

Application for employment

Equality Act 2010 and Human Rights Act 2000 disclaimer

The Cardinal Healthcare group of companies (encompassing Barham Care Centre, Baylham Care Centre and Primary Homecare) seek to recruit employees on the basis of their suitability for a given position; we aim to ensure that such factors as race/ethnicity, age, religion, sex/gender identity, disability etc play no part in this process. Your application forms the basis for a job being offered. If any information given is incorrect or incomplete the company reserves the right to terminate your employment without notice.

If you require extra space for any section of this form, please write on a separate sheet of paper and indicate which section(s) the information applies to. You will need to print off this form and sign where required by hand, even if you type directly into the below fields.

Employee details

Position applied for:	Date of application:
Full name (including title):	
Address (including postcode):	
Landline telephone no:	Mobile telephone no:
Email address (if you have one, otherwise leave blank):	
Date of birth (dd/mm/yyyy):	NI number:
Registration number (if you are a registered nurse, otherwise leave blank):	
Are you legally eligible for employment in the UK?	Yes No
Passport number:	Expiry date (dd/mm/yyyy):
Do you drive?	Yes No
Do you own or have access to a car?	Yes No
Driving licence number:	Expiry date:
How did you find out about this vacancy (optional information)?	

Availability

Please state your work availability. Successful applicants will be offered work based on the information you provide below. Changes to this information may lead to any job offer being withdrawn.

Type of employment desired:	Full time Part time
Date available for work (dd/mm/yyyy):	Notice required at present job:

Please indicate the number of hours you will be available to work, within the ranges of hours set out below:

10-15 hours	16-20 hours	21-25 hours	26-30 hours
31-35 hours	35+ hours	Night work (8pm-8am)	

Other availability:

Please give details of any holiday commitments you currently have. Failure to disclose will mean we may not be able to honour the holiday later:

Employment history

Please give details of your previous employment, starting with the most recent. Please explain any gaps in the comments section below, or continue on a separate sheet of paper.

Employer:	Job title:
Address (including postcode):	
Tel no:	Period of employment:
Salary/pay rate: £	Reason for leaving:
Summarise the nature of the work performed, your job responsibilities and any achievements attained in that time:	
Employer:	Job title:
Address (including postcode):	
Tel no:	Period of employment:
Salary/pay rate: £	Reason for leaving:
Summarise the nature of the work performed, your job responsibilities and any achievements attained in that time:	
Employer:	Job title:
Address (including postcode):	
Tel no:	Period of employment:
Salary/pay rate: £	Reason for leaving:
Summarise the nature of the work performed, your job responsibilities and any achievements attained in that time:	
Employer:	Job title:
Address (including postcode):	
Tel no:	Period of employment:
Salary/pay rate: £	Reason for leaving:
Summarise the nature of the work performed, your job responsibilities and any achievements attained in that time:	
Have you ever been dismissed from any previous job? If so please state the company and outline the circumstances that led to the dismissal:	
Comments (including explanations for any employment gaps):	

Education history

Please give full details of all educational qualifications achieved (e.g. GCSE/O-Levels, A-Levels, degrees etc) and the names of all relevant schools/institutions at which they were achieved:

Professional qualifications

Please list all professional qualifications undertaken along with any relevant registration numbers:

Other qualifications and/or short courses

Please list any other special training, skills, licences and/or certificates that you feel may qualify you for the position for which you are applying:

References

Please list the name, address, and telephone number of three referees who are able to comment on your personal/professional qualities (e.g. honesty, commitment, reliability etc). They must not be related to you.

<u>Personal</u>	
Name:	
Address:	
Tel no:	Email address:
In what capacity do you know this person?	
<u>Professional</u>	
Name:	
Address:	
Tel no:	Email address:
In what capacity do you know this person?	
<u>Employer (current/most recent)</u>	
Name:	
Address:	
Tel no:	Email address:
In what capacity do you know this person?	

May we contact the above to obtain references at any time?	Yes	No
Only if we offer you a job?	Yes	No

FOR OFFICE USE ONLY	
Verbal date:	
Verbal details:	
Email sent:	Email received:
Paperwork sent:	Written paperwork received:
Verbal date:	
Verbal details:	
Email sent:	Email received:
Paperwork sent:	Written paperwork received:
Verbal date:	
Verbal details:	
Email sent:	Email received:
Paperwork sent:	Written paperwork received:

Criminal convictions/cautions

You are required to declare all previous criminal convictions and/or cautions. This includes both “spent” and “unspent” convictions as per the provisions of the Rehabilitation Of Offenders Act 1974. Whilst in other industries you would not normally be asked to declare older “spent” convictions, the nature of the job for which you are applying is covered by exceptions outlined in the aforementioned Act with regards to working with vulnerable adults. In the event that you are employed by any of the companies within the Cardinal Healthcare group, failure to disclose such convictions could result in dismissal or disciplinary action being taken by that company. Any information given will be treated with full confidentiality and will be considered only in relation to your application for the position for which you are applying. All applicants will undergo a Disclosure & Barring Service (DBS) check before employment commences.

Please give details of any previous convictions and/or cautions:

I declare that the above information I have given regarding previous convictions is accurate to the best of my knowledge.

Signature:

Date:

Declaration

I declare that all the information I have given above, in respect of my application for the above position, is complete and accurate to the best of my knowledge.

Signature:

Date:

Medical background

If you have any health related issues you wish to disclose please state them below:

Please state any medical appointments you need to attend within the next 12 months. Failure to disclose any appointments may mean we are unable to honour the appointment at a later date.

Doctor/GP	Date:	Date:
Hospital	Date:	Date:
Dentist	Date:	Date:
Orthodontist	Date:	Date:
Optician	Date:	Date:
Midwife	Date:	Date:
Other	Date:	Date:

Have you been immunised against any of the following diseases (if yes please give an approximate date):

Tuberculosis	Yes	No	Date:
(German) Measles	Yes	No	Date:
Whooping cough	Yes	No	Date:
Tetanus	Yes	No	Date:
Polio	Yes	No	Date:
Hepatitis	Yes	No	Date:

I declare that the medical information provided above is complete and accurate to the best of my knowledge.

Signature:	Date:
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Equal opportunities/human rights monitoring

The Cardinal Healthcare group of companies seek to ensure our processes and practices are fair for all our staff. In order to refine our commitment to equal opportunities it would be helpful if you could complete this section. Although this is not mandatory, any information you choose to give will only be used for the aforementioned purpose.

Which of the following groups do you identify with?

African	Afro-Caribbean	Asian (China/S.E. Asia)
Asian (Indian sub-continent)	Australasian	European
Polynesian	Prefer not to say	
Other (please state):		

Disability

The Equality Act 2010 (which incorporates provisions contained in the Disability Discrimination Act 1995) defines a “disabled person” as someone who has a physical or mental impairment which has a substantial, long-term and adverse effect on their ability to carry out normal day-to-day activities.

When you answer the following question you should not take into account the effect of any medication or treatment undertaken, or any other adjustments made which reduce the impact of any impairment. Instead you should think about how the impairment would affect you if the above were not present.

Taking the above into account, do you consider yourself to be a “disabled person”?

Yes	No
If yes please explain:	

Would you like to discuss this further with the Manager?

Yes	No
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Gender

Male	Female	Prefer not to say
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Sexual preference

Heterosexual/straight	Homosexual/gay	Bisexual
Prefer not to say	Other	

What is your religion or chosen belief system?

Christianity (all denominations)	Buddhism	Hinduism
Judaism	Islam	Sikhism
Other (please state):		

Marital status

Married	Divorced	Separated	Single
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Do you have children?

Yes	No
If yes how many:	Ages:

(Leave blank if you prefer not to say)

Signature:	Date:
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