**APPLICATION FORM**

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| **Vacant Position:** | **Hours available:** |
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| PERSONAL DETAILS(CONFIDENTIAL)  |
| Surname :…………………………………………….. Forename (s):………..………………………………Maiden Name:………………………………………Address: ……………………………………………… ……………………………………………………………. ……………………………………………………………Postcode:……………………………………………Telephone (Home):…………………………….Mobile: ……………………………………………..Email:……………………………………………….. | Passport No:…………………………………………Driving Licence: **YES/NO**NI Number:....………………………………………..Nationality:……………………………………………Next of Kin:……………………………………….Relationship:…………………………………….. Telephone No:…………………………………. |
| **GENERAL**Are there any adjustments that may be required to be made should you be invited for interview?If so, please state here: |

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| Medical details |
| Have you consulted a doctor (other than for minor ailments) or spent a period of time in hospital during the last five years? YES/NOIf YES, please give details: |
| Have you ever been absent from work/college for more than 3 consecutive weeks through illness or accident? **YES/NO**If YES, please give details: |
| Are you allergic to any food or other substances? YES/NOIf YES, please give details: |

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| **Education (since age 11) and Training** |
| **Year** | School/College/University | Subject | **Qualification****& Grade**  |
| **From**  | **To** |  |  |  |
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**Employment History**

(Please include any relevant voluntary work you have done)

Please give details of all jobs held including part time and voluntary work starting with your current or more recent employer.

**Please also fill in any gaps in your career if the dates do not run concurrently**.

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| **Dates employed** | **Name & Address of Employer** | **Job Title****and brief summary of duties** | **Reason for****leaving** |
| **Month/Year From** | **Month/Year****To** |  |  |  |
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Is your current or former employment subject to any post-termination restrictions which could affect your ability to take up a position with Healey Care Ltd., or perform your duties once employed? If so, please provide full details and a copy of any relevant documents.

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| **Skills and Abilities** |
| Please use this section to demonstrate why you think you would be suitable for the post by making reference to the job description giving examples and including any experience you have had whether paid or voluntary, any hobbies or interests that could be relevant to this position, etc. and any particular skills you feel you can bring to the post. |

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| Referees |
| Please list the names and addresses of three people who can provide a reference for you. One of these should be your current or last employer (or your tutor if you have just finished full time education). No approach will be made to either of the referees without your specific authority.**Do you give consent to contact your referees? YES/NO** |
| Name: ………………………………………………….Position/Title:………………………………………**Last Employer**:……………………………………..Address: ……………………………………………..…………………………………………………………………………………………………………………………Post Code:…………………………………………..Telephone No: …………………………………..Email:………………………………………………..Name:…………………………………………………Position/Title:…………………………………….**Character Reference**:………………………..Address:…………………………………………….…………………………………………………………..…………………………………………………………..Post Code:…………………………………………Telephone No:…………………………………..Email:……………………………………………….. | Name: ………………………………………………Position/Title:.………………………………….**Character Reference**:……………………….Address: ………………………………………….………………………………………………………..…………………………………………………………Post Code:……………………………………....Telephone No:…………………………………Email:……………………………………………… |

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| Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK? **YES/NO**  If yes please provide details: |
| If you were successful in your application, would you require a work permit prior to taking up employment? **YES / NO** |
| Please give details of any other matters that may be relevant or have a bearing on your employment by Healey Care Ltd. Are you closely related or married to a member of staff? **YES/NO**Please give details. |

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| **Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 1986**Please read, complete and sign the form. Have you got a current live DBS and Registered on the Update Service? **YES/NO** If no you will be expected to apply for one within 2 weeks of any job offer. If yes please bring to interview if shortlisted for a post.If yes you may enter the details here: DBS No:…………………………………………….. Do you consent to keeping a record of your current registration no. DBS on file? **YES/NO**  |

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| I certify that the particulars I have given on this form are accurate and give my consent for Healey Care Ltd. to retain and/or process any data deemed “sensitive data” under the General Data Protection Regulation ((EU) 2016/679) in line with Healey Care Ltd. current Data Protection Policy.I give permission for Healey Care Ltd. to retain my information for 6 months if my application is not successful.Signed: ……………………………………………..Dated: ………………………………………………. |

##  REHABILITATION OF OFFENDERS ACT 1974 (Exceptions) (Amendment) Order 1986

By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions Order 1975), the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services, and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties.

Your answer to the following question should therefore include ANY 'spent' convictions.

Have you ever been convicted of a criminal offence including 'spent' convictions?

 **YES/NO**

If YES, please give details of conviction and fine/sentence below.

I declare that the information given on this form to be complete and correct to the best of my knowledge.

Name: …………………………………… Signed: ………………………………………… Date:………………………