





**ABOUT YOU**

Tell us about a time when you have had several demands placed on you and how you prioritised the tasks:

Tell us about a time when working as part of a team you have achieved a successful outcome:

Tell us how you make sure that all members of your team are clear about the role they have to play:

What is the most difficult challenge you have faced in your life and how did you cope with it:

Tell us about a time when you have had to persuade someone to adopt a new approach to their work:

Tell us about a time when you have used your expertise to improve business performance:

**REFERENCES**

Please give below the names and addresses of two referees who have consented to be approached for a reference on your behalf, **one of whom must be your present or most recent employer**. I agree that ExtraCare have my permission to approach my referees in order to consider my application for employment. **Please DO NOT name friends or relatives.**

Name:	Name:
Permanent Address:	Permanent Address:
Postcode:	Postcode:
Telephone No:	Telephone No:

**HEALTH**

How much time have you lost in the last 2 years? Please give number in days and occasions:

Number of days: \_\_\_\_\_ Number of occasions: \_\_\_\_\_

Please give details of any major or recurring illness you have had within the last 5 years: \_\_\_\_\_

Are there any medical problems that could affect your ability to do the job? \_\_\_\_\_

**REHABILITATION OF OFFENDERS ACT 1974**

This position is subject to an Exemption Order under the Rehabilitation of Offenders Act 1974 (Exceptions) orders 1975. Do you have any convictions, cautions, reprimands or warnings, spent or unspent as a minor or adult, which might render you ineligible for this post? **You must declare these now!** Yes  No

This post is subject to a satisfactory Police Check, which will be funded by The ExtraCare Charitable Trust. However, if you leave our employment within 2 years we will reclaim this fee from your final salary.

Please state how you became aware of this vacancy: \_\_\_\_\_

Have you previously applied for a position with The ExtraCare Charitable Trust? Yes No

If yes, please give details \_\_\_\_\_

Have you previously been employed by the ExtraCare Charitable Trust? Yes No

If yes, please give shop name & dates \_\_\_\_\_

Do you know anyone employed by the ExtraCare Charitable Trust and are they related to you? Yes No

If yes, please give details: \_\_\_\_\_

Do you have a relative residing in an Extracare village or scheme? Yes No

If yes, please give details: \_\_\_\_\_

I declare that the above information is true and correct and understand any wilful misrepresentation or omission may result in dismissal if appointed.

Signature \_\_\_\_\_

Date \_\_\_\_\_