

**8. PERSONAL STATEMENT**

Use this section to outline the skills, qualities and experience you have that would enable you to perform the duties described in the job description and to meet the requirements of the person specification for this post. Please add a note of your interests and voluntary activities which may assist your application.

**9. RECRUITMENT POLICY**

Velvet Glove Care aims to promote quality of opportunity for all with the right mix of talent, skills and potential. Velvet Glove Care welcomes applications from diverse candidates.

**10. CRIMINAL RECORDS DISCLOSURE**

This post is exempt from Rehabilitation of Offenders Act Section 4 (2) and you are not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. Criminal records will be taken into account for recruitment purposes only when the conviction is relevant. Any application who is offered employment will be subject to criminal record check from the Criminal Records Bureau before the appointment is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions. Having a conviction will not necessarily bar you from employment. This will depend on the circumstances and background to your offence(s). Those employees involved in Nursing and Care will be required to seek Enhanced Disclosure.

Have you ever been convicted of a Criminal Offence? YES/NO

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

Please provide date that you moved into your current address (month/year) \_\_\_\_\_

**11. DATA PROTECTION ACT**

Your Personal Data is for the sole use of Velvet Glove Care and those acting on our behalf and is used only in connection with your application for employment. This information is not made available to any other outside organisation without your prior consent.

I consent to Velvet Glove Care processing any data supplied to them in connection with my application for employment which is in accordance with the provisions of the Data Protection Acts 1984 and 1998.

I authorise Velvet Glove Care to obtain references to support this application and release Velvet Glove Care and referees from any liability caused by giving and receiving information.

I declare that all the information given on this application form is, to the best of my knowledge and belief, true and complete. I understand that any false declaration, misleading statement or a significant omission may disqualify me from employment and render me subject to dismissal.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**12. BANK DETAILS**

Bank Name \_\_\_\_\_

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_

Sort Code \_\_\_\_\_