



## **SAFEBREAKS JOB APPLICATION FORM**

POSITION APPLIED FOR:

Date:

WHERE DID YOU HEAR ABOUT US:

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### **PERSONAL DETAILS**

TITLE:

NAME

FORENAME(S):

SURNAME:

DATE OF BIRTH:

### **CONTACT INFORMATION**

ADDRESS:

POST CODE:

EMAIL:

TEL NO. (HOME):

TEL NO. (MOBILE):

N.I NUMBER:

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### **CURRENT DRIVING LICENCE**

YES: NO:

GROUPS:

EXPIRY DATE:

DETAILS OF ENDORSEMENT(S):

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### **RIGHT TO WORK IN THE UK**

ARE THERE ANY RESTRICTIONS ON YOU TAKING UP EMPLOYMENT IN THE UK?

YES: NO:

IF YES, PLEASE PROVIDE DETAILS:

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Safe Breaks Holidays Ltd

Providing Enabling, Support, Respite, Activities, and clubs for Adults and young people with Additional Needs

Riviera house, Salisbury road, Newton Abbot, TQ12 2DF

Telephone: 01626 367726 Zena Fisher 07712779001 Duty out of hours 07707058208

[safebreaksdevon@gmail.com](mailto:safebreaksdevon@gmail.com)



**EDUCATION AND QUALIFICATIONS**

EDUCATION (PLEASE COMPLETE IN FULL AND USE A SEPARATE SHEET IF NECESSARY)

SCHOOLS/COLLEGE/UNIVERSITY NAMES QUALIFICATIONS GAINED

SCHOOL/COLLEGE	DATE	QUALIFICATIONS

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**PREVIOUS EMPLOYMENT**

EMPLOYMENT HISTORY (PLEASE COMPLETE IN FULL AND USE A SEPARATE SHEET IF NECESSARY)

NAME OF EMPLOYER	Date from	Date To	Role	REASON FOR LEAVING:

CURRENT MEMBERSHIP OF PROFESSIONAL BODIES (I.E. CIPD, NMC)

PLEASE NOTE ANY PROFESSIONAL BODIES YOU ARE A MEMBER OR REGISTERED WITH:

OTHER EMPLOYMENT

*PLEASE NOTE ANY OTHER EMPLOYMENT THAT YOU WOULD CONTINUE WITH IF YOU WERE TO BE SUCCESSFUL IN OBTAINING THE POSITION:*

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**LEISURE**

PLEASE NOTE HERE YOUR LEISURE INTERESTS, SPORTS AND HOBBIES, OTHER PASTIMES, ETC.:

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**REFERENCE**

(PLEASE NOTE HERE TWO PERSONS FROM WHOM WE MAY OBTAIN BOTH CHARACTER AND WORK REFERENCES  
ONE OF WHICH MUST BE YOUR LAST EMPLOYER)

NAME OF REFERENCES	ADDRESS OF REFERENCE	CONTACT DETAILS PHONE/EMAIL	JOB TITLE:	CAN WE CONTACT THIS REFERENCE

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GENERAL COMMENTS PLEASE DETAIL HERE YOUR REASONS FOR THIS APPLICATION, YOUR MAIN ACHIEVEMENTS TO DATE AND THE STRENGTHS YOU WOULD BRING TO THIS POST. SPECIFICALLY, PLEASE DETAIL HOW YOUR KNOWLEDGE, SKILLS AND EXPERIENCES MEET THE REQUIREMENTS OF THIS ROLE (AS SUMMARISED IN THE PERSON SPECIFICATION).

CRIMINAL RECORD PLEASE NOTE ANY CRIMINAL CONVICTIONS EXCEPT THOSE 'SPENT' UNDER THE REHABILITATION OF OFFENDERS ACT 1974. IF NONE PLEASE STATE. IN CERTAIN CIRCUMSTANCES EMPLOYMENT IS DEPENDENT UPON OBTAINING A SATISFACTORY DISCLOSURE & BARRING CERTIFICATE FROM THE DISCLOSURE & BARRING SERVICE/DISCLOSURE SCOTLAND.

DECLARATION (PLEASE READ THIS CAREFULLY BEFORE SIGNING THIS APPLICATION)

1. I CONFIRM THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE AND CORRECT AND THAT ANY UNTRUE OR MISLEADING INFORMATION WILL GIVE MY EMPLOYER THE RIGHT TO TERMINATE ANY EMPLOYMENT CONTRACT OFFERED.

2. SHOULD WE REQUIRE FURTHER INFORMATION AND WISH TO CONTACT YOUR DOCTOR WITH A VIEW TO OBTAINING A MEDICAL REPORT, THE LAW REQUIRES US TO INFORM YOU OF OUR INTENTION AND OBTAIN YOUR PERMISSION PRIOR TO CONTACTING YOUR DOCTOR. I AGREE THAT THE ORGANISATION RESERVES THE RIGHT TO REQUIRE ME TO UNDERGO A MEDICAL EXAMINATION. IN ADDITION, I AGREE THAT THIS INFORMATION WILL BE RETAINED IN MY PERSONNEL FILE DURING EMPLOYMENT AND FOR UP TO SIX YEARS THEREAFTER AND UNDERSTAND THAT INFORMATION WILL BE PROCESSED IN ACCORDANCE WITH THE DATA PROTECTION ACT.

3. I AGREE THAT SHOULD I BE SUCCESSFUL IN THIS APPLICATION, I WILL, IF REQUIRED, APPLY TO THE DISCLOSURE & BARRING SERVICE/DISCLOSURE SCOTLAND FOR A DISCLOSURE & BARRING CERTIFICATE. I UNDERSTAND THAT SHOULD I FAIL TO DO SO, OR SHOULD THE DISCLOSURE NOT BE TO THE SATISFACTION OF THE COMPANY ANY OFFER OF EMPLOYMENT MAY BE WITHDRAWN OR MY EMPLOYMENT TERMINATED.

SIGNED: DATE:

Signed:

Date:

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**FOR OFFICE PURPOSES:**

SUCCESSFUL APPLICATION FOR INTERVIEW:  
PROCESS TO INTERVIEW

YES/NO  
YES/NO

DATE OF INTERVIEW:

SIGNED:

DATE:

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