**JOB APPLICATION FORM**

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| What position are you applying for? |
| How did you hear of this vacancy? |
| Date Available: |
| Salary Expected: |

**Personal and Social information**

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| --- | --- | --- |
| Family Name: | | First Names |
| Address: | | Previous Family Name (if applicable)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Home:  Mobile: |
| Post Code: | | Work: |
| E-mail | | |
| Nationality  Are you a British Citizen? |  | |
| National Insurance No: |  | |
| Hobbies and other interests |  | |
| Do you hold a current Driving Licence Yes/No  Do you own or have regular use of a car? Yes/No | | |
| Name & address of next of kin to be contacted in an emergency  Name: Relationship:  Address:  City/Town  Post Code Tel: | | |

**Disclosure of Criminal Convictions (Unspent)**

It is the policy of **Carepable Health Care Ltd** to require all applicants to disclose any unspent criminal convictions, cautions, reprimands or any other warnings.

You are required to include convictions, which may be “unspent” under the Rehabilitation of Offenders Act 1974. This is because the job you are applying for is covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and 1986. “Unspent” criminal convictions must therefore be disclosed.

The information you provide will be treated as strictly confidential and will be considered for appointment for which you are applying. The Disclosure & Barring Service will show anything which the Chief Constable feels may be relevant.

Disclosure of any information does not necessarily mean that you will not be considered for appointment. The Company will have regard to the ACAS Code of Guidance and a main consideration will be whether the offence if one which would make an applicant unsuitable for the type of work to be done.

Enter any information in the space provided. If you have no information that you believe is relevant, please enter “None”.

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| **Information** | **Date** | **Outcome**  (conviction caution, none) |
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**Education/Training/Qualifications**

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| --- | --- | --- | --- |
| Date  From | Date  To | Name and address of School College etc | Qualifications |
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**Employment history** (Show current/last employment first.)

We need your **full** employment record. For any period of unemployment please put dates and addresses of the Department of Employment where you registered. Please explain any gaps in your work history.

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| --- | --- | --- | --- | --- | --- |
| From | To | Name and address of Employer | Job Title | Salary | Reason for Leaving |
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**Health details (provided in confidence)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address of Your Doctor:  Post Code Tel: | | | |
| May we contact your Doctor? | | Yes | No |
| Have you within the past three years, had any illness or accident which caused you to be off work for two weeks or more?  If yes, what was the illness or accident? | | Yes | No |
| How many days sick leave had you had in the last 3 years? | |  |  |
| Have you ever been medically examined for employment before?  If yes state date and place: | | Yes | No |
| Immunisation history: | BCG  Tetanus  Polio  Hepatitis B  Rubella | Yes  Yes  Yes  Yes  Yes | No  No  No  No  No |
| Have you ever had a chest x-ray  If ‘yes’ when and where? | | Yes | No |
| Have you within the past year, attended an out-patients clinic or had a course of treatment (tablets, injections or physiotherapy) lasting one month or more?  If ‘yes’ give details: | | Yes | No |
| Are you attending hospital or your GP or receiving any medical treatment at present? If ‘yes’ give details | | Yes | No |
| Are you pregnant? (We need to know this so that can take steps to protect you and your baby) | | Yes | No |
| Do you smoke? If ‘yes’ how many per day?  Do you drink alcohol? If ‘yes’ how many units per day/per week? | | Yes  Yes | No  No |
| Have you any permanent disability? Yes/No  Are you a Registered Disabled Person | | Yes | No |
| If yes, what is your disability | | | |
| What is your registered number | | | |

Are you suffering from or have you ever suffered from:

|  |  |  |
| --- | --- | --- |
| Fits, epilepsy or black-outs? | Yes | No |
| Diabetes? | Yes | No |
| Tuberculosis (TB) or close contact with anyone suffering from TB? | Yes | No |
| Depressive illness, mental or nervous trouble? Including anorexia nervosa, bulimia or overdose) | Yes | No |
| Such diseases as typhoid, cholera, hepatitis? | Yes | No |
| Skin disease or problems such as eczema, psoriasis or dermatitis? | Yes | No |
| Allergy (to any drugs or to handling any substance)? | Yes | No |
| Earache or ear infection discharge or defect? | Yes | No |
| Colour blindness, chromic eye trouble, eye injury or visual defect not corrected by glasses or contact lenses? | Yes | No |
| Tonsillitis, sinusitis, frequent sore throats, colds? | Yes | No |
| Heart/circulatory trouble. Raised blood pressure? | Yes | No |
| Lung or chest complaint (e.g. asthma, bronchitis, pleurisy)? | Yes | No |
| Bowel disorders, diarrhoea or constipation? | Yes | No |
| Bladder or kidney problems? | Yes | No |
| Varicose veins? | Yes | No |
| Problems with your back or neck? | Yes | No |
| Hernia or rupture? | Yes | No |
| **If you have answered ‘yes’ to any of the above health questions please give details below, or please use the space below to give any additional information:** |  |  |
| **Have you ever been refused employment or dismissed on medical grounds?** If ‘yes’ give details | Yes | No |

The answers supplied to the above questions are true to the best of my knowledge. Furthermore, I undertake, if appointed, to report immediately to my Manager if I or a member of my household should be suffering from vomiting, diarrhoea, skin rash, septic skin lesions or discharges from ear, eye nose or any other site.

1. After returning to, but before re-starting work, after any of the above illnesses, and
2. After returning from a holiday abroad, having suffered from vomiting and diarrhoea for more than two days.

**I understand that when deciding to appoint or not appoint me, Carepable Health Care Ltd will only take account of any medical conditions I may have where the medical condition contraindicates the type of work applied for, and where reasonable adjustments to accommodate my medical condition cannot be made.**

**FOR OFFICE USE ONLY:**

(a) GP Report Requested

(b) Medical Examination required

(c) Application Approved Application Refused

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| Any further comments or observations: |

**NON-BRITISH & NON-EC NATIONALS**

Is a Work Permit Required? Yes/No

*Please provide copy of passport and work permit*

**REFERENCES**

Please provide the names of at least two people, one of whom **MUST** be your present or last employer, who may be asked for a reference. All applications for references will be made in the strictest confidence after first having obtained your permission.

**Delete Information which is not applicable**

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| --- |
| NAME |
| ADDRESS |
|  |
| Telephone E-mail: |
| Type of reference - School/College/Employer/Character |
| NAME |
| ADDRESS |
| Telephone E-mail: |

Type of reference - School/College/Employer/Character

|  |
| --- |
| NAME |
| ADDRESS |
| Telephone E-mail: |
| Type of reference - School/College/Employer/Character |

**DETAILS OF SKILLS/EXPERIENCE**

Please state the reason why you are applying for this post and give details of any experience/training/skills that you have which you think are relevant together with any other information in support of your application, including details of your present post. (Use additional A4 sheets if needed)

**Declaration**

I confirm that I have read and understood this document.

I understand that the completion of this form does not guarantee employment.

I certify that all the information given on this form is true and accept that any mis-statement or suppression of material may mean the cancellation of any appointment, and the termination of any employment.

I understand that any offer of employment made is subject to the receipt of satisfactory references and an Enhanced Disclosure and Barring Service Check.

I understand that Carepable Health Care Ltd is an Equal opportunities employer and that an offending record or medical condition is not necessarily a bar to employment.

As this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975, I hereby undertake to advise **Carepable Health Care Ltd**  of any criminal offence which I may be convicted of during my employment with **Carepable Health Care Ltd.**

The Working Time Regulations 1998 govern the length of the maximum working week which it is safe to work. The current limit is 48 hours per week. You will never be compelled to work more than 48 hours per week but you may choose to do so if you wish.

I have understood the information regarding the Working Time Regulations 1998 and I understand that I do not have to work more than 48 hours per week.

I do /  do not wish to work more than 48 hours per week  (please delete as applicable)

**Date:…………………… Signature of Applicant: ……………………………………….**

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| Data Protection Information  The information which you have supplied on this form will be processed and may be held on computer, and will be held on your personal records file if you are appointed. The information will also be used for equality monitoring and statistical purposes. By signing this application, you will be deemed to have given your consent to this, including information which may be considered to be sensitive and personal. |

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| **Comments on application form:** |
| **Further information required:** |
| **Action taken:** |
| **References Checked:** |
| **Signed (Registered Manager OR appointed deputy):**  **Date:** |

**FOR OFFICE USE ONLY:**