

## Employment Application Form

Please complete this form in black ink and complete all sections

Position Applied For	
Your Surname & Initials	

### Registered Nurses Only

NMC Pin Number			
Expiry Date		Part of Register	

#### Data Protection Statement

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Company to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.

#### Equality Statement

The Company's Equality Policy covers all employees, or potential employees, and embraces principle that all people shall be treated equally, regardless of their age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation or offending background.

### Contact Details

Address	No. / Name	Street	Town/City	County	Postcode

Telephone	Home	Work	Mobile

Email		@	
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### Driver's Licence

Do you hold a valid current British Driver's Licence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	✓ as appropriate
If Yes, what type? (E.g. Provisional, Full, LGV, PCV)			
Do you have any endorsements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	✓ as appropriate
If Yes, please give details			
Do you own motorised transport	Yes <input type="checkbox"/>	No <input type="checkbox"/>	✓ as appropriate

## Formal Education and Qualifications

Secondary Education	
Name of School/College and Location	List subjects studied at GCE/GCSE and results obtained. Place the highest grade obtained against each subject

Further / Higher Education		
Name of School/College/University and Location	Course of Study/Qualification(s) gained e.g. GCSE's, "A" Levels, NVQ, Degree etc	Year Qualification Obtained

## Employment History

(Last 10 years) (Attach extra sheet if necessary)

If there are “gaps” in the employment history, please complete the section entitled “Gaps in Employment History”

Name of Employer and Location	Dates of Employment		Position held and brief summary of duties and responsibilities	Reason for Leaving / Last salary or wage
	From Month/Year	To Month/Year		
Current Employer First - If not currently employed, leave this line blank				
Previous Employer Number 1				
Previous Employer Number 2				
Previous Employer Number 3				
Previous Employer Number 4				
Previous Employer Number 5				
Previous Employer Number 6				
Previous Employer Number 7				
Previous Employer Number 8				
Previous Employer Number 9				

## Extra Sheet for Gaps in Employment History

Employment History (Last 10 years)

Dates of Employment		Reason for Gap in Employment	What were you doing?
From Month/Year	To Month/Year		

## Additional Information

Give details of any additional information which you would like to include in support of your application. Such information, for example, may include skills and/or achievements which you think may be of interest, and/or a summary of why you believe that you have the qualities we are looking for. Please provide details of any relatives employed by the Company and their relationship to you.

Availability	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Day Duty <input type="checkbox"/> Night Duty <input type="checkbox"/> Flexible <input type="checkbox"/> ✓ as appropriate
Speciality	Medicine <input type="checkbox"/> Surgical <input type="checkbox"/> Mental Health <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> ✓ as appropriate
Additional Information	
Do you have to give notice to any present employer?	Yes <input type="checkbox"/> No <input type="checkbox"/> ✓ as appropriate
If Yes, how much notice do you have to give?	

## Referees

Referees are normally taken up for candidates selected for interview. Give details of the names/addresses of two work-related Referees. One of the Referees should be your current employer, or if presently unemployed or self-employed, your last employer.

Name, Address and Postcode	Name, Address and Postcode	Name, Address and Postcode
Relationship to You	Relationship to You	Relationship to You
May we contact the above person now?	May we contact the above person now?	May we contact the above person now?
Yes <input type="checkbox"/> No <input type="checkbox"/> ✓ as appropriate	Yes <input type="checkbox"/> No <input type="checkbox"/> ✓ as appropriate	Yes <input type="checkbox"/> No <input type="checkbox"/> ✓ as appropriate

## Rehabilitation of Offenders Act

As a general rule, no-one need answer questions about spent convictions. However this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:

- a) Any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his/her normal duties, or
- b) Any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his/her normal duties.

One or both of the above apply to your possible work with us, an covers all occupations.

You are therefore requested to provide details of all convictions, including those which would otherwise be considered as “spent”. *All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.*

I have no convictions  I have convictions (see Note Below)   as appropriate

Note: To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed “Private and Confidential – Criminal Convictions” and attached this to your application.

## Independent Safeguarding Authority (ISA)

It is a criminal offence for individuals barred by the ISA to work or apply to work with children or vulnerable adults in wide range of posts, and in what is described as “regulated” or “controlled” activity. It is also an offence for an employer to take on an individual in a controlled activity if they fail to check that person’s status. The Company has a legal obligation, therefore to check your status.

Are you currently registered with the ISA? Yes  No   as appropriate

If Yes, what is your ISA Registration Number?

The Company will confirm your status with the ISA. If you are not currently registered, and you are successful in your application you may be asked to register. The fees involved will be paid by the Company. If your work is subject to ISA Registration you may not commence your duties until clearance has been given. In certain cases an Enhanced Criminal Record Certificate may be requested from the CRB in addition to the ISA check.

## Immigration, Asylum & Nationality Act 2006

Under the Act a person commits an offence if he/she employs another (“the employee”) knowing that the employee is an adult subject to immigration control and that

- a) He/she has not been granted leave to enter or remain in the United Kingdom, or
- b) His/her leave to enter or remain in the United Kingdom
  - i) Is valid
  - ii) Has ceased to have effect (whether by reason of curtailment, revocation, cancellation, passage of time or otherwise), or
  - iii) Is subject to a condition preventing him/her from accepting the employment.

Any employment offered will be subject to the successful applicant producing appropriate evidence that the Act is not being contravened.

Are you currently registered with the ISA? Yes  No   as appropriate

## Personal Declaration

**I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and**

- I give permission for any enquiries that need to be made to confirm such matters as qualifications, experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose;
- I give permission for the processing of the personal data contained in this form for the employment purposes;
- I understand that any false or misleading information could result in my dismissal.

Signed

Date

## For Domiciliary Care Only

Please indicate which areas you are available to work in

Bournemouth <input style="float: right;" type="checkbox"/>	Christchurch <input style="float: right;" type="checkbox"/>
Poole <input style="float: right;" type="checkbox"/>	Wareham / Swanage <input style="float: right;" type="checkbox"/>
Dorchester <input style="float: right;" type="checkbox"/>	Blandford / Wimborne <input style="float: right;" type="checkbox"/>
Ringwood / Hampshire <input style="float: right;" type="checkbox"/>	Ferndown / Verwood <input style="float: right;" type="checkbox"/>

Below are the set times available for our care staff. Please choose which times you would be able to work.

Breakfast & Lunches	Tea's	Evenings	Nights
7.00am - 1.30pm <input style="float: right;" type="checkbox"/>	3.00pm - 6.00pm <input style="float: right;" type="checkbox"/>	6.30pm - 10.00pm <input style="float: right;" type="checkbox"/>	10.00pm - 7.00am <input style="float: right;" type="checkbox"/>
7.30am - 1.30pm <input style="float: right;" type="checkbox"/>	3.30pm - 6.00pm <input style="float: right;" type="checkbox"/>	7.00pm - 11.00pm <input style="float: right;" type="checkbox"/>	10.00pm - 8.00am <input style="float: right;" type="checkbox"/>
8.00am - 1.30pm <input style="float: right;" type="checkbox"/>	4.00pm - 6.30pm <input style="float: right;" type="checkbox"/>		
8.30am - 1.30pm <input style="float: right;" type="checkbox"/>			
9.00am - 1.30pm <input style="float: right;" type="checkbox"/>			

PLEASE BE AWARE WHEN BUILDING UP YOUR HOURS THERE MAY BE GAPS WITHIN YOUR ROTA, HOWEVER, YOU WILL STILL NEED TO BE AVAILABLE THROUGHOUT YOUR SHIFT FOR EMERGENCY COVER

Signed <input style="width: 95%;" type="text"/>	Date <input style="width: 95%;" type="text"/>
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## Office Use Only

<b>Interview Date</b>									<b>Time</b>				
<b>Photo I.D. Checked / Photocopied</b>	Yes <input type="checkbox"/>								<b>Date</b>	DD	MM	YYYY	
<b>Trained Nurse PIN</b>									<b>Expires</b>	DD	MM	YYYY	
<b>Part of Register</b>									<b>Date Form Sent</b>	DD	MM	YYYY	
<b>CRB Enhanced Disclosure</b>	Yes <input type="checkbox"/>								<b>Issued</b>	DD	MM	YYYY	
<b>Occupational Health Check Received</b>	Yes <input type="checkbox"/>	<b>Date</b>			DD	MM	YYYY	<b>Date GP Letter Given</b>	DD	MM	YYYY		
<b>References Sent</b>	1	DD	MM	YYYY	2	DD	MM	YYYY	3	DD	MM	YYYY	
<b>Resent</b>	1	DD	MM	YYYY	2	DD	MM	YYYY	3	DD	MM	YYYY	
<b>References Rcvd</b>	1	DD	MM	YYYY	2	DD	MM	YYYY	3	DD	MM	YYYY	
<b>Proof of Address Checked</b>	Yes <input type="checkbox"/>												
<b>Proof of National Insurance</b>	Yes <input type="checkbox"/>												
<b>Passport / European ID Card</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>							<b>Date</b>	DD	MM	YYYY		
<b>Supporting Documentation / Work Permit</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/> as appropriate												
<b>Contract Signed</b>	Yes <input type="checkbox"/>								<b>Date</b>	DD	MM	YYYY	
<b>WTD Opt Out Signed</b>	Yes <input type="checkbox"/>								<b>Date</b>	DD	MM	YYYY	
<b>Bank Details Supplied</b>	Yes <input type="checkbox"/>								<b>Date</b>	DD	MM	YYYY	
<b>Manual Handling Certificate</b>	Yes <input type="checkbox"/>								<b>Date</b>	DD	MM	YYYY	
<b>Breakaway / C&amp;R</b>	Yes <input type="checkbox"/>								<b>Date</b>	DD	MM	YYYY	
<b>Basic Life Support</b>	Yes <input type="checkbox"/>								<b>Date</b>	DD	MM	YYYY	
<b>Common Induction Training</b>	Yes <input type="checkbox"/>								<b>Date</b>	DD	MM	YYYY	
<b>On-Line Training</b>	Yes <input type="checkbox"/>								<b>Date</b>	DD	MM	YYYY	
<b>Uniform Supplied</b>	Yes <input type="checkbox"/>								<b>Date</b>	DD	MM	YYYY	
<b>Photo I.D Issued</b>	Yes <input type="checkbox"/>								<b>Date</b>	DD	MM	YYYY	
<b>Name Badge Issued</b>	Yes <input type="checkbox"/>								<b>Date</b>	DD	MM	YYYY	
<b>Timesheets Supplied</b>	Yes <input type="checkbox"/>								<b>Date</b>	DD	MM	YYYY	
<b>Name of Interviewer</b>									<b>Date</b>	DD	MM	YYYY	
<b>Misc Comments</b>													