

# APPLICATION FOR EMPLOYMENT

Please complete the application 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.

- Please send your CV with the application form.



Suite 9 Pure Offices, Business Park  
Aylesbury  
Bucks  
HP19 8HL

Email: enquiries@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	
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### Personal Details

*	Surname/Family Name			
*	First Names			
	Gender			
	Title	Date of Birth		
	Address			
*	Postcode/ Zip code	*	Country	
	Home Telephone		Mobile Telephone	
	Work Telephone		May we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Email Address			
* National Insurance Number				
Do you right to work in the United Kingdom (UK)?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>If yes please provide your Share Code ..... if you hold a non-British passport</b>				

Please state your current immigration status. This status will be subject to checking before interview.

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.

### Race relations (Amendment) Act 2000

* I would describe my ethnic origin as:		
<b>Asian or Asian British</b> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background  <b>Black or Black British</b> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	<b>Mixed</b> <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background  <b>White</b> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	<b>Other Ethnic Group</b> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group  <input type="checkbox"/> I do not wish to disclose this

### Employment Equality Regulations 2003

* Please select the option which best describes your sexuality		
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Other. (Please specify) <input type="checkbox"/> I do not wish to disclose this	
* Please indicate your religion or belief		
<input type="checkbox"/> Christianity <input type="checkbox"/> Buddhism <input type="checkbox"/> Islam	<input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism <input type="checkbox"/> Other	<input type="checkbox"/> Judaism <input type="checkbox"/> Hinduism <input type="checkbox"/> 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.

*Do you have any unspent criminal convictions or bind overs, or any cautions, warnings or reprimands?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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
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**ABOUT THE VACANCY**

Where did you see this vacancy advertised?	
<input type="checkbox"/> Responsive Healthcare Website <input type="checkbox"/> Search Engine <input type="checkbox"/> Other Website <input type="checkbox"/> National Newspaper	<input type="checkbox"/> Local Newspaper <input type="checkbox"/> Jobcentre Plus <input type="checkbox"/> Radio <input type="checkbox"/> Other

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**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:	
<input type="checkbox"/> Not Required for this post <input type="checkbox"/> I have current UK registration	<input type="checkbox"/> UK registration applied for <input type="checkbox"/> UK registration not yet applied for <input type="checkbox"/> 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 or regulatory body in the UK or in any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Day <input type="checkbox"/> Nights <input type="checkbox"/> Weekends
Do you have a valid driving licence for the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have access to a vehicle which can be used for work purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential and will become part of your employment record.

<b>Name</b> ( <i>Last, First, M.I.</i> ):	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<b>DOB:</b>
<b>Marital status:</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Partnered	<input type="checkbox"/> Married
	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
<b>GP Details</b>	Name:		
	Address:		
	Telephone Number:		

## PERSONAL HEALTH HISTORY

**Height:**                      **Weight:**

<b>Childhood illness:</b>	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Polio
<b>Immunizations and dates:</b>	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Pneumonia				
	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Chickenpox- Past History				
	<input type="checkbox"/> Influenza	<input type="checkbox"/> MMR <i>Measles, Mumps, Rubella</i>				

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

No of sick days within the last 2 years	
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### 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.*

### DBS 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 Responsive Healthcare Ltd**

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

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Post Code: \_\_\_\_\_ Date moved into Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### Address 2

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Post Code: \_\_\_\_\_ Date moved into Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### Address 3

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Post Code: \_\_\_\_\_ Date moved into Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### Address 4

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Post Code: \_\_\_\_\_ Date moved into Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### Address 5

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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.)	
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Surname	
First Name	
Bank Name	
Account Number	

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

## Next of Kin details Next 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: \_\_\_\_\_

1<sup>st</sup> Next of kin: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Post code: \_\_\_\_\_

Tel Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

2<sup>nd</sup> Next of kin: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Post code: \_\_\_\_\_

Tel Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

### Starter Checklist

#### Employment statement

You need to tick only one box of the following statement

- A-  This is my first job since last 6<sup>th</sup> April and I have not been receiving taxable Jobseekers Allowances, Employment and Support allowance, taxable Incapacity Benefit, State Pension or Occupational Pension.
- B-  This is now my only job but since 6<sup>th</sup> April I have had another job, or received taxable job seekers allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State Pension or Occupational Pension.

C-  As well as my new job. I also have another job or receive a State Pension or occupational Pension.

**Student loan**

I have a student loan which is not fully paid and I left a course of Higher education before last 6<sup>th</sup> April and I received my first student loan instalment on or after 1<sup>st</sup> September 1988.

Select no if you are paying your student direct to the student loans company by agreed monthly payments.

**NO**

**YES**

I can confirm all the information I have provided in this application form is correct and accurate.	
<b>Employee signature</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>

**List of documents to bring with your application form.**

1. 2 passport photos
2. 2 proofs of residential address (utility bills or financial statements within 12 months or Bank statement within 3 months or landline phone bill.
3. Original passport and visa if on work permit
4. Copy of marriage certificate/birth certificate.
5. Copy of NMC number if you are a nurse
6. Certificates of mandatory training if any
7. Company registration certificate if you are a limited company.
8. Proof of business account if you are a limited company.