

# COBALT HEALTH APPLICATION FORM

(Regulated Activities only i.e.: when DBS checks are part of recruitment process)

POSITION APPLIED FOR: \_\_\_\_\_

The following information will be treated in the strictest confidence.

## Personal

(Please complete this section in BLOCK CAPITALS)

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

National Insurance number: \_\_\_\_\_

Full Driving Licence: **Yes / No** Endorsements: **Yes / No**

If YES, please give further details including dates:

\_\_\_\_\_

Are you involved in any activity which might limit your availability to work or your working hours e.g., local government? **Yes / No**

If YES, please give full details:

\_\_\_\_\_

Are you subject to any restrictions or covenants which might restrict your working activities? **Yes / No**

If YES, please give full details:

\_\_\_\_\_

Are you willing to work overtime and weekends if required? **Yes / No**

Please give details of any hours which you would not wish to work:

\_\_\_\_\_

Are you aged over 18? **Yes / No**

It is a criminal offence for barred individuals to apply to work in a regulated activity with children, young people or adults at risk. Are you on a barred list? **Yes / No**

If offered employment, we are required to check your up to date DBS status before you are permitted to start work.

Do you have a DBS certificate? **Yes / No**

If yes, are you a current member of the Update Service **Yes / No**

If yes, do you consent to this Update Service check being made by the Company? **Yes / No**

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013 by SI 2013 1198)? (A copy of the Company's Equal Opportunities Policy and Disclosure and Disclosure Information Policy is available on request. These reflect the DBS Code of Practice). **Yes / No**

If YES, please give full details: \_\_\_\_\_

Under Regulation 9 of the Childcare (Disqualification) Regulations 2009 a person who lives in the same household as another person who is disqualified from registration, or in a household in which any such person is employed is themselves disqualified from registration. Are you disqualified from registration? **Yes / No**

If offered employment, you will be required to complete a Medical Questionnaire. Are you prepared to undergo a medical examination before employment? **Yes / No**

Have you ever worked for this Business before? **Yes / No**

If YES, please give full details:  
\_\_\_\_\_

Have you applied for employment with this Business before? **Yes / No**

Do you need a work permit to take up employment in the U.K.? **Yes / No**

How much notice are you required to give to your current employer? \_\_\_\_\_

**Education**

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification

Job related Training Courses Name of Organisation	Date	Subject

Please give details of membership of any technical or professional associations:

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Please list languages spoken and the level of competence:

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### **Employment Details**

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

## Present or Last Employer

Are you currently employed?

Yes / No

Name of present or last employer:

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Address:

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Telephone number:

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Nature of business:

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Job title & brief description of duties:

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Reason for leaving:

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Length of service:

From: \_\_\_\_\_ To: \_\_\_\_\_

## Interests, Achievements, and Leisure Activities

(e.g. hobbies, sports, club memberships)

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## Supplementary Information

Please set out below any further information to support your application  
(e.g. past achievements, future aspirations, personal strengths)

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## Declaration

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, in compliance with data protection legislation and as set out in the Company's Employee Privacy Notice. I undertake to notify the Company immediately of any changes to the above details.

Given the nature of the job for which I have applied, I understand that any offer of employment will be subject to information on my criminal record being disclosed to the Company by the Disclosure and Barring Service. (Please note that the amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found at the Disclosure and Barring Service website.)

I have been given a copy of the Company's Equal Opportunities and Diversity Policy, which includes information relating to the recruitment of ex-offenders.

Signed:

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Name:

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Date:

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## References

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? **Yes / No**

Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:
Email:	Email:

## Source of Application

How did you hear of this vacancy? \_\_\_\_\_