

# Day and Nightcare Assistance Application Form



*Please complete and return to*

Day and Nightcare Assistance  
at one of

9 Hollow Way, Cowley, Oxford OX4 2NA

13 Market Place, Banbury OX16 5LG

16 Church Street, Wantage OX12 8BL

46 Market Square, Witney OX28 6AL

Position applied for

## About you

Surname

Title

Forenames

Address

Postcode

Telephone numbers :

(home)

(mobile)

Email address

Car Driver    Yes / No (please circle)

National Insurance Number

Please list below any qualifications that you may have or any other training courses that you have attended which may support your application.

**Present Employment Details**

Position held

Name and address of employer

Telephone number

Date started

Notice Required

May we contact you at work?

Yes / No

**Previous Employment Details**

We would be grateful if you would complete the section below detailing your full employment history.

*Please note that if, at any time, you have worked for Social Services or any related department, you must include these details*

Name of Employer	Position Held	Dates From / To	Reason for Leaving

**Record of Absence**

Please specify below on how many occasions you have been unable to work during the last 12 months owing to illness:

Are there any occasions (other than annual leave) when you have been unable to attend work?

Yes / No

If you have answered " Yes" to the above please specify the reason :

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Please give an indication of the days and hours you are available to work.

Please give any further information about yourself that is important to you to share and/or which may support your application.

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**Rehabilitation of Offenders Act 1974 and Exceptions Order 1975**

Because of the nature of the work for which you are applying, you must provide information about any convictions. In the event of being employed , in connection with this application, any failure to disclose such convictions could result in dismissal or disciplinary action.

Have you been convicted of a criminal offence?      Yes / No

Have you ever received a formal caution?              Yes / No

*If you have answered "Yes" to either of the above questions we require details, including type of offence, date, sentence, fine, or anything else you feel relevant. These details should be included in a separate envelope marked private and confidential and will only be opened if you are considered for employment. Should you be unsuccessful in your application these details will be returned to you unopened. All information given is held in the strictest confidence.*

**We would like to remind all applicants that, should employment be offered with us, a Criminal Records Bureau Enhanced Disclosure, will be sought on your behalf.**

Your signature

Date

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**References.**

Please give the names and addresses of two people that we can contact for a reference and state in what capacity you know them. One of these must include your present employer, or a past employer if you are not currently employed. You may not use relatives as referees but can use any other professional person such as a Doctor, Teacher or member of the Clergy. Any fees payable in respect of references will need to be paid by yourself.

Employment will only be confirmed upon receipt of two satisfactory, written references.

First referee's name

Their address

Their telephone number

In what capacity do you know this person?

Second referee's name

Their address

Their telephone number

In what capacity do you know this person?

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Please sign and date the statement below:

I declare that the information given on this application form is true and accurate to the best of my knowledge. I understand that any untrue or inaccurate information given by me may invalidate any contract and could lead to disciplinary action or dismissal.

Signed

Date

Print name

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Thank you for applying to Day and Nightcare Assistance.

We would appreciate it if all applicants could now read and complete the attached document.

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**Equal Opportunity.**

Day and Nightcare Assistance strives to be an equal opportunity employer. Our policy on this important subject is so designed to ensure that none of our employees or prospective employees receives less favourable treatment as a result of their age, sex, disability, marital status, colour, race, creed or ethnic origin. In order to help us monitor the effectiveness of this policy (and not for any other reason) we would ask that you provide us with the information requested below.

This information will be treated as confidential and will not form part of your application. Your completed form will be removed from your application form when it is received and the information given to us will not be taken into account when making any appointment.

First name

Surname

Sex                      Male / Female

Please indicate by ticking one choice to which of these groups you consider you belong.

White – British

Black – African

Mixed – White Asian

Black - British

Black – Caribbean

Mixed- Black African

Asian – British

Asian – Bangladeshi

Mixed – Black Caribbean

Chinese – British

Asian – Pakistani

Other

White – European

Asian – Indian

Black – European

Chinese

Signed

Date

Thank you for your help.\*

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**For Office Use Only.**

**Interview**

**Yes**

**No**

Job Offered

Yes

No

Please return all Equal Opportunities forms to the contract office at DANA Witney

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