



Web: www.sovereigncs.co.uk
E-mail: admin@sovereigncs.co.uk
Tel: 02082281106 / 07907983893

Sovereign Care Services

Sovereign Care Services Application form

Vacancy title:

Please tell us how you heard about this vacancy:

1. Personal details

Last name:

First name:

Address:

Postcode:

Telephone No.

Mobile No.

E-mail address:

National Insurance No.

Driving Licence

Yes No

Do you hold a full, clean driving licence valid in the UK?

2. Preferred hours

Please tick

Full-time

Part-time

We like our employees to be able to work flexibly across the week and need to know when other commitments mean you could not be available to work:

Please tick when you are unavailable:

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

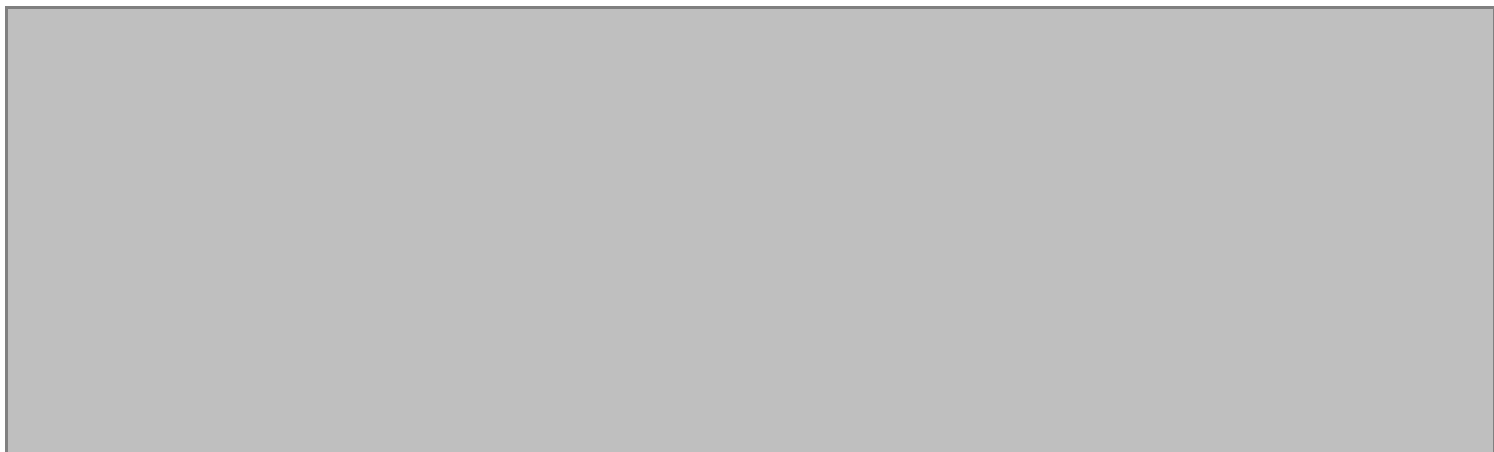


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3. Education/Qualifications

School (11+)	Study dates	Qualification and Grade	Date obtained
College/University	Study dates	Qualification and Grade	Date obtained
Ongoing Professional Development	Study dates	Qualification and Grade	Date obtained





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Training and Development

Please use the space below to give details of any training or non-qualification based development which is relevant to the post and supports your application.

Training Course	Course Details (including length of course/nature of training)

Current Membership of any Professional Body/Organisation

Please give details:

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4. Employment history

Previous employment: Please include any previous experience (paid or unpaid), starting with the most recent first.

Current or most recent employer

Name of employer:

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Address:

Postcode:

Position held:

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Date started:

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Leaving date:

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Reason for leaving:

--

Salary on leaving this post:

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Contact name of line manager for reference:

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Brief description of duties:

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Previous employer

Name of employer:

--

Address:

Postcode:

Position held:

--

Date started:

--

Leaving date:

--

Reason for leaving:

--

Salary on
leaving this post:

--

Contact name of line manager for
reference

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Brief description of duties:

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5. Information in support of your application

Skills, abilities and experience

Please use this section to demonstrate why you think you would be suitable for the post by reference to the job description and person specification (and by giving examples and case studies). Please include all relevant information, whether obtained through formal employment or voluntary/leisure activities. Attach and label any additional sheets used. See guidance sheet for further information.

Continue on a separate sheet if necessary

6. Convictions/ Disqualifications

Rehabilitation of Offenders Act 1974 (Exceptions)(Amendment) Order 1986

We would draw your attention to the following statement:-

“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, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act”.

Please provide details below if you have been convicted of a criminal offence or been the subject of a conditional discharge or probation order. (Past criminal proceedings are not necessarily an obstacle to taking up a post. This occurs only where the offence/s is/are deemed relevant. Any details will be discussed with you should you be the successful candidate based on your supporting statement, interview and tests).

7. Reasonable adjustments/Arrangements for interview

Are you subject to any conditions relating to your employment in this country?

YES/NO

If "yes" please use the space below to tell us what these are?



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If appointed when could you start? Give period of notice if applicable

8. References

Please give the detail of **two** references – see guidance sheet for further information.

Name of referee
and relationship to
you:

Address:

<input type="text"/>	
<input type="text"/>	
Email:	Tel:

Postcode:

Name of referee
and relationship to
you:

Address:

<input type="text"/>	
<input type="text"/>	
Email:	Tel:

Postcode:



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9. Bank or Building Society Details

Name of Bank or Building Society:	
Account Holders Name:	
Sort Code:	
Account Number:	
Building Society Ref Number (If Applicable):	

10. Declaration:

Statement to be signed by the applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I agree that Sovereign Care Services Ltd can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the Data Protection Act 1998.

I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.

Signed:

Date:



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Guidance sheet

Please read through the following guidelines that will help you complete the application form.

- Complete all sections of the form.
- Make sure the form is tidy and try to avoid mistakes by writing out a version first to make sure you are happy with the information you are providing. Always read through your final version before you send it.

To complete your application:

- Please type or write clearly in black or blue ink.
- Ensure you clearly state the job title you are applying for.
- In the 'Employment history' section you must state why you have left a position.
- Always explain any gaps in work history.
- Proof of qualifications and membership to professional bodies may be required.

References

We will take up professional references once you have been interviewed and **provisionally** offered the post. Please make sure that you have given the full contact details of your referees so that this does not delay processing reference requests.

If you have no employer references, we will take up references with named individuals at colleges where you have studied, or people who know you in a professional capacity. Please do not put down family members or people you live with as referees.

You will only be confirmed in the post once we are satisfied with the information received from your referees.

Supporting Statement

The 'Why you feel you are suitable for this position' part of the form is called your *supporting statement*. It is the most important part of the application form.

You should consider the following:

- Applications can only be assessed on the information you provide. You need to clearly demonstrate your capabilities.
- You need to explain how you meet each of the person specification points and provide examples from your previous experience. Do not forget to present this in relation to the job description.
- Often the strongest applications are those that link the three elements highlighted above and are presented in a clear format (e.g. numbered points that correspond to person specification).
- We expect your supporting statement to be a minimum of $\frac{3}{4}$ of a side of A4 and a maximum of 2 sides.
- Honesty is always the best policy; please do not make false claims.
- If you are making a career change, stress what skills are transferable to the role you are applying for.
- Ensure you return your application in good time before the closing date - aim for the day before the deadline.
- Use concise, unambiguous sentences and avoid exaggerations.

Thank you for your interest in Sovereign Care Services Ltd.