

APPLICATION FORM

Please complete fully, using black ink and send it to DE Healthcare, 19 Church Street, Uttoxeter, Staffordshire, ST14 8AG , or you can email it to dean@dehealthcare.co.uk. For any queries relating to this form please ring 01889 567360

PERSONAL DETAILS

Surname _____ Forename(s) _____

Address: _____

Postcode: _____

Day time telephone number: _____ Evening telephone number: _____

Mobile telephone number: _____

Email: _____

Do you hold a drivers licence?: Full/Provisional/None

Do you have any motoring convictions? YES/NO if yes specify:

National Insurance number: _____

Applicants should be aware that if invited to interview we will need to see documentation confirming right to work in the United Kingdom. This applies to all candidates regardless of ethnic origin or place of birth.

GENERAL INFORMATION

Have you been employed by DE Healthcare before YES? NO?

If yes, please tell us the approximate dates of your employment and in what capacity

Do you wish to apply for: A full time post Part time Bank Work

Days Nights Any

To the best of your knowledge, are any relatives or family members employed by DE Healthcare? YES/NO

If yes, what is your relationship to them?

EDUCATIONAL, VOCATIONAL AND PROFESSIONAL QUALIFICATIONS

Please use separate sheet if necessary

Details of qualification	Awarding body	Registration number where applicable

JOB RELATED TRAINING UNDERTAKEN WITHIN THE LAST 5 YEARS

Details of the training undertaken	Certificates or qualification gained	Date of training

PRESENT OR MOST RECENT EMPLOYER

Name and Address of your employer Post code	Dates employed from _____ to _____ Job Title Present Salary Notice Period
Brief description of duties and responsibilities	What is your reason for leaving

PREVIOUS EMPLOYMENT HISTORY

Please give details of all previous jobs since leaving full time education. Full details should be given for any period not accounted for by full time employment, education or training (e.g. unemployment, voluntary work, raising a family, part time work and working overseas). Please use a separate sheet if necessary

Dates	Name and Address of employer	Job title and summary of duties	Why did you leave?
FROM TO			
FROM TO			
FROM TO			
FROM TO			
FROM TO			

DISCLOSURE OF CRIMINAL RECORDS

Because of the nature of some posts it is important that you complete this section carefully and accurately. Applicants for posts working with or having access to Vulnerable Adults will have to have a check carried out through the Criminal Records Bureau (England) or Disclosure Scotland (Scotland).

Because the position for which you have applied may be covered by the Rehabilitation of Offenders Act 1974 and the Care Standards Act 2000, you are required to disclose **all** convictions and cautions **no matter how long ago they occurred** and regardless of whether the offence was committed as a juvenile or adult.

DO YOU HAVE, OR HAVE YOU EVER HAD, ANY CONVICTIONS, CAUTIONS, ADMONISHMENTS, REPRIMANDS OR FINAL WARNINGS? **YES / NO**

ARE YOU CURRENTLY THE SUBJECT OF CRIMINAL PROCEEDINGS OR POLICE INVESTIGATION? **YES / NO**

IF EITHER ANSWER IS YES, PLEASE GIVE DETAILS HERE

DATE	NATURE OF SUMMONS, CHARGE, CAUTION, ALLEGATION	SENTENCE OR ORDER

We will need to take a minimum of two references, one of which must be from your most recent employer. Your second referee should not be from the same organisation and may be a character reference. References will not be accepted from family members. **DE Healthcare retains the right to seek references from a previous employer where that employment is relevant to the position for which you have applied, particularly if more recent employment has been in other types of work i.e. not care related.**

Applicants for management posts should provide 4 referees, of which 3 will be employment related (please use an additional sheet)

Your present or last Employer <i>References should be provided by a person with the authority to give a reference on behalf of the employer</i>	Second reference
Name and position held	Name, position held and your relationship with this person
<u>Organisation</u>	<u>Organisation</u>
Address	Address
Postcode	Postcode
Telephone	Telephone
Name and position held	Name, position held and your relationship with this person
<u>Organisation</u>	<u>Organisation</u>
Address	Address
Postcode	Postcode
Telephone	Telephone

SUPPORTING INFORMATION

After reading the person specification and job description please use this section to tell us more about yourself and highlight any knowledge, experience or skills that you would bring to the post



You can use an additional sheet if necessary

Do you consider yourself to have a disability as defined by the Equality Act 2010? (The Act states that a person has a disability if they have 'a physical or mental impairment which has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities' YES / NO

If you do consider yourself to be disabled, please give details and tell us what adaptations or adjustments (if any) you think you would require to carry out the duties of the job as detailed in the job description.

If you are invited to interview in respect of this application are there any special requirements you would need us to provide?

How did you find out about this job? Publication / Website / Job Centre / Other

(Please state) _____

APPLICANT DECLARATION

I declare that the information I have provided and the statements I have made, including those relating to the disclosure of any criminal record and medical information, are both true and complete and that I am both mentally and physically fit to undertake the post as detailed within the job description. This information will form the basis of my employment and become a part of my Contract of Employment. Should it subsequently be proved that any information is false, misleading or has been withheld I understand that any offer of employment may be withdrawn or, should I be in employment with DE Healthcare, that I may be dismissed.

Should my application be successful and I am employed by DE Healthcare, information about me, including that relating to my ethnic origin and health, will be retained and processed for the purposes of monitoring and employment procedures in accordance with the Data Protection Act 1998.

SIGNATURE: _____

DATE: ____/____/____

Visit our web site at www.dehealthcare.co.uk

DE
Healthcare

EQUAL OPPORTUNITIES

DE Healthcare seeks to be an equal opportunities employer. We would be grateful if you could answer the following questions, which will be treated in a confidential manner so that we can monitor our progress towards that aim. They will not be referred to in considering your application, unless the nature of the post being applied for is deemed to be exempt from either the provisions of the Sex Discrimination Act 1975 and the Employment Act 1989 or the Race Relations Act 1976.

Are you Male Female

How long have lived in the UK

How would you describe your race or cultural origin?

A White

- British
- Irish
- White other

B Mixed Race

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

C Asian, Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

D Black, Black British

- Caribbean
- African
- Any other Black background

E Chinese, Chinese British or Other Ethnic group

- Chinese
- Any other background, please write in

The information you have provided (but not your name) may be used to provide statistical analysis so that we can monitor our compliance with best practice in terms of equal opportunity and non-discrimination.