



# SHARED APPROACH LIMITED



INVESTOR IN PEOPLE

Please complete this application form by hand

<b>Surname</b>	<b>Forenames</b>	<b>Title Mr Mrs Miss Other</b>
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<b>Address</b>	<b>Tel. No.</b>
	<b>Valid car driving licence?      Yes      No</b>

<b>Closing Date:</b>	<b>Post Applied for:</b>	<b>BANK</b>	<b>Full time (35 hours)</b>	<b>Part Time</b>	<b>Term Time only</b>	<b>Nights</b>
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## EMPLOYMENT HISTORY

Please provide details of at least the past 5 years of previous employment. Please explain the reasons for any break in employment. Include any voluntary work.

EMPLOYER	CAPACITY EMPLOYED IN	FROM	TO
		Mth/Yr	Mth/Yr

QUALIFICATIONS	LEVEL	
SPECIAL TRAINING AND SHORT COURSES	FROM	TO
<p>This post is exempt from the Rehabilitation of Offenders Act 1975 and does not apply in this instance, all convictions and cautions no matter when committed must be declared, failure to declare this information or the making of a false declaration could constitute a criminal offence.</p>		

Have you ever been convicted of a criminal offence or cautioned? Please include Driving Offences.  
 Yes/No (delete where appropriate)

**If YES please give details.**

Signed \_\_\_\_\_

## HEALTH DECLARATION

Do you or have you ever suffered within the last 3 years from any physical illness, disability or impairment which would affect your ability to care for these people who are the subject of this application.

YES/NO (If yes please give details)

Please give names, addresses and telephone numbers of two people to whom references can be made, who are not related to you and should be able to comment on your capacity to provide services as a Support Worker. One should be your present or last employer. **Please tick the box if you do not want your referees to be contacted without your prior permission.**

<input type="checkbox"/> Name:  Address:   Tel. No.  In what capacity have you known this person	<input type="checkbox"/> Name:  Address:   Tel. No.  In what capacity have you known this person
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Period of notice required in present employment \_\_\_\_\_

Do you consider yourself to be disabled?                      Yes                       No

This information is needed so all applicants, who have a disability and meet the minimum criteria for this position, are offered an interview.

If yes, are you registered?    Yes     No

All applicants who have a disability and meet the minimum criteria for the job will be interviewed.

Where did you see the post advertised?  
(If newspaper please state)

Have you previously applied for a post at Shared Approach?                      Yes/No  
(If YES please give approximate date)

**Why do you feel you would be suitable for this post?**

(e.g. details of personal/professional experiences)

**The additional information given will help your application at the shortlisting stage**

**I confirm that the information in this application is correct and I am over 18 years of age.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return to: **Shared Approach Ltd  
Unit 2, Creamery Estate  
Kenlis Road  
Barnacre  
Garstang  
PR3 1GD**