



EMPLOYMENT HISTORY

Please provide details of your employment history starting with your last, current, or most recent employer. Please include details of any voluntary work and explain any gaps in employment history.			
Employer's name, address & brief description of organisation	Dates of Employment	Job Title and outline of duties	Reason for Leaving
Please provide details of any gaps in your employment history below:			
Gaps/ Absence Period Dates	Details/ Explanation		

PERSONAL STATEMENT

Using the Job Description and Person Specification as a guide, please provide details of why you are applying for this role ensuring any information which will help us consider your application (including details of relevant skills, knowledge, and experience). ***(Please limit your response to maximum 4 pages of A4 as the box below expands)***

REFERENCES

Please provide details the name and address of two people who are willing to act as referees preferably your present or most recent employers. Referees must not be related to you. Referees will not be contacted unless an offer of employment is made.			
Names of Referees	Job Title & Organisation	Address (including full postcode)	Telephone & Email

CONFIDENTIAL INFORMATION

Please note that this will not be used to assess your eligibility for the position.	
Do you consider yourself to have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please tell us if there are any reasonable adjustments, we can make to assist you in your application or with the recruitment process.	

PROTECTION OF VULNERABLE ADULTS SCHEME – CARE STANDARDS ACT

Have you ever knowingly been the subject of any investigation or enquiry into an allegation of possible abuse of a child or vulnerable adults?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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ELIGIBILITY TO WORK IN THE UK

Do you have evidence of your entitlement to live and work in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a visa to work in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what type? (Please provide the expiry date:	

REHABILITATION OF OFFENDERS

Declaration subject to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) Please include cautions, convictions reprimands and final warnings.	
Have you ever been convicted of a criminal offence or are you currently the subject of police investigation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:	

OAKonsult APPLICATION FORM



WORKING TIME REGULATIONS

If you are successful in this application, will you continue to work for another employer?	Yes	No
If yes, how many hours a week?		

YOUR DETAILS

Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other (Please State):
Surname:					First Name:	
Date of Birth					Nationality	
Home Address (Including Post Code)						
Home Telephone Number						
Mobile Telephone Number						
E-mail Address						
Are you related to or do you have a personal relationship with an employee of OAKonsult?	Yes <input type="checkbox"/>				No <input type="checkbox"/>	
If yes, please provide the details i.e., Name, Position and Nature of relationship						

DECLARATION

I hereby declare that the information I have provided in this application to the best of my knowledge, is true and correct. I consent to OAKonsult Disabilities Outreach processing my personal including sensitive information in this application and can be treated as part of any subsequent Contract of Employment.	
Signature:	
Date:	

Please submit your completed application form via e-mail to: info@oakonsult.org

For any enquiries or clarifications, please e-mail info@oakonsult.org or call: 07984 489535.