be considered "spent".

With the exception of question 8 answering 'Yes' to any of the questions below will not necessarily bar you from appointment. This will depend on the nature of the position for which you are applying and the particular circumstances.

1. Are you currently bound over or have you ever been convicted of any offence by a court or court-Martial in the United Kingdom or in any other country?

Note: You do not need to tell us about parking offences.

#### NO/YES

If **YES**, please include details of the order bounding you over and/or the nature of the offence, the penalty, sentence or order of the court and the date and place of the Court hearing.

2. Have you ever received a police caution, reprimand or final warning?

#### NO/YES

If YES, please include details of the caution, reprimand or final warning, including the date and reason administered.

3. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?

Please note: you must inform us immediately if you are charged with any offence in the United Kingdom or in any other country after you complete this form and before taking up any position offered to you. You do not need to tell us if you are charged with parking offences.

#### NO/YES

If **YES**, please include details of the nature of the offence with which you are charged, date on which you were charged and details of any on-going proceedings by a prosecuting body.

4. Are you aware of any current police investigation in the United Kingdom or in any other country following allegations made against you?

#### NO/YES

If **YES**, please include details of the nature of the allegations made against you and if known to you, any action to be taken against you by the police.

5. Have you ever been dismissed by reason of misconduct from any employment office or other position previously held by you?

#### **NO/YES**

If **YES** please include details of the employment, office or position held, the date that you were dismissed and the nature of allegations of misconduct made against you.

6. Have you ever disqualified from the practice of a profession or require to practice subject to specified limitations following fitness to practice proceedings by a regulatory or licensing body in the United Kingdom or in any other country?

#### NO/YES

If **YES** please include details of the nature of the disqualification, limitation or restriction, the date and the name and address of the licensing or regulatory body concerned.

8. Are you subject to any other prohibition, limitation, or restrictions that means we are unable to consider you for the position for which you are applying?

#### NO/YES

If **YES** please include details of the nature of the prohibition, restriction, or limitation when and by whom it was made.

If you have answered "**YES**" to **any** questions above, please use this space to provide details. Please indicate **clearly** the number(s) of the question that you are answering:

#### **DECLARATION**

I have read the "Guidance Notes for Applicants" that accompanied my application form, and I consent to the information provided in this Declaration Form being used by iCARE WORLD LTD for the purpose of assessing my application.

I confirm that the information that the information that I have provided in the Declaration Form is correct and complete. I understand and accept that if I withhold information or provide false or misleading information this may result in my application being rejected, or if I am appointed in my dismissal.

Please sign and date this form.	
SIGNATURE	-
NAME (in block capitals)	
DATE	

Note: if you wish to withdraw your consent at any time after completing this Declaration Form, please contact iCARE WORLD LTD on: 0113 450 3152 / 07503909575

## **EQUAL OPPORTUNITIES**

oppose discrimination on the grounds of rac	osed to discrimination on any grounds. In particular, we ce, religion, ethnic origin, sex, sexuality, marital status, mmitted to ensuring that ability and potential for the job are	
Monitoring		
Opportunities Commission for Racial Equal Opportunities Commission that employers s to assess whether equal opportunities is be	contained in the Code of Practice published by the Equal ity and the Code of Practice published by the Equal should regularly monitor the effects of selection decisions ing achieved. For this purpose you are asked to your application form. This information is for statistical ntial.	
Applicant Details:		
Post Applied For:	Location:	
My Sex Is:  Male Female	My Marital Status Is:  Single Married Separated Divorced Widowed Co-Habiting Other	
I would describe my ethnic origin* as:  White  □ White British □ White Irish □ White Other	Black or Black British  Caribbean  African  Other	
Asian or Asian British  Indian Pakistani Bangladeshi Other	Chinese or other Ethnic Group  Chinese  Other	
Do you consider yourself to have a disability Yes	y?	

□ No "Ethnic Origin" refers to a racial group defined by the Race Relations Act 1976 as a group of persons described by reference to colour, race, nationality or ethnic origin.