



**Application Form**  
**Prime Care**  
 77 Eglantine Avenue  
 Belfast BT9 6EW  
 Telephone: 02890 663566  
 Fax: 02890 663784  
 primecareservice@btconnect.com  
 Website: www.primecareltd.co.uk

**Personal Details**

<b>Title:</b>	<b>Forename:</b>	<b>Surname:</b>
		<b>Maiden Name:</b>
<b>Home Address:</b>		
<b>Please list all previous addresses:</b>		
<b>Daytime telephone:</b>	<b>Home Telephone:</b>	
<b>Mobile Number:</b>	<b>Email address:</b>	
<b>National Insurance Number:</b> /    /    /		
<b>Do you hold a current and full driving licence?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do you have car insurance which covers you for business use?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do you have car for work ?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Current status of Work Permit/Visa(If applicable)**

**Workers Registration with Home Office (if applicable)**

**Education and Training**

**Please list qualifications/training courses attended**

<b>Name &amp; Address of School or College Attended</b>	<b>Subject</b>	<b>Level Attained</b>	<b>Grade</b>	<b>Year</b>

**Employment History: Current Post**

Name and Address of Current Employer: (if applicable)		
Job Title:	Department (including location) of post:	
Start Date:	Current Salary:	Notice period:
Brief description of duties and responsibilities:		

**Employment History**

Name and Address of Employer	Position/Grade	Duties	Reason for Leaving	Salary	Dates of Employment	
					From	To

**Gaps In Employment**

It is a requirement to account for any Gaps in Employment. Please do so using the table below. If you require more space, please continue on a separate sheet of paper.

I have no Gaps in Employment to declare

Dates From	Dates To	Reasons for Gaps in Employment

**References**

Please name **two referees, one of whom should be a recent employer** who has knowledge of your current work and be in a supervisory/managerial capacity (Relatives or friends should not be named as a referee). In all instances references will be taken up unless a specific request is made by you not to do so.

<b>Name:</b>	<b>Name:</b>
<b>Position:</b>	<b>Position:</b>
<b>Address:</b>	<b>Address:</b>
<b>Postcode</b>	<b>Postcode</b>
<b>Telephone No.:</b>	<b>Telephone No.:</b>
<b>E-Mail Address:</b>	<b>E-Mail Address:</b>

**OFFICE USE ONLY**

Verification of authenticity of References : Yes/No

How did you hear about Prime Care? Please circle : NI Jobs / Job Centre Online / Jobs & Benefits Office / Word of Mouth / Local Newspaper / Flyer / Prime Care Website / Other – Please specify below:

Do you have a second job and if so, what hours per week do you work?

Next of kin and Relationship to next of kin:

Next of Kin address and contact number:

Please confirm your registration status with a Regulatory Body(eg Northern Ireland Social Care Council)

Registered : Yes/No      Date of Registration:

**Rehabilitation of Offenders (Northern Ireland) Order 1978**  
**Rehabilitation of Offenders (Exceptions) Order 1979**

By virtue of the Rehabilitation of Offenders (exceptions) Order 1979 and because of the nature of the work for which you are applying, this post is exempt for the previous of Article 5 of the Rehabilitation of Offenders (N.I.) Order 1978.

Accordingly you are not entitled to withhold information about convictions which you would otherwise be considered as “spent” under the provisions of the 1978 Order. Failure to disclose such information could result in dismissal or disciplinary action in the event of employment.

**A more detailed guide to the Order is available from the Northern Ireland Office.**

The post for which you have applied involves a substantial access to children/adults with a learning disability. Before appointing anyone to such a post, it is our policy to ask for a check to be carried out by Access NI. The purpose of the check is to make sure that people not appointed who might be a risk to children/people with a learning disability.

The check will then let us know whether you have a criminal record, or whether Access NI holds any other information about you which might have a bearing on your suitability. Any information which we receive will be treated confidentially, and will be discussed with you before we make a final decision. After that decision is made the information will be destroyed. A criminal record will not necessarily be a bar to obtaining a position.

We only ask for the check if your application is successful and we are thinking of appointing you. However you must tell us now if you have ever been convicted of a criminal offence, or cautioned by police, or bound over.

You must include all offences, even minor matters such as motoring offences and “spent” convictions, that is, things which might have happened a long time ago. If you leave anything out it may affect your application.

Please complete overleaf to give us this information and return it with your application form. The form also asks you to give written consent to An Access NI Check. Please note that if you do not consent we will not accept your application.

**CONSENT TO THE PROTECTION OF CHILDREN (NI) (ACCESS NI) AND PROTECTION OF VULNERABLE ADULTS (NI) (ACCESS NI) CHECK**

**(Please complete all sections where appropriate and ensure this form is dated and signed.)**

Do you have any prosecutions pending? **\*Yes/No (\*delete as appropriate)**

Have you even been convicted at a court or cautioned by the police for any offence?  
**\*Yes/No (\*delete as appropriate)**

Have you ever been involved in an abuse case, or have you ever been involved in a police investigation with regards to abuse? **Yes/No (\*delete as appropriate)**

If Yes, please list below, details of all pending prosecutions, convictions, cautions, or bindover orders. Give as much information as you can, including, if possible, the offence, the approximate date of the court hearing and the court which dealt with the matter.

Is there any reason why you cannot work with children and/or vulnerable adults?

I understand that an Access NI Disclosure Check must be carried out before my appointment can be confirmed. This has been explained to me and I am aware that spent convictions may be disclosed. I declare that the information I have given is accurate and I consent to the check being made.

Signature.....

Date.....

If you require any further information or guidance you can access Access NI website on [www.nidirect.gov.uk/accessni-criminal-record-checks](http://www.nidirect.gov.uk/accessni-criminal-record-checks). Prime Care has a copy of the codes of practice if you require a copy or you can download a copy from Access NI's website.

**DECLARATION OF APPLICANT**

**I understand and accept that all the particulars given on this application form are complete and correct to the best of my knowledge, and I understand that any candidate found to give false information or to have willfully suppressed any material will be liable to disqualification and if appointed, dismissal I can confirm that I understand training is not an offer or a guarantee of work and will not be paid.**

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

