



DEVONSHIRE

DEMENTIA DAY CENTRE

APPLICATION FOR EMPLOYMENT

Name _____	
Address _____	
Marital Status _____	
Date of Birth _____	Daytime No _____
Mobile Telephone _____	Email Address _____
Position Applied for _____	

PROFESSIONAL QUALIFICATIONS OR COURSES COMPLETED

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PREVIOUS EMPLOYMENT

Begin with present or last employer and work backwards			
Name of Employer	Position Held	Dates	Rate of pay



DEVONSHIRE DEMENTIA DAY CENTRE

I would describe my ethnic origin as: - (please tick)

AFRICAN	ASIAN	CARIBBEAN
UK EUROPEAN OR IRISH	OTHER EUROPEAN	OTHER COUNTRIES

SIGNED: _____

NAME: (printed) _____

JOB: _____

DATE: _____

REFERENCE

Please list below the names, addresses and telephone numbers of one business and one personal referee that we may contact.

1. _____ 2. _____

THE REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1975 (EXCEPTIONS)
(AMENDMENTS) ORDER 1986

The post for which you have applied is not protected by the provisions of the Rehabilitation of Offenders Act 1974.

Have you at any time been convicted of a criminal offence or made subject to an order under the Mental Health Acts (section 41)?

If No, please write "No"

If Yes, please give details:

Signed: _____ Date: _____

Failure to disclose any criminal offences or Mental Health Order could lead to either your application being rejected or if you are appointed, to dismissal, if it is subsequently learnt that you have a criminal conviction or have been the subject of any such orders.



DEVONSHIRE

DEMENTIA DAY CENTRE

With the new GDPR ruling I need to make you aware of how we process your personal data.

We only take your personal data for the position you are applying for. Should you not be successful we will immediately delete all your personal data. Should you want to apply in the near future we will have to conduct another telephone interview.

We do not share your information with any third parties.

Do you consent for us to keep your data as discussed? Y/N

Date: _____ Time: _____

Signed: _____