

## APPLICATION FORM

DATE COMPLETED:

Section 1: Personal Details			
Title	Surname	Forename(s)	
Address			
Mobile		Email address	
Date of Birth		National Insurance No:	
Country of Birth		Passport No. & Expiry	
Emergency Contact 1		Emergency Contact 2	
Name		Name	
Address		Address	
Tel		Tel	
Relationship to Emergency Contact 1		Relationship to Emergency Contact 2	
Driving License Number		Usual Mode of Transport	
DBS Number		DBS Date	



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Password for CMS and for opening password protected emailed payslips: \_\_\_\_\_

This information will be destroyed once the password has been set up on Payroll and CMS



Section 3: Shift Patterns		Please indicate your work preferences by placing an X next to the relevant box					
Daytime		Evenings		Nights		Weekends	
Week Day		Full Time		Part Time			

#### Section 4 References

Please supply the names and contact addresses of two referees, one of whom must be from your current or most recent place of employment, preferably a position more senior to your own. The other can be a personal (non-work) reference.

##### First Referee

Name	
Job Title	
Address	
email	
Telephone	
Length of time known to you	

##### Second Referee

Name	
Job Title/ Relationship	
Address	
email	
Telephone	
Length of time known to you	

#### Section 5: Equal Opportunities Statement

The Knoll Care Partnership Ltd is committed to a policy of equal opportunities for all work seekers and shall adhere to this policy at all times. We continuously review all aspects of our recruitment practices to avoid unlawful or undesirable discrimination. We will treat everyone equally irrespective of sex, sexual orientation, marital status, age, disability, race, colour, ethnic or national origin, religion, political beliefs or membership or non-membership of a trade union and we place an obligation upon all our staff to respect and act in accordance with the policy. The Knoll Care Partnership Ltd shall not discriminate unlawfully when deciding which candidate/temporary worker is submitted for a vacancy or assignment, or in any terms of employment or terms of engagement for temporary workers. The Knoll Care Partnership Ltd will ensure that each candidate is assessed only according to their merits, qualifications and ability to perform the duties required by a particular vacancy.

Section 6: Final Statement and Declaration

I hereby confirm that the information given is true and correct and I consent to references being sought. I understand that an offer of probationary employment will only be made after relevant checks have been processed, satisfactory references are received and I have attended an interview/ Induction.

PRINT NAME	
Signature	
Date	

Please return your completed form to our head office address at:

**The Knoll  
109 Church Road  
Urmston  
Manchester  
M41 9FJ**