

“With you in mind......”

Application Form

2019-2020

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| **Advance Healthcare (UK) Ltd**  Suite 4  Electrium Point  Forge Road  Willenhall  WV12 4HD  T: 01922 626731  T: 01543 469002 |

**Section 1 – Personal Information**

|  |  |
| --- | --- |
| Title (Mr , Mrs, Miss or Ms): | Surname: |

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| --- |
| Forenames: |

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| --- |
| Date of Birth: / / |
| Nationality: |
| National Insurance Number: |

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| Full Address: (If occupied less than 5 years please provide the previous address also) |

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| --- |
| Postcode: |

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| Telephone Number: Mobile Number: |
| Email Address: (For DBS/Rota) |

**Section 2 – Next of Kin (to be notified in case of emergency)**

|  |
| --- |
| Full Name: |

|  |
| --- |
| Full Address: |

|  |
| --- |
| Postcode: |

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| Telephone Number: Relationship: |

**Section 3 – Relevant Experience**

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| Please list below any areas of care that you may have experience in (i.e. Physical Disability’s, Mental Health, Learning Disabilities, working within HMP Service)  (Please provide copies of any certificates you may have) |

**Section 3 – Work Experience**

Please give details of your complete work history. If you have any gaps please explain the reason for these gaps, we must have the last ten years of employment or education.

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| --- | --- | --- | --- | --- |
| Name & Address of Employer | Position held | Date from | Date to | Reason for leaving |
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| Please list any other agencies you are currently or have previously worked for: |
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How did you hear about Advance Healthcare? (e.g – newspaper, word of mouth)

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**Section 4 – Training**

**If you have had previous care experience please list any relevant training subjects undertaken;**

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| --- | --- |
| **Training** | **Last undertaken** |
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(If you have undertaken any of the above training within the last year please provide copies of certificates).

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| Any other relevant training or qualifications that you have attended/ achieved? |

**Section 5 – Work Preferences**

Please tick which category you are available to work;

® Full Time

® Part Time

® Weekends

®Weekdays

®Nights

|  |
| --- |
| Date available to commence employment: |

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| --- |
| Please state the areas in which you wish to work in (e.g. – Cannock, Walsall, Wolverhampton) |

**Section 6 – Transport Information**

Do you hold a current full driving license: Yes / No

Do you have use of your own car: Yes / No

**Section 7 – Declaration of Health**

**(Please ensure you have completed the separate health declaration)**

**Section 8 – Rehabilitation of Offenders Act 1974 and Criminal Records**

Have you ever been convicted of a criminal offence? **Yes / No**

Have you ever been cautioned or issued with a formal warning for any criminal offence? **Yes / No**

Do you have any unspent convictions, cautions, reprimands or warnings **Yes / No**

(If you have answered yes to any of the above please give details below), please note that failure to disclose any offences may result in a offer of employment been retracted. – For HMP Applications -*The clearance checks carried out by National Offenders Management Service are in-depth and will pick everything up.*

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**Section 10 – References**

Please give the names of two professional people of a senior position to you, including your present and most recent employer whom we may approach for a reference. They must be able to provide a credible comment on your ability to undertake the duties that you have applied for.

Can we contact your referees before we interview? Yes / No

**Reference 1 –**

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| --- |
| Name:  Position: |

|  |  |
| --- | --- |
| Address: | |
| Postcode: |

|  |
| --- |
| Telephone No: |
| Email: |

How long have you known this person in a professional context? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reference 2 –**

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| --- |
| Name:  Position: |

|  |  |
| --- | --- |
| Address: | |
| Postcode: |

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| Telephone No: |
| Email: |

How long have you known this person in a professional context? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 11 – Passport and Work Permits**

*People with an automatic right to work are citizens of the U.K*

Do you need permission to work in the UK? Yes / No

Are you visiting Britain on a working holiday? Yes / No

Do you require a work permit? Yes / No

Do you hold a student visa? Yes / No

Work Permit: Yes / No Expiry Date:

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| --- |
| Passport Nationality: |

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| Passport Number: Date of Issue: Expiry: |

**Section 14 – Data Protection Act 1998, GDPR and Inspection**

We are required to hold personal information on staff e.g. national insurance number, address, qualifications, a mechanism for checking health and fitness including records of immunisation, record of training, annual leave and sickness, two written references and rehabilitation of offenders information. From time to time we may be required to release elements of this information in placing you in assignments; please be assured that we would only disclose information that is necessary.

We would therefore be grateful if you would complete and sign the declaration below. If you have any concerns about this or want to discuss it further, please contact H.R

**I consent/ do not consent (circle as appropriate) to the disclosure of information required to place me on assignments.**

|  |
| --- |
| Print Name: |

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| --- |
| Signed: |

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| --- |
| Dated: |

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| **Privacy notice\*\*** with the implementation of General Data Protection Regulations (GDPR) we have reviewed how we collect, store and handle personal data – therefore please note if your application is unsuccessful or you choose not to accept any position offered this application along with any other completed documents at interview stage will be destroyed after 4 weeks. |

**Office Only**

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| Checked for satisfactory completion: YES / NO  Checked by:  Date: |