

Application Form

Once completed please return this form to: ann.wilson@enhanceable.org or post to:
 Recruitment, EnhanceAble, 13 Geneva Road, Kingston upon Thames, KT1 2TW

Post Applying For:	
Title (Ms, Miss, Mrs, Mr):	
First Name(s):	
Middle Name(s):	
Surname:	
Telephone Number:	
Email Address:	
Home Address:	

Employment History				
Employer	Position	Date (from – to)	Salary	Reason for Leaving

Qualifications		
Qualification	Name of Body	Date

References	
Please give the names of 2 professional referees, 1 should relate to your most recent employment. If you do not have 2 professional referees we can accept 1 character reference.	
Name: Position: Email Address: Phone Number: Address:	Name: Position: Email Address: Phone Number: Address:
May we contact your referees now?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Experience

Please summarise why you feel you are suitable for this post. We recruit based on a combination of values, life experience and professional experience.

Availability and Practical Questions

We can only consider your application if your availability and practical question answers match the relevant requirements on the job advertisement, job specification and job description.

How many hours per week are you available to work?

Days Available:

Do you hold a manual or automatic clear UK driving licence?

Are you available to work sleep in shifts?

How much notice do you need to serve in your current job?

Are you on the DBS update service or received an Enhanced DBS certificate in the last 2 weeks?

Yes

No

Due to the nature of this post please confirm whether you have at any time been convicted of a criminal offence, if yes, please give details. If we make you an offer we will complete an Enhanced DBS application for you.

Yes

No

Equal Opportunities

EnhanceAble's policy on equal opportunities requires that recruitment and selection procedures are fair to everyone and that applicants are judged only on their ability to do the job for which they are applying. We would be grateful if you would provide the information requested below. This information will be detached before the selection process begins. The information it contains will be treated in the strictest confidence, for statistical purposes only, to monitor the effectiveness of the equal opportunities policy.

Name:

Date of Birth:

Do you have a disability? If yes please give brief details:

Ethnic Origins:

Sexual Orientation:

Dietary Choices e.g. vegan:

Confidential Health Declaration	
How many days off work have you had due to illness and medical appointments in the last year?	
Name of GP:	
GP Address:	
Have you had your covid-19 vaccination?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please confirm the date/s of vaccinations?	
Would you be willing to have the covid vaccine in order to take up this post?	
Epilepsy	<input type="checkbox"/>
Regular Fainting	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>
Rubella	<input type="checkbox"/>
Polio	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>
Heart Condition	<input type="checkbox"/>
Do you have any health issues that may affect your ability to fully meet the person specification or job description for this post?	

Declaration

By signing this application form I am confirming the following:

- All the information in this form is accurate to the best of my knowledge.

- I understand that if I have not given full and open disclosure in any section of this form it may result in me not being recruited by EnhanceAble or being dismissed in the future if employed.

- I confirm that I have read, understood and I am able to meet and carry out all elements and duties of the job description and person specification.

Signature (Type or Sign Name):

Date: