

University/College	From	To	Exams passed - Subject	Grades	Year
Relevant NVQ's Obtained			Other relevant qualifications obtained		

Employment History (must go back 5 years)			Please complete all sections		
Current or Most Recent	From	To	Position	Notice Period	Reason for Leaving
Name: Address: Salary:					
Previous Employer:	From	To	Position	Notice Period	Reason for Leaving
Name: Address: Salary:					
Previous Employer:	From	To	Position	Notice Period	Reason for Leaving
Name: Address: Salary:					

(Please attach extra sheets if you require more space or use the Additional Information page at the back)

About You	
Why would you like to work for Highpoint Care?	
How can you make a positive difference to our residents lives?	
What will the residents like about you?	

References *			
	Current/Most Recent Employer	Previous Employer	Personal Reference
Company Name			
Position			
Address			
Telephone			
Fax			
Email			

Please do not contact until confirmed:

Please provide the names and addresses of three referees, one of whom must be your current or most recent employer and one other previous employer. The other should be a personal referee, someone who knows you well. Please do not give the names of a relative as a referee. If you are known by a former name please supply the name by which you were known. We can not process your application unless you provide this.

Further Information	Please complete all sections	
Are you facing any criminal prosecutions?	Yes - give details	No
Do you have any spent/unspent convictions or cautions under The Rehabilitation of Offenders Act 1974?	Yes - give details	No
Have you been dismissed from any employment?	Yes - give details	No
Have you ever been or are you currently going through any investigation or disciplinary action?	Yes - give details	No
What period of unauthorised absence have you had in two years?	Please give detail	
Are you currently able to conduct the job you are applying for?	No - please give details	Yes
Can we make any reasonable adjustments to avoid you being at a disadvantage in the work place?	Yes - please give details	No



highpointcare
quality care tailored to you

Application Form

Thank you for your interest in job opportunities with Highpoint Care.

*Please complete **all** sections of the application for in **black ink***

Additional Information to support your application

Personal Details		Mr / Mrs / Miss / Ms			Please complete all sections		
Surname:		Phone Number	Home	Mobile			
First Names:							
Address:		Previous* address: (if current address less than 5 years)					
Postcode:		Email:					
Length of time at address:		National Insurance No.					
Date of Birth: (Optional)		Drivers Licence:	Yes / No				
Give details of Work Permits, VISAs, Leave to Remain etc that allow you to work legally in the UK - include expiry dates.							

The Job you are applying for:		Please complete all sections		
Position/s:		How did you hear about the vacancy? (Please circle)	Advert Job Centre Website Online	Leaflet Banner Friend
Preferred Shift	Days Nights Eves F/T/P/T			
Care Home:		Do any members(s) of your immediate family currently work at Highpoint Care (Please circle and if yes list names)	YES/NO	1. 2. 3.

Education & Training: Please complete all sections					
School Attended	From	To	Exams passed - Subject	Grades	Year

Declaration

I confirm that the information provided on this application form is true and complete, and that I am legally entitled to work in the UK.

I understand that any false statements or deliberate misrepresentations will be regarded as grounds for disciplinary action and/or termination of my employment.

I understand that any offer of employment is subject to satisfactory references and DBS checks, and I authorize Highpoint Care to obtain references to support this application once an offer has been made and accepted

I understand that any information given in relation to my application will be held by the Company and falls within the provisions of the Data Protection Act 1998. I also give my consent for my personal information being retained and used to process my application for employment.

Signed	Date
Print name	

Please return application form to:
Colliers Croft Care Home
 161 Clipsley Lane
 St Helens
 Merseyside
 WA11 0JG