

Cordes House, Factory Road, Newport, Gwent, NP20 5FA.
Tel: 01663 741711. Email: info@identifiedhealthcare.co.uk

Application for Employment

Please complete electronically or in black ink

Please email completed applicationsto: info@identifiedhealthcare.co.uk

1. Vacancy Details							
Post applied for:							
Preferred Working hours:							
2. Personal Details							
Surname:			Names:				
Address:							
Post Code:							
Immigration Details:	National Insurance number: Are you an EU national? Do you hold a UK work permit? Do you require a permit to work in the UK?						
3. Contact Details							
Home Tel No:			Work Tel No:				
Mobile Tel No:							
Home Email:							
Work Email:							
May we contact you at work?	YES			NO			
4. Present Employment <i>(if you are presently unemployed please leave blank)</i>							
Employer's Name:							
Address:							

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Post Code			Telephone Number:	
Position Held :			Notice period:	
Brief outline of duties:				

5. References

External Applicants: Please give the names of **3** referees who have agreed to provide a reference on your behalf. One reference must be provided by your current or if you are not currently employed, by the most recent employer within the last three years. If you have recently left school or college one reference should be provided by a teacher or lecturer.

Internal Applicants: One reference will be taken up. Please give below the name of your current Manager who will be asked to provide a work reference.

Referees are only contacted if candidates are invited to attend for interview. Please note that family members, personal friends or neighbours will not be accepted as a referee.

Referee 1

Name of Referee:

Job Title:

Name of Company:

Address:

Telephone Number:

Email Address:

May we contact these referees without asking you?

YES

NO

Referee 2

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Name of Referee:							
Job Title:							
Name of Company:							
Address:							
Telephone Number:							
Email Address:							
May we contact these referees without asking you?		YES			NO		
We will not confirm an offer of appointment until we have received satisfactory references.							

6. Educational Qualifications

Please give details of secondary, further and higher education qualifications achieved. Start with the most recent. Please include institute details eg., college, etc.		
Date	Qualification gained or pending Please state subject (eg NVQ Level 1) and awarding institution or body	Grade Obtained

7. Training

Please list below relevant job related training you have undertaken, and/or any professional qualifications achieved.		
Date	Course Title	Organiser

8 Membership of Professional Bodies

Please state whether by election, exemption or examination

Date	Professional Body	Number	Grade / Level

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9. Requirements for Registration

Wales will requirement all care staff who work in the care sector to be registered with Social Care Wales. Please provide us with your registration information.

Are you registered?	YES			NO		
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Date of Registration:	
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Social Care Wales –Care Manager post you will need to provide your registration details below.

Registration Number:	
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Date of Registration:	
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10. Previous Employment

Please list your previous jobs including any with your present employer. Start with the most recent.

Job Title:			Date Started:	
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Employers Name:			Date Left:	
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Address:				
Postcode:				

Brief outline of duties:				
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Reason for Leaving:				
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Job Title:			Date Started:	
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Employers Name:			Date Left:	
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Address:				
Postcode:				

Brief outline of duties:				
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Reason for Leaving:			
Job Title:		Date Started:	
Employers Name:		Date Left:	
Address:			
Postcode:			
Brief outline of duties:			
Reason for Leaving:			

11. Driving Licence

Most of our roles require applicant to hold a driving licence as there is expectation that all staff will be required to drive in the field.

Do you hold a current driving licence valid for use in Great Britain?								YES		NO	
Do you have a car to use for work?				YES		NO					
Please state the type of licence you hold:											
FULL		PROVISIONAL		HGV		OTHER					
Do you have any current endorsements?								YES		NO	
If YES, please give details:											

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12. Relationship to Directors and Employees

Please give the details of any Directors or employee you are related to in the company. Disclosure will enable to company to ensure data is shared appropriately.

Name of Director/Employee:		Relationship:

13. Further Details

Please give any information which you think will help us consider your application, including details of your present or most recent job or other relevant experience, and any specialised knowledge you have. Include your leisure interests and hobbies. You should try to relate your information to the job description and person specification for the post you are applying for.

14. Criminal Convictions/Cautions/Disqualified Persons/Investigations

You only need to complete this Section if the post you are applying for requires a Standard or Enhanced Disclosure and Barring Service check as indicated on the advert/job description. A copy of the DBS Code of Practice is available to read here: <https://www.gov.uk/government/publications/dbs-code-of-practice>

Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013).

The amendments to the Exceptions Order 1975 (2013) provide that certain convictions and cautions are protected and are not subject to disclosure to employers and cannot be taken into account.

All applicants are asked to complete the following questionnaire and provide written consent for checks to be completed.

1. Have you ever pleaded guilty, been convicted or cautioned by a police officer for any criminal offences?

Please note that an old or minor offence as detailed above does not need to be declared.

	YES			NO	
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2. Has your name been added to the Barred List?

	YES		NO	
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3. Have you ever been subject to or party to any proceedings or investigation involving any Social Services authority or equivalent, here or abroad, or have had children or vulnerable adults removed from your care?

	YES		NO	
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If the answer is **YES** to any of the questions above, please give brief details:

Applicants are reminded that knowingly withholding this information or failing to disclose subsequent information is likely to lead to immediate suspension or termination of employment.

I hereby give consent Identified Healthcare to completing such checks as are necessary with records held by the company in order to verify the information provided above.

Signed:		Dated:	
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15. Equal Opportunities Statement

Identified Healthcare is committed to achieving equality as an employer and in all aspects of our business. The company will ensure that the community we serve and current and potential members of staff have equality of opportunity to access all our services and opportunities. Identified Healthcare will seek to ensure that no one receives less favourable treatment on the grounds of disability, race, language, gender, colour, religion, age, sexual orientation, marital status, social position, or any other improper grounds, by any requirements or regulations which cannot be fully and legally justified.

16. Data Protection

Identified Healthcare manages your personal data in accordance with General Data Protection legislation. When individuals apply to work for the company, we will only use the information supplied to process application

I confirm that I have read and understood how you will process my data.

17. The Recruitment Process – What will happen next?

If you have not been contacted within 4 weeks of the closing date, please consider that your application has been unsuccessful. **Whatever the outcome of your application, thank you for showing an interest in working for Identified Healthcare.**

18 Your Application

I certify that the details provided on this form and supporting papers are true. I understand that the provision of false or misleading information given in response to questions on this form, or the failure to disclose information will result in the termination of any contract of employment entered into, or the withdrawal of any offer of employment.

Signed:

Dated:

19. FOR OFFICE USE ONLY

Applicant Short Listed. Yes / No

Interview Date:

Reference requested

Reference 1 received

Reference 2 received

Other relevant employment documents requested:

Notes for file:

Offer of Employment:

Provisional Start Date:

Health Questionnaire to applicant:

Equal Opportunities Monitoring Form (Detach and used for monitoring purpose only)

Identified Healthcare welcomes applications from all sections of the community. Our organisation recognises and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect in line with the Equality Act 2010 legislation.

Post

Date of Birth

Gender:

Male

Female

I do not wish to disclose

ETHNICITY: I would describe my ethnic origin as (Please tick where appropriate):

a. White

British

Irish

Welsh

Any other White background -

Please state:

c. Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background -

Please state:

b. Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background -

d. Black or Black British

Caribbean

African

Any other Black background -

(Please state):

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Please state):			
		e. Chinese or Other Ethnic Group	
		Chinese	
		Other (Please state):	

SEXUAL ORIENTATION (please tick):

Heterosexual Gay/Lesbian/Bisexual Don't Know Prefer not to say

RELIGIOUS BELIEFS:

Do you have a religious belief, if so please state: