



CONFIDENTIAL APPLICATION FORM

Ref:		Post:		Location:	
Closing Date:		Where you heard about vacancy:			

PERSONAL INFORMATION

Surname:		Forenames:	
Address:		Telephone (Home):	Telephone (Mobile/work):
Email address:			

National Insurance Number: _____

NB if you do not provide your National Insurance Number, your application will not be progressed

For care post applicants - What work you are available for?

Full-time <input type="checkbox"/> Yes <input type="checkbox"/> No	Part-time <input type="checkbox"/> Yes <input type="checkbox"/> No	
Day shifts (including early mornings and evenings) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Night shifts <input type="checkbox"/> Yes <input type="checkbox"/> No	Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No	Bank (Relief) <input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any particular days/nights you cannot work? Yes No
If 'yes', please provide details :

Are you related to anyone working for the company? Yes No
If 'yes', please provide details :

Are you an overseas student from outside the EEA? Yes No
(If 'Yes' you may only work up to 20 hours per week term-time)

EDUCATION/TRAINING RELEVANT TO POST (please continue on a separate sheet if required)

Name of School/College	From	To	Qualifications	Grade

FULL EMPLOYMENT HISTORY (since leaving school) Please continue on a separate sheet if required. Any gaps in employment must be explained

Name and address of previous employer(s) starting with most recent	From (Month/Year)	To (Month/Year)	Position held and salary/hourly rate of pay	Reason for leaving

SUPPORTING INFORMATION

**Please describe below how you meet the requirements of the Job Description/Person Specification
(please continue on a separate sheet if required)**

FURTHER INFORMATION

If you are registered with a relevant professional body (eg. NMC) please provide your registration details	Body: Number:		Expiry Date:		
GSCC/ SSSC Registration complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide registration number:			
Do you hold a current UK driving licence?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you any driving endorsements/disqualifications?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes please provide further details:					

REFEREES

**Referee 1 must be your present or most recent employer
Referee 2 must be your penultimate employer or your most recent care employer
NB WE MAY VERIFY REFERENCES RECEIVED BEFORE CONFIRMING ANY JOB OFFER**

Referee 1: Do not contact before interview <input type="checkbox"/> Do not contact prior to acceptance of offer of employment <input type="checkbox"/>	Referee 2: Do not contact before interview <input type="checkbox"/> Do not contact prior to acceptance of offer of employment <input type="checkbox"/>
Company:	Company:
Name:	Name:
Position Held:	Position Held:
Address:	Address:
Postcode:	Postcode:
Telephone:	Telephone:
Fax:	Fax:
email:	email:

APPLICANT DECLARATION

• I confirm that the above information is a true record. I consent to the Company checking any information provided on this form, and I understand that giving false information may lead to any job offer being withdrawn, or to formal action up to and including termination of my employment.

Signature of Applicant:	Date:
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WORKPLACE EQUALITY MONITORING FORM

The information contained on this form is for workforce equality monitoring purposes only, and will be treated confidentially in accordance with the Data Protection Act 1998. Monitoring workforce composition is good practice, and underpins equal treatment in the workplace. ***You are, however, under no obligation to provide the information requested on this form.***

Surname		Forenames:	
Date of Birth:		Title (Mr, Ms, etc):	
Gender:		Nationality:	

Ethnic Origin:

Please choose ONE box from the selection below which you would use to most closely describe your ethnicity

White:	<input type="checkbox"/>	Black Other:	<input type="checkbox"/>	Asian British:	<input type="checkbox"/>
Irish:	<input type="checkbox"/>	Indian:	<input type="checkbox"/>	Other Asian:	<input type="checkbox"/>
Black African:	<input type="checkbox"/>	Pakistani:	<input type="checkbox"/>	Chinese:	<input type="checkbox"/>
Black British:	<input type="checkbox"/>	Bangladeshi:	<input type="checkbox"/>	Mixed race:	<input type="checkbox"/>
Other: (please specify)	<input type="checkbox"/>	If Other, please specify			

Other languages spoken: Please indicate below any languages other than English in which you are fluent.

Language(s)	
Would you be willing to act as an interpreter to assist in workplace communication?	

Disability:

Do you consider yourself disabled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'yes' please provide details of the nature of the disability				

Sexual Orientation: Please choose ONE box from the selection below which you would use to most closely describe your sexual orientation

Bisexual	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Homosexual	<input type="checkbox"/>	Do not wish to say	<input type="checkbox"/>
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Religion: Please indicate your religion in the space below:

Religion:		No religion:	<input type="checkbox"/>	Do not wish to say:	<input type="checkbox"/>
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CANDIDATE DISCLOSURE OF CRIMINAL HISTORY & PROFESSIONAL INVESTIGATION

(for all posts requiring post holders to work unsupervised with service users, and for all posts at Independent Healthcare Registered Services)

Surname:		Forenames:	
Date of Birth:		Place of Birth:	
Maiden and/or previous Names:			
Address:			
Post Applied For:		Date of Interview:	

The following information is required under the relevant Care Standards and Regulations.

Please provide full and frank responses to all questions. A criminal record will not necessarily lead to your application being rejected. Please note, however, that the Company is required to carry out checks on the information you provide on this form, and should it be discovered that you have provided false information this will lead to any job offer being withdrawn or your dismissal from the Company's employment.

1. DISCLOSURE OF CRIMINAL HISTORY

The post you have applied for is excluded from the provisions of the Rehabilitation of Offenders Act 1974 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. **You must therefore disclose details of all convictions, cautions, warnings, reprimands or and bind over orders, whether spent or not, and whether imposed when you were an adult or a juvenile. You must also disclose details if you are currently or have ever been the subject of a police investigation/proceedings which may/may not have resulted in a conviction, caution, warning or bind over order.**

Have you <u>EVER</u> been convicted of any Criminal Offence, received a police Caution, Reprimand, Warning or Bind Over in the UK or in another country, whether as a juvenile or an adult?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently, or have you ever been the subject of any police investigation/proceedings in the UK or any other country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have ticked 'yes' to any of the above, please set out full details below, continuing on a separate sheet if necessary		

2. DISCLOSURE OF PROFESSIONAL/REGULATORY INVESTIGATIONS

Are you currently the subject of any investigation or proceedings by any body having regulatory functions in relation to health/social care professionals, including such a regulatory body in another country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you <u>EVER</u> been disqualified from the practice of a profession or required to practice it subject to specified limitations following a fitness to practice investigation by a regulatory body in the UK or another country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have ticked 'yes' to any of the above, please set out full details below, continuing on a separate sheet if necessary		

The information provided above is true to the best of my knowledge. I understand that a false statement will lead any job offer being withdrawn, or action up to and including dismissal.

Signature: _____

Date: _____