

APPLICATION FORM

Vacancy Title:

I Personal Details

Last Name:

First Name:

Address:

Postcode:

Home Telephone No.

NMC PIN NO

E-mail Address:

National Insurance No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Do you hold a full, clean driving licence valid in the UK?

Please tick

Full time

Part time

We like our workers to be willing to work flexibly across the week and need to know when other commitments mean you could not be available to work

Please tick when you are available:

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Education/Qualifications

College/University	Study Dates	Qualification and Grade	Date Obtained

Training and Development

Please use the space below to give details of any training or non-qualification based development, which is relevant to the post and supports your application.

Training Course	Course Details (including length/nature of training)

Current Membership of any Professional Body/Organisation

Please give details:

3. Employment History

Previous Employment: Please include any previous experience (paid or unpaid), starting with the most recent first.

Current or most recent employer

Name of Employer:

Address:

	Postcode:

Position Held:

Date Started:

Leaving Date:

Reason for Leaving:

Salary on leaving this post:

Contact Name of Line Manager for reference:

Brief description of duties:

Previous employer

Name of Employer:

Address:

	Postcode:

Position Held:

Date Started:

Leaving Date:

Reason for Leaving:

Salary on leaving this post:

Contact Name of Line Manager for reference:

Brief description of duties:

4. Convictions/Disqualifications

To ensure the safety of our clients/members a DBS check must be completed for all positions. A criminal record will not necessarily be a bar to obtaining a position at (CHC).

Rehabilitation of offenders Act 1974 (Exceptions)(Amendment) Order 1986

We would draw your attention to the following statements: -

“Because of the nature of the work for which you are applying, 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 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions)(Amendment) Order 1986, Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act”.

Please provide details below if you have been convicted of a criminal offence or been the subject of a conditional discharge or probation order. (Past criminal proceedings are not necessarily an obstacle to taking up a post. This occurs only where the offence/s is/are deemed relevant. Any details will be discussed with you should you be successful candidate based on your supporting statement, interview and tests).

Method of Payment – Bacs

At Compassionate Healthcare our preferred method of payment is BACS. This will ensure prompt payment into your account.

5. Bank Account Details

NAME of account holder	_____								
ADDRESS:	_____								
TEL/MOBILE:	_____								
EMAIL:	_____								
Account number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sort Code:	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Name:	<input type="text"/>								

6. Next of Kin

In the event of an emergency, please provide details of at least one contact

NAME: _____

ADDRESS: _____

TEL/MOBILE: _____

NAME: _____

ADDRESS: _____

TEL/MOBILE: _____

EMAIL: _____

7. References

Please give the detail of **two** professional references.

Name of Referee and Relationship

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Address:

	Postcode:
Email:	Tel:

Name of Referee and Relationship

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Address:		
		Postcode:
Email:		Tel:

8. Declaration

Statement to be Signed by the applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I agree that CHC can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the Data Protection Act 1998.

I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.

Signed:	<input type="text"/>	Date:	<input type="text"/>
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GUIDANCE SHEET

Please read through the following guidelines that will help you complete the application form.

- Complete all sections of the form.
- Make sure the form is tidy and try to avoid mistakes by writing out a version first to make sure you are happy with the information you are providing. Always read through your final version before you send it.

If you require an acknowledgement of your application:

- If emailing you must activate a read receipt from your email account.
- If sending by post you must enclose a stamped addressed envelope.
- Please note with limited resources, we cannot verify if we have received your application over the phone.

To complete your application:

- Please type or write clearly in black or blue ink.
- Ensure you clearly state the job title you are applying for.
- In the 'Employment History' section you must state why you have left a position.
- Always explain any gaps in work history.
- Proof of qualification and membership to professional bodies may be required.

References

We will take up professional references once you have been interviewed and provisionally offered the post. Please make sure that you have given the full contact details of your referees so that this does not delay processing reference requests. If you have no employer references, we will take up references with named individuals at colleges where you have studied, or people who know you in a professional capacity. Please do not put down family members or people you live with as referees. You will only be confirmed in the post once we are satisfied with the information received from your referees.

ANY ADDITIONAL INFORMATION/ ADDRESS HISTORY