

## Application Form

Dolphin Homes are a high quality care service, who are passionate about supporting adults with learning disabilities. We want to recruit people who are able to encourage a workplace culture based on respect and dignity for those in need of care and support and, who share our values. Thank you for taking the time to fill in our application!

Full Name	
Job Title (Position) Applied For & Hours	
Location Applying For	
Applicants Address Inc Post Code	
Phone	
Email	
Current Notice Period	

### Information in support of your application

Please include any skills, experience and qualifications you have acquired that can support this application whether within the working environment or outside.

Do you consider yourself to have a disability? YES  NO

Please tell us if there are any 'reasonable adjustments' we can make to assist you in your application or with our recruitment process

Do you need a work permit to work in the UK? YES  YES WITH RESTRICTIONS (20 hrs a week)   
 NO

**Work History**

Please include your full employment history since leaving education (continue on a separate sheet if necessary)  
 Please begin with your present or most recent position. **Please explain any gaps in your employment** (looking for work etc)

From (month and year)	To (month and year)	Employer Name and You Role within Company	Reason for leaving

**Additional Work History**

### Gaps in work History

### References

Please give the names and addresses of three people as Referees, one of these must be your current/most recent employer. Please note that we will not contact your referees until we have had your permission

First Referee Current / Recent Employer	Second Referee Ex Employer	Third Referee Ex Employer or known for 5 years and not related to you
<b>Name &amp; Company:</b>  <b>Their Job Title:</b>    <b>Telephone No &amp; Email Address:</b>   <b>Position held in relation to you:</b>	<b>Name &amp; Company:</b>  <b>Their Job Title:</b>    <b>Telephone No &amp; Email Address:</b>   <b>Position held in relation to you:</b>	<b>Name &amp; Company:</b>  <b>Their Job Title:</b>    <b>Telephone No &amp; Email Address:</b>   <b>Position held in relation to you:</b>

**Confirmation of Mandatory COVID Vaccination Status**

I have had both my Covid 19 Vaccinations on the following dates:

Date of 1 <sup>st</sup> Vaccination	
Date of 2 <sup>nd</sup> Vaccination	

I have had my 1<sup>st</sup> Covid 19 Vaccination and have the 2<sup>nd</sup> Vaccination booked

Date of 1 <sup>st</sup> Vaccination	
Appointment date for 2 <sup>nd</sup> Vaccination	

Any other comments:

**Rehabilitation of Offenders Act 1974**

In order to protect the public, the post you have applied for is exempt from certain provisions of the Rehabilitation of Offenders Act 1974. You are therefore required to disclose all and any past or pending charges, cautions or convictions, spent or otherwise. All information provided will be kept in the strictest of confidence and only used for the purpose of assessing the suitability for the post applied for

Please specify full details of ALL and any past or pending charges, cautions or convictions, whether spent or otherwise (if you have no past or pending charges please specify "None")

I confirm that to the best of my knowledge the information I have provided on this form is correct and I accept that providing deliberately false information could result in the rejection of your application.

Name	
Signature	
Date	