



DERBYSHIRE CARERS ASSOCIATION

White House, The Willows, Slack Lane, Ripley, Derbyshire DE5 3HF
Tel: 01773 743355 : Fax: 01773 512288 : Email: derbyshirecarers@btconnect.com

Application for the position of:	FOR OFFICE USE ONLY
<input type="text"/>	Applicant Reference No:
	Ack:

Please complete every section of this form in BLACK INK or TYPE

This form is the only acceptable format for an application: no other document, e.g. 'CV's', will be considered. DCA operates an equal opportunity policy to ensure that all people who apply for posts with DCA receive equal treatment in employment regardless of their age, sex, marital status, disability, sexual orientation, race, creed, colour or national origin. DCA does not however employ people over the retirement age of 65 years.

1. PERSONAL DETAILS

SURNAME (block capitals please) FORENAME(S) PREFERRED TITLE (Mr, Mrs, Ms etc)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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MAILING ADDRESS

CONTACT INFORMATION

Daytime

Evening

Mobile

E-mail

2. PRESENT EMPLOYER

Employer's name and address

Your Job title

Job held:

Brief description of duties

Date you started employment

Current Salary

Notice required to terminate

3. EMPLOYMENT RECORD

Please give details of previous employment, details of dates and a brief description of duties, starting with your most recent employment.

Name of Employer	Period of employment	Brief description of duties	Reason for leaving
	From		
	To		

4. EDUCATION AND TRAINING

Please give details about any education and training received in this country or abroad and qualifications obtained with dates (if any).

Dates attended	Name of Establishment	Course(s)	Qualification
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5. MEMBERSHIP OF PROFESSIONAL BODIES

Status	Date obtained	Registration No
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6. EXPERIENCE

Please give further details of previous experience and any other information which you consider relevant (use a continuation sheet if necessary).

7. BRIEFLY STATE YOUR REASONS FOR APPLYING FOR THIS POST

8. SICKNESS RECORD

Please indicate how many days taken in the last two years.

9. REFERENCES

Please list two referees. One referee should be your present or previous employer.

Name	Name
Designation/Position	Designation/Position
Address	Address
Telephone Number	Telephone Number

If you are chosen for interview, do you object to your present employer being contacted before an offer of employment is made?

10. SUPPLEMENTARY QUESTIONS

Do you own or have access for a car? Do you hold a current driving licence?
If you hold a current, valid driving licence, state type held

11. DISABILITY

Derbyshire Carers Association wishes to encourage and assist people with disabilities to obtain appropriate employment.

Are you a disabled person?

Disability is 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. Derbyshire Carers Association will make reasonable changes to the workplace and to employment arrangements so that a disabled person is not at any substantial disadvantage compared to non-disabled people.

12. STATEMENT

If you have been convicted of any offence against the Criminal Code, it is your duty to make the nature of this conviction known.

To the best of my knowledge and belief, the information contained in this form is accurate.

Signature:

Date:

If you are completing this form electronically and emailing it to us we will ask you to sign the form if you are sent for interview.

ADVERTISEMENT

Please state where you learned of this vacancy

This application can only be acknowledged if a stamped addressed envelope is enclosed