|  |  |  |  |
| --- | --- | --- | --- |
|  | APPLICATION FOR EMPLOYMENT | |  |
| CONFIDENTIAL | | | |
| **Position applied for:**  **Days/Nights/No preference:**  **Hours required:** | | **Return this form to:** | |
| **Have you had the COVID Vaccine? Y/N Are you willing to have the Vaccine? Y/N** | | | |
| **Please type or complete this application form in BLACK ink** | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL** | | | | | | |
| **Surname** | | **First Name** | | | | **Title** |
| **Address** | | | | **National Insurance Number** | | |
|  | | |
| **Post Code** | | | | **Email Address** | | |
| **Tel No** | | | | **Evening Tel No** | | |
| **Are you legally eligible for employment in the UK? YES/NO**  **Do you have a valid Work Permit to work in the UK? YES/NO**  **(You will need to provide a copy of this documentation).** | | | | | | |
| **Do you hold a current driving licence? YES/NO**  **If YES, please give details, including any endorsements (eg: car, HGV, PSV etc).** | | | | | | |
| **CURRENT EMPLOYMENT** | | | | | | |
| **From – To** | **Name of Employer** | | **Address of Employer** | | **Job Title & Duties** | |
|  |  | |  | |  | |
| **Final Salary** | | | **Reason for Leaving** | | | |
| **Notice Period Required** | | | **Date Available for Work** | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PREVIOUS EMPLOYMENT** | | | | | | |
| **This must cover full history so please state reasons for any gaps between employment** | | | | | | |
| **From - To** | **Name and Address of Employer** | | **Job Title** | | **Final Salary**  **& reason for leaving** | |
|  |  | |  | |  | |
|  |  | |  | |  | |
|  |  | |  | |  | |
|  |  | |  | |  | |
|  |  | |  | |  | |
| **continue on a separate sheet if necessary** | | | | | | |
| **EDUCATION** | | | | | | |
| **School, College, University, Other Further Education** | | **Examinations Passed, including NVQ’s** | | | | **Date Achieved** |
|  | |  | | | |  |
| **For Nursing Post Only:**  **Qualification Achieved:**  **Date Achieved:**  **Place Studied:**  **Any Sanctions:**  **Currently Under Investigation:** | | | | **PIN No:**  **Details:** | | **Expiry Date:** |

|  |  |
| --- | --- |
| **REFERENCES** | |
| **Please note here the names, addresses and telephone numbers of two individuals from whom we may obtain references. One referee should be your present employer. References from your present employer will not be sought without your authority. Please indicate their relationship to you.** | |
| **1.**  **Tel:**  **Email:**  **Relationship to You:** | **2.**  **Tel:**  **Email:**  **Relationship to You:** |
| **OTHER INFORMATION** | |
| **If you consider yourself as having a disability is there any support you would require? YES / NO**  **If Yes, please specify (eg, wheelchair access, accessible rooms etc)** | |
| **Are you related to any employee within the group? YES / NO**  **If Yes, please specify who** | |
| **DATA PROTECTION** | |
| **The information detailed in this application form may be used by the Select Healthcare in monitoring and progress of its employment policies and practices, and in particular our Equal Opportunities Policy. This monitoring is for statistical purposes only and you will not be identifiable from this process. However, your personal details contained in the application form may be used in the prevention and detection of fraud. Where this occurs you will be identifiable.**  **I consent to DBS Healthcare recording and processing the information detailed in this application form. I understand that this information may be used by the Company in pursuance of its business purposes and my consent is conditional to the DBS Healthcare complying with their obligations under the Data Protection Act 1998.**  **Yes □ No □** | |

|  |
| --- |
| **CRIMINAL CONVICTIONS** |
| **Because of the nature of the work in the Company, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act (Exemptions) Order 1975. Therefore, all applicants must tell us about sentences or convictions that for other purposes would be considered to be “spent” under the provisions of the Act. In the event of employment, any failure to disclose such sentences or convictions could result in dismissal or other disciplinary action. Having a criminal record will not necessarily be a bar to obtaining a position.**  **In addition, staff that are in jobs where they have access to vulnerable adults are required to undergo a Disclosure and Barring and an ISA check into their backgrounds, in accordance with the ROA (Exemptions) (Amendment) Order 1986, prior to starting a position with the Company. This will be an enhanced disclosure.**  **It is a criminal offence if you knowingly apply for any position working with vulnerable adults if you have been either confirmed or provisionally listed on any barred list.**  **You will be liable for the payment of fees relating to the DBS/ISA check. This must be paid when submitting DBS application. You expressly agree to this by signing this application form.** |
| **Do you have any criminal records to declare? YES / NO**  **This includes: convictions, cautions, reprimands and warnings**  **Are there any current criminal proceedings against you? YES / NO**  **If you have answered Yes to either of these two questions, please give details below:** |
| **ADDITIONAL INFORMATION** |
| **Please tell us why you would succeed in this position, setting out relevant knowledge, skills and experience you have gained. You should also provide any other information that may be of interest and relevant to the position. Include Training/Membership of Professional Bodies/Apprenticeships/Special Courses etc.** |
|  |
| **Please continue on a separate sheet if necessary** |

|  |  |
| --- | --- |
| **DECLARATION (please read this carefully before signing this application)** | |
| **I understand that service users have different needs and progressive change to needs, including behaviours that may challenge.**  **I understand that Care Plans and Risk Assessments must be read.**  **I confirm that the above information is complete and correct and that any untrue or misleading information will give the employer the right to reject my application, to withdraw any employment contract offered or, if employed, to dismiss without notice.** | |
| **Signed** | **Dated** |