

Criminal Records Bureau and Protection of Vulnerable Adult List Check

Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (SI 1975 No.1023) as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Orders 1986 (SI 1986 No.1249 and SI 1986 No.2268)

Due to the nature of the work you have applied for, Section 4 of the Rehabilitation of Offenders Act provides for exceptions to be made from the general rules by order in the disclosure of spent or current criminal convictions. By virtue of this order, as your prospective employer, we therefore require that you disclose any such convictions on this form. As DISCLOSURE forms part of our recruitment process, the Company encourages all applications selected for interview to provide details of any criminal record at an early stage in the application process. We ask that this information is declared initially on THIS FORM and returned to the designated person within Four Seasons Health Care. We guarantee that this information will only be seen by those who need to see it as part of the recruitment process. All job offers are conditional and subject to an enhanced check via the Criminal Records Bureau. If you are successful in your application and offered a post, a Disclosure Application Form will be issued. The disclosure fee for new employees is £33.00, which will be deducted from your wages, should you leave the Company's employment within 6 months of your start date.

Additionally, if you are offered employment, the Company must apply to the Secretary of State to confirm that you do not appear on the list of people excluded from working with vulnerable adults - the Protection of Vulnerable Adults List. It is an offence for you to apply for employment working with vulnerable adults knowing that you are on this List.

1. Do you have any current or spent criminal convictions or are you subject to any conditional discharges, bindovers or cautions? (please tick box)

YES NO

2. Have you ever been, or are you currently listed on the Protection of Vulnerable Adults List as someone excluded from working with vulnerable adults (please tick box)

YES NO

3. If you have ticked YES in any of the above boxes, please provide details on the nature of the conviction or convictions, or POVA listing below:

Applicants Declaration

I declare that all of the information provided in this Application Form is true and correct, and that once employed, the Company reserves the right to terminate my employment at any time if any declaration proves to be incorrect or untrue.

Signature: _____ Date: _____

APPLICATION FOR EMPLOYMENT



IN CONFIDENCE

A copy of your Curriculum Vitae in support of this application is: ESSENTIAL PREFERRED NOT REQUIRED

Application for Employment as:

Position: _____
Location: _____

PERSONAL DETAILS

Mr/Mrs/Miss/Ms

Surname: _____
Forename(s): _____
Address: _____

Postcode _____
Telephone _____ HOME
_____ MOBILE/WORK
Email _____
Nat. Ins. No. _____
Date of Birth _____
Do you hold a current Driving Licence? YES/NO

EDUCATIONAL QUALIFICATIONS

Subject	Level	Date	Grade

PROFESSIONAL QUALIFICATIONS

Qualification	Where Obtained	Date

Partly completed qualifications may be included but should be clearly distinguished

PROFESSIONAL REGISTRATION _____
PROFESSIONAL BODY _____
P.I.N. NUMBER _____
DATE REGISTERED _____
EXPIRY DATE _____

PRESENT & PREVIOUS EMPLOYMENT

Name & Address of Present or Most Recent Employer	Position Held		Salary	Period of Employment	
	From	To		FROM	TO

Place of Previous Employment	From	To	Position/Grade	Reason for Leaving

continue on a separate sheet if required

