APPLICATION FOR EMPLOYMENT

Please fill in the Application form, which is split into three parts. Please complete the form and check it carefully before returning it to the address or by email below. Please note that questions marked with an asterisk * are mandatory and therefore must be answered.

Suite 9 ,Midshire Business Park,Aylesbury. HP19 8HL

Tel: 01296 768965

Email: info@responsivehealthcare.co.uk

APPLICATION **FOR EMPLOYMENT**

Details entered in this part of the form will be held in the HR department of the recruiting organisation.

Job Title	

Personal Details

* Surname/Family Name			
* First Names			
Name in which you are registered with a professional body (if applicable)			
Title		UK National Insurance No	
Address			
* Postcode/ Zip code		* Country	
Home Telephone		Mobile Telephone	
Work Telephone		May we contact you at work?	☐ Yes ☐ No
Email Address			
* Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National?			
☐ Yes ☐ No			
Do you have leave to enter/remain and the right to work in the United Kingdom (UK)?			
☐ Yes ☐ No			

Please select the category that relates to your current immigration status. This status will be subject to checking before interview.
☐ Highly Skilled Migrant Programme ☐Post Graduate Doctors and Dentists ☐Work Permit☐Leave to remain/enter ☐ Dependant / Spouse visa ☐Working holiday visa ☐ Clinical attachment visa ☐Refugee ☐ Visitor ☐Other, please specify below
Please supply details of any permit currently held, including number, validity and expiry date
If you have a disability do you require any specific arrangements to enable you to attend for interview?
☐ Yes ☐ No
If yes, please supply details below;

MONITORING INFORMATION

This section of the application form will be detached from your application form and will be used for monitoring purposes only.

Responsive Healthcare Ltd recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

* Date of Birth	
* Gender	☐ Male ☐ Female ☐ I do not wish to disclose this

Race relations (Amendment) Act 2000

* I would describe my ethnic origin as:		
Asian or Asian British ☐Bangladeshi ☐Indian ☐Pakistani ☐Any other Asian background **Black or Black British** ☐African ☐Caribbean ☐Any other Black background	**Mixed** ☐White & Asian ☐White & Black African ☐White & Black Caribbean ☐Any other mixed background **White** ☐British ☐Irish ☐Any other White background	**Other Ethnic Group** ☐Chinese ☐Any other ethnic group ☐I do not wish to disclose this

Employment Equality Regulations 2003

* Please select the option which best describes your sexuality		
☐Lesbian ☐Gay ☐Bisexual	☐Heterosexual ☐I do not wish to disclose this	
* Please indicate your religion or belief		
☐Atheism ☐Buddhism ☐Christianity ☐Islam	☐Jainism ☐Sikhism ☐Other	☐Judaism ☐Hinduism ☐I do not wish to disclose this

Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions to employers after the rehabilitation period set by the Court has elapsed and the convictions become ‘spent’.
During the rehabilitation period, convictions are referred to as ‘unspent’ convictions and must be declared to employers.

Before you can be considered for appointment we need to be satisfied about your character and suitability.

Responsive Healthcare Ltd aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion, disability, sexual orientation or age. Responsive Healthcare undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

* Have you any unspent criminal convictions or bindovers, or any cautions, warnings or reprimands?	☐Yes ☐ No
If yes, please give details	

You are applying for a post involving access to persons in receipt of health services, your offer of employment may be subject to a satisfactory disclosure from the Criminal Records Bureau. Failure to reveal information relating to any convictions could lead to withdrawal of an offer of employment.

Relationships

If you are related to a director, or have a relationship with a director or employee of an appointing organisation, please state the relationship

* DECLARATION

The information in this form is true and complete. I agree that any deliberate omissions, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. This applies equally to any medical questionnaire/forms I may complete.

I agree to the above declaration			
Signature			
Name		Date	

Where did you see this vacancy advertised?	
☐ Responsive Healthcare Website ☐Search Engine ☐Other Website ☐National Newspaper	☐Local Newspaper ☐Jobcentre Plus ☐Radio ☐Other

APPLICATION FOR EMPLOYMENT

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Job Title	

Education & Professional Qualifications

Include in this section all the relevant qualifications. Please also indicate subjects currently being studied.			
Subject/Qualification	Place of Study	Grade/result	Year

Training Courses Attended

Include in this section any relevant training courses that you have attended or details of courses that you are currently undertaking.			
Course Title	Training Provider	Duration	Date Completed

Membership of Professional Bodies

Include in this section any relevant professional registrations or memberships.

*Please indicate your Professional Registration status:	
☐Not Required for this post ☐I have current UK registration	☐UK registration applied for ☐UK registration not yet applied for ☐I am a student

If professional registration is not required then go to **Employment History**.

If you are registered then please enter the relevant details below:			
Professional Body	Membership or Registration type	Membership/Registration PIN	Expiry/Renewal Date

If you are applying for a post that requires professional registration you are required to provide the following information:

Are you currently the subject of a fitness to practise investigation or proceedings by a licensing orregulatory body in the UK or in any other country?	☐Yes ☐No
Have you been removed from the register or have conditions been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country?	☐Yes ☐No

Employment History

Please record below the details of your current or most recent employer

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date		End Date	
Grade		Salary	
Reporting to (job title)		Notice Period	
Reason for leaving (if applicable)			
Description of your duties and responsibilities			

Previous Employment

Please record below the details of your previous employment beginning with the most recent first. Please explain any gaps in employment in the 'Supporting Information' section below. Please add additional employers/information on a separate sheet.

Previous Employer 1

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 2

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Supporting Information

In this section please give your reasons for applying for this post and additional information which shows how you match the requirements of the post you are applying for. This can include relevant skills, knowledge, experience, voluntary activities and training etc.

Supporting information (Please continue on additional sheets if necessary).

Additional Personal Information

Preferred Shift Times	☐ Day☐ Nights☐ Weekends
Do you have a valid driving licence for the UK?	☐Yes ☐No
Do you have access to a vehicle which can be used for work purposes?	☐Yes ☐ No

References

Please give the names of the people who have agreed to supply references. For all positions you must provide 2 references. If you are, or have been employed, these should be your two most recent employers. These may include your line manager or someone in a position of responsibility who can comment on your work experience, competence, personal qualities and suitability for the post. If you are a student please provide contact details of a teacher at your school, college or university. Please note that personal references such as friends and relatives are not acceptable. For all posts written references obtained must cover the preceding 3 years of employment. All referees will be approached prior to interview unless you indicate otherwise.

Referee 1

*Surname/Family name		First Name	
Title			
Job Title			
*Address			
*Post Code/ Zip Code		*Country	
Telephone		Fax	
Email			
*Relationship		*Can the referee be contacted prior to interview?	☐Yes ☐No

Referee 2

*Surname/Family name		First Name	
Title			
Job Title			
*Address			
*Post Code/ Zip Code		*Country	
Telephone		Fax	
Email			
*Relationship		* Can the referee be contacted prior to interview?	☐Yes ☐No

HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential

Name *(Last, First, M.I.):*	☐MALE	☐FEMALE	**DOB:**
Marital status:	☐ Single ☐ Partnered ☐Married☐ Separated ☐ Divorced ☐ Widowed		
GP Details	Name:		
	Address:		
	Telephone Number:		

PERSONAL HEALTH HISTORY	
Height:	**Weight:**

Childhood illness:	☐ Measles ☐ Mumps ☐ Rubella ☐Chickenpox☐ Rheumatic Fever ☐ Polio	
Immunizations and dates:	☐ Tetanus	☐ Pneumonia
	☐ Hepatitis	☐ Chickenpox- Past History
	☐ Influenza	☐ MMR *Measles, Mumps, Rubella*

Question		
Have you been tested to MRSA (methicillin Resistant Staph Aureus)?	Yes	☐ No
Have you had skin complaints? EG. Dermatitis, Eczema, Psoriasis	Yes	☐ No
Do you have vision or hearing loss?	Yes	☐ No
Have you had any heart problems?	Yes	☐ No
Have you had any bowel infections?	Yes	☐ No
Do you have any Allergies	Yes	☐ No
Do you have Diabetes?	Yes	☐ No
Have you had any Liver Problems?	Yes	☐ No
Have you had and Lung problems	Yes	☐ No
Have you ever suffered from Black outs?	Yes	☐ No
Have you ever had any mental health problems?	Yes	☐ No
Have you ever had back/mobility problems?	Yes	☐ No
Have you ever had any joint problems?	Yes	☐ No
Have you ever had any other infections?	Yes	☐ No
If you answer yes to any of the questions below, please give details in box provided.	Yes	☐ No
Have you ever been refused a job on health grounds?	Yes	☐ No
Have you been for work for more than 2 weeks?	Yes	☐ No
No of sick days within the last 2 years		

HEALTH HISTORY QUESTIONNAIRE Continued

Please use the section below to give further details of any questions answered on previous section.

I understand that giving false information with regards to my medical history and fitness may lead to termination of my contract and services.
To the best of my knowledge the above information is correct.

Print Name: ___________________________________

Signature: ____________________________________

DBS (CRB) Check Form

Warning: Your DBS check will not be completed if this form is not filled in.
It is your responsibility to fill this form in before beginning the registration process with your EASTVIEW HEALTHCARE SERVICES LTD consultant.

Please write below your address history for the **last five** years if different from your current address. Please clearly label all addresses in a numerical format.

Address 1

____

____

Post Code:____________________ Date moved into Address:_________/________/_________

Address 2

____

____

Post Code:____________________ Date moved into Address:_________/________/_________

Address 3

____

____

Post Code:____________________ Date moved into Address:_________/________/_________

Address 4

____
____
___

Post Code:____________________ Date moved into Address:_________/________/_________

Address 5

____
____
___

Post Code:____________________ Date moved into Address:_________/________/_________

If your Forename or surname, has changed at any point throughout your life, please detail those changes and the dates on which they occurred below:

Name : Used from / / to / /

Name : Used from / / to / /

List of Valid Documents that can be used as evidence of identity for DBS purposes:

Route 1

1 document from Group 1 (refer to list of Valid Identity Documents); and or 2 further documents from Group 1, 2a or 2b; one of which must verify your current address.

NOTE – For EEA Nationals (Non-UK): Where an EEA National has been resident in the UK for five years or less, the identity will be validated via Route One through the checking of a current Passport or current UK Driving License (photo card only) plus 2 further documents.

ALL UK NATIONALS WILL BE VALIDATED VIA ROUTE 1 ONLY

Route 2

3 documents from Group 2 comprising of;
☐ 1 document from Group 2a; and
☐ 2 further documents from Group 2a or 2b; one of which must verify your current address.

Route 3

Birth certificate (UK and Channel Islands) – (issued after the time of birth by the General Register Office/relevant authority i.e. Registrars – Photocopies are not acceptable) and or 4 further documents from Group 2 comprising of:

☐ 1 document from Group 2a; and
☐ 3 further documents from Group 2a or 2b; one of which must verify your current address.

Applicant's Bank Details

Title (Miss/Mrs./Mr.)	

Surname	
First Name	
Address	
Postal Code	
Mobile Phone No.	
Home Phone No.	
NI Number	
D.O.B	
Bank Name	
Account Number	
Sort Code	

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

Next of Kin detailsNext of Kin details

In case of emergencies it is vital that Responsive Healthcare Services Ltd have these details on file. If any details change in the future then contact Facilitate Care Services to change them.

Name: ____

Address:____
____
____

Post code:________________________

D.O.B:_/_______/_______

N.I Number:____

Tel: Mobile_________________________________ **Home:** ___________________________

1st Next of kin:____

Relationship:____

Address:____
____
____

Post code:________________________

Tel Mobile:_________________________________ **Home:** ___________________________

2nd Next of kin:____

Relationship:____

Address:____
____
____

Post code:________________________

Tel Mobile:_________________________________ **Home:** ___________________________

Print Name:____

Signature:____

Date:_________/_______/_______