



EMPLOYMENT APPLICATION FORM

Staff Photograph

Applicant's First Name	
Applicant's Middle Name	
Applicant's Surname:	
Position Applied	
Date of Application	

Authorised By	
Management Signature	
Start Date:	

Application Form- Confidential

The information supplied on this application form will be used to evaluate your suitability for employment. Please read the guidance notes before completing the forms. Once completed, please return the forms to us. If applying by email, please remember to quote the relevant job reference in the subject line of your email.

Personal information

Position applied for		Post reference no	
Last name:		Title (Please specify) e.g. Miss/Ms/Mrs/Mr	

Middle name		National Insurance Number	
First name(s):		Date of Birth	
Previous Surname(s) (if applicable)		Evening telephone number	
Do you require a work permit to enable you to work in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mobile number:	
Address for correspondence			
Postcode			
Email Address			

Please answer the following question if the job/person profile for the job requires this.

Please click or put x on the box that applies to you.

Do you hold a current full driving license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable for this role <input type="checkbox"/>
If yes is it a clean driving license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable for this role <input type="checkbox"/>
If no please give details			

Education and Training

Date From Month/ Year	Date to Month/ Year	Secondary School /College/University/ Training Organization	Qualifications

Next of Kin:	Relationship to the Applicant	Day Phone:	Evening Phone:

Membership of Professional Bodies (Nursing and Midwifery Council, General Social Care Council or Other)			
Name:	n/a	Membership/Status	
Renewal date		Number	

Employment Experience

Please give details of your present or most recent employment/voluntary work first and work backwards. Include all periods of unemployment; travel etc, in the space provided so there are no gaps in the record. (If you have additional previous employment, please give details on a separate sheet using the same format).

Date: from (month/year)	Date: to (month/year)	Employer's name and address and nature of business	Job titles and brief description of duties	Reason for leaving

Please provide information of any gaps in employment

(Verification of employment gaps will be required if an offer of employment is made)

From (month/year)	To (month/year)	Reason/s for the gap

References

Please ensure that you give a minimum of two references, which cover **at least the last five years of your employment**. The **first** of your references must be your **present employer and your relevant line manager**. If you are unemployed, this should be your last employer, or if this is your first job, your head-teacher or college tutor. Please note that we reserve the right to take up references in respect of **any** previous employment paid or unpaid, without further notification to you.

Current Employer / Organization	
Name of employer:	
Job title:	
Organization address (in full):	
Postcode	
Tel No.:	
Fax No.:	
Email:	

In what capacity do you know them? (Manager, Senior, Colleague)	
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Previous Employer/Character Reference	
First Name/surname:	
Job title: (if Applicable)	
Organization address (in full):	
Postcode	
Tel No.:	
Fax No.:	
Email:	
In what capacity do you know them?	

Previous Employer/Character Reference	
First Name/surname:	
Job title: (if Applicable)	
Organization address (in full):	
Postcode	
Tel No.:	
Fax No.:	
Email:	
In what capacity do you know them?	

Please click or put x on the box that applies to you.

Can we contact your current employer prior to any conditional offer of employment? Yes No

*** Please note that it is our policy to obtain references prior to interview for any post in a residential establishment. For all posts, we will ask your referees for comments on your suitability for the post and for employment referees request details on attendance, sickness levels and salary.

Notice Period If appointed how soon you could join us: _____

Disability has a policy of interviewing applicants who have a disability and who meet the essential short-listing criteria. To ensure that this happens, please complete the following:

The Equality Act 2010 defines disability as 'a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities'. Do you consider yourself to have or have had a disability?

Please click on the box that applies to you.

Yes No ✓

If yes please give details

b) If the answer to the above is yes, are there any reasonable adjustments that need to be made, should you

progress beyond this stage?

Please click or put x on the box that applies to you.

Yes No

If yes please give details

Relevant Experience

Please tell us how your **experience, skills and qualifications** meet the requirements of the person and job profiles. Please focus your response on the abilities and/or competencies required for the role giving evidence of your experience to date (maximum of 2 A4 sheets). The information you provide will be the basis for shortlisting and you may find it useful to refer to the guidance notes attached before completing this section.

(Please use continuation sheet)

Experience,

Skills and

Qualifications

Bank/ Building Society Details

Surname:	
Forenames	
Branch:	
Payroll no:	
Private/Domestic Payroll No:	

TO BE COMPLETED BY EMPLOYEE

I authorized to pay my weekly/ Monthly earnings direct into the Bank/Building society Account whose details follow.

I will notify you in writing of any change to these details

Building Society Roll No: (if applicable)	
Bank Name: (if a Building Society Account please give the Society's Bank details)	
Bank Branch:	
Sort Code:	
Account Holder's Name:	
*Account No: *if your accounts is with Lloyds TSB Bank please add a leading zero to your account number	

Signed:		Date:	
Name Printed:			

Applicant Declaration

Rehabilitation of offenders Act (1974)

Because of the nature of the work for which you are applying, the provisions of Section 4(2) of the Rehabilitation of Offenders Act (1974) do not apply by virtue of the Rehabilitation of Offenders Act (1974) (exceptions) Order 1975. Applicants are therefore required to give information about convictions, which for other purposes are 'pent' under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation for positions to which the Order applies.

Please click on the box that applies to you.

Have you at any time been convicted of an offence? (y/n)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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IF YES, PLEASE GIVE DETAILS BELOW: -

I declare that the information given above is, to the best of my knowledge, true, I am permitted to work in the UK. I have read, understood and agree to the conditions of work for temporary nurses and carers, of which I have been given a copy. I understand that my registration is subject to the receipt of at least two satisfactory references and a satisfactory result after checking with the Department of Health and/or Police records.

I undertake to inform our company I be convicted of an offence in the future. I undertake to inform our company immediately if I am engaged through the introduction, including the offer of permanent employment following a temporary assignment. I also acknowledge that this information may form the basis of a computerized personnel system to which I will have access as determined by the Data Protection Act 1984. I agree to respect the confidentiality of Service Users and any other information I may have access to all times.

Your registration with our company can be terminated at any time following unsatisfactory work reports.

Signed	
Date:	

Criminal Records, Disqualification & Declaration

Please refer to covering letter before completing section B, C or D below

Section A- All applicants Are you subject to any current outstanding disciplinary action or legal proceedings? If yes please give details below	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<p>Section B-General posts - Criminal convictions Have you ever been convicted of a criminal offence ('unspent' only)? If yes, please give us details of all offences, penalties and dates on the page marked Criminal Record/Disqualification/Other in this application form.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<p>Section C - Criminal record Have you ever been convicted of a criminal offence or cautioned? Reprimanded or given a final warning by the police ('spent' or 'unspent')? If yes, please give details of all offenses, penalties, and dates on the page marked Criminal Record/Disqualification/Other in this application form.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<p>If yes please give details below</p>		

<p>Regulatory body sanctions Are you subject to any sanctions imposed by a regulatory body? e.g. GSCC, NISCC, SCCC, CCW, GTC, RCN?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<p>If yes please give details below</p>		

<p>Disqualification/Other in this application form. Disqualification from working with children or vulnerable adults Are you disqualified from working with children or vulnerable adults?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<p>If yes please give details below</p>		

<p>Section D- Enhanced Disclosures only Are you aware of any police inquiries undertaken following allegations made against you that may have a bearing on your suitability for the post?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<p>If yes please give details below</p>		

Declaration- To be completed by all applicants

I confirm that the information I have given is correct and complete and that any false statements or omissions may render me liable to dismissal without notice or in some instances, referral to the police.

I understand and agree that data contained in the application form will be used and processed for recruitment purposes.

I also understand and agree that should I become an employee; the information will also be used for employment related purposes.

I agree Our organization to hold and processing this information.

Signature	
Date	

Criminal Records/ Disqualification/ Other

Details of Declaration of Criminal Convictions (Please give details below):

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Declaration of Health

Please answer the following questions by ticking the appropriate YES/NO box. If the answer to any questions is YES, then give details in the space provided or on the back of this form. It is your responsibility to inform us immediately if any of the following information changes.
 Have you ever had in your life, including childhood, any of the following?

	Description	Yes	No	Details / Dates
1	COVID-19 vaccination	<input type="checkbox"/>	<input type="checkbox"/>	
2	Cardiac/Vascular Illness	<input type="checkbox"/>	<input type="checkbox"/>	
3	Eye Disease/ Inquiry or Defect of Vision Not Corrected by Lenses	<input type="checkbox"/>	<input type="checkbox"/>	
4	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
5	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	
6	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
7	Epilepsy, Frequent Fainting Attacks	<input type="checkbox"/>	<input type="checkbox"/>	
8	Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	
9	Any Degree of hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	
10	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	
11	Back pain, Sciatica	<input type="checkbox"/>	<input type="checkbox"/>	
12	Do you have any deformities, which effect movements?	<input type="checkbox"/>	<input type="checkbox"/>	
13	Are you receiving any medication from a doctor?	<input type="checkbox"/>	<input type="checkbox"/>	
14	Have ever been treated for any other serious illness / operation	<input type="checkbox"/>	<input type="checkbox"/>	
15	Are you a registered disable person?	<input type="checkbox"/>	<input type="checkbox"/>	
16	Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	
17	I believe that I am medically fit to carry out the duties of the position I have applied for	<input type="checkbox"/>	<input type="checkbox"/>	
18	Are there any reasonable adjustments that an Employer should make to enable you to work?	<input type="checkbox"/>	<input type="checkbox"/>	

Please Give Details Of Last Immunization Or Vaccination For

Tuberculosis (We will require a statement of evidence regarding TB immunity i.e. Heaf / Mantoux status)		
COVID-19		
Rubella (German Measles)	Anti-body level:	
Poliomyelitis	Anti-body level:	
Varicella	Anti-body level:	

Tetanus	Anti-body level:	
Hepatitis B	Anti-body level:	
Any Other	Meningitis	

General Practitioner's Name:	
Address or Occupational Health Department:	
<p>I declare that all the foregoing statements are true and complete to the best of my knowledge and belief.</p> <p>I hereby give (organization name)</p> <p>permission to contact my General Practitioner to obtain further information should it be required.</p>	
Signed:	Date:

Availability form

Hours of Work

Full time	<input type="checkbox"/>	Part-time	<input type="checkbox"/>
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Type of work

Care Homes	<input type="checkbox"/>	Residential Homes	<input type="checkbox"/>	Day Care Centre	<input type="checkbox"/>
Domestic	<input type="checkbox"/>	Kitchen Assistant	<input type="checkbox"/>	Domiciliary Care	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	Cook	<input type="checkbox"/>	Live in Care	<input type="checkbox"/>

Hours Available

Shift		Time	Other times Please specify
Long day	<input type="checkbox"/>	8:00 am to 8:00 am	
Morning Shift	<input type="checkbox"/>	7am to 2:30 pm	
Afternoon Shift	<input type="checkbox"/>	2 pm to 9:30 pm	
Night Shift	<input type="checkbox"/>	8:00 pm to 8:00 am	
Other specify	<input type="checkbox"/>		
Various Shifts are Available please Enquire	<input type="checkbox"/>		