

## APPLICATION FORM

### Position Applied For:

**Please tick location:** (see position description if unsure)

- |  |   |
|--|---|
| <input type="checkbox"/> Autonomy Life - Head Office   | <input type="checkbox"/> Autonomy Life - The Oaks |
| <input type="checkbox"/> Autonomy Life - The Willows   | <input type="checkbox"/> Autonomy Care - Melksham |
| <input type="checkbox"/> Autonomy Life - Weavers Lodge |   |

### Personal details:

Title: First Name:

Last Name:

Contact Number:

Email Address:

Postal Address

**Are you registered with the DBS update service?**

- ☐ Yes ☐ No

**What is the best time to call you regarding your application?**

- ☐ Anytime ☐ Morning 9am - 12pm  
☐ Afternoon 1pm - 4pm

**Do you hold a current, full driving license?**

- ☐ Yes, with access to a vehicle  
☐ Yes, without access to a vehicle ☐ No

**Right to work in the UK:**

I am legally entitled to work in the UK: ☐ Yes ☐ No

Do you require Sponsorship? ☐ Yes ☐ No

What is your current visa type?

### Employment History and References:

As part of our regulatory responsibilities and in line with our safer recruitment commitment, we are obligated to ensure we have full employment history with an explanation of any gaps.

#### Education

Secondary School Name:

From: dd/mm/yyyy To: dd/mm/yyyy

Qualifications and grades achieved:

College Name:

From: dd/mm/yyyy To: dd/mm/yyyy

Qualifications and grades achieved:

University Name:

From: dd/mm/yyyy To: dd/mm/yyyy

Qualification and grade achieved:

We require a reference from your current and previous employer. There may be a requirement to obtain further references.

**Present/last employer**

Company name and address:

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Position held:

Dates of Employment:

From: dd/mm/yyyy To: dd/mm/yyyy

**Reference:**

Full name:

Position:

Email address:

### Previous Employer

Company name and address:

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Position held:

Dates of Employment:

From: dd/mm/yyyy To: dd/mm/yyyy

**Reference:**

Full name:

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Position:

Email address:

---

### Previous Employer

Company name and address:

---

Position held:

Dates of Employment:

From: dd/mm/yyyy To: dd/mm/yyyy

**Reference:**

Full name:

Position:

Email address:

**Please explain any gaps in your employment / additional information:**

[illegible]

### Supporting Statement:

Please let us know if you have any personal or professional experience that will support your application. Tell us about your values and what you feel they could bring to any potential role:

[illegible]

# EQUAL OPPORTUNITIES MONITORING FORM

## Position Applied For:

### Please tick location:

- ☐ Autonomy Life - Head Office
 ☐ Autonomy Life - The Oaks
 ☐ Autonomy Life - The Willows
 ☐ Autonomy Care - Melksham  
☐ Autonomy Life - Weavers Lodge

### Ethnic Group:

#### White:

- ☐ British
 ☐ English
 ☐ Irish  
☐ Scottish
 ☐ Welsh  
☐ Other White background

#### Asian or Asian British:

- ☐ Bangladeshi
 ☐ Indian
 ☐ Pakistan  
☐ Other Asian background

#### Mixed:

- ☐ White and Asian
 ☐ White/Black African  
☐ White/Black Caribbean
 ☐ White and Chinese  
☐ Other Mixed background

#### Black or Black British:

- ☐ African
 ☐ Caribbean  
☐ Other black background

#### Chinese or Chinese British or other ethnic group:

- ☐ Chinese
 ☐ Other ethnic group  
☐ Prefer not to say

### Age:

- ☐ 16 - 24
 ☐ 25 - 34
 ☐ 35 - 44  
☐ 45 - 54
 ☐ 55 - 64
 ☐ 65+

### Gender:

- ☐ Male
 ☐ Female
 ☐ Prefer not to say  
☐ Prefer to self describe

### Marital Status:

- ☐ Single
 ☐ Married/Civil  
☐ Partnership
 ☐ Living with partner
 ☐ Other

### Religion

- ☐ No religion
 ☐ Baha'i
 ☐ Christian  
☐ Hindu
 ☐ Jewish
 ☐ Muslim  
☐ Buddhist
 ☐ Jain
 ☐ Sikh  
☐ Other

### Disability

The Equality Act 2010 defines a disability as a 'physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities'. An effect is long-term if it has lasted, or is likely to last, more than 12 months

Do you consider that you have a disability under the Equality Act (please tick)?

- ☐ Yes
 ☐ No
 ☐ Prefer not to say

## General Data Protection Regulations:

We need to collect and hold data about you in order to process your job application. We would like to obtain your permission (informed consent) to hold this data

### Types of data, length of time held and why:

## Recruitment Data:

This includes: previous employers, types of job held at other companies, skills and qualifications obtained.

We wish to hold this information as it will allow us to make a decision on your suitability for employment.

How long do we hold data: Unsuccessful applications 1 year. Appointed candidates 6 years from leaving date.

## Equal Opportunities Monitoring Data:

Includes: Data relating to age, disability, gender reassignment, marriage or civil partnership, race, religion or belief, sex, sexual orientation that are classed as protected characteristics under the Equality Act 2010.

Why we wish to hold: To feed into the companies monitoring to allow for the delivery of the Equality and Diversity targets. This is not compulsory, forms are anonymous and are separated from application.

How long do we hold data: As soon as uploaded to spreadsheet within 1 month of completion.

## Agreement:

I hereby freely give my prospective employer, any company within the Autonomy Care Group Limited; Autonomy Life Limited, Autonomy Care Limited or Autonomy Plus Limited consent to use and process my personal data relating to my job application. In giving my consent:

- ☐ I understand that I can ask to see this data to check its accuracy at any time via a subject access request (SAR).
- ☐ I authorise the organisation to obtain references to support this application once an offer has been made and accepted and release the organisation from any liability caused by giving and receiving information.
- ☐ I understand that I can ask for a copy of my personal data held about me at any time, and this request is free of charge.
- ☐ I understand that I can request that data that is no longer required to be held, can be removed from my file and destroyed.
- ☐ I understand that if I am unsuccessful with my application my data will be destroyed after 12 months.

## Rehabilitation Of Offenders:

Do you have any unspent conditional cautions or convictions under the Rehabilitation of Offenders Act 1974?

☐ Yes

☐ No

Do you have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020?

☐ Yes

☐ No

The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered 'protected'. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account.

If you do not disclose something in your application that could prevent you working with children this could result in you being referred to the police and/or DBS as it is a criminal offence for any person who is barred from working with children and/or vulnerable adults to apply for a role in a regulated activity.

If you have made a declaration in relation to a conviction that does not threaten the safety of the vulnerable people we support we will consider your application and explore further during the recruitment process.

## Declaration:

I declare that to the best of my knowledge and belief the information contained in this application is correct. I accept that providing deliberately false or misleading information may result in my dismissal. I consent to this information being held on file and treated as part of any subsequent contract of employment. I agree to any company within the Autonomy Care Group to use and hold my data as detailed above and in line with legislation.

Sign:

Date:

### How did you hear about us?

- |   |  |
|---|--|
| <input type="checkbox"/> Indeed                           | <input type="checkbox"/> Social Media      |
| <input type="checkbox"/> Google search                    | <input type="checkbox"/> Local newspaper   |
| <input type="checkbox"/> Company Website                  | <input type="checkbox"/> Recruitment event |
| <input type="checkbox"/> Friend / Family, please specify: |  |

☐ Other, please specify