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| Post Applied for: |  | **Post Number:** |  |

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| EASTDALE HEALTHCARE APPLICATION FORM |

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| --- | --- | --- | --- |
| Closing Date: | N/A | **Interview Date:** |  |

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| --- |
| Please complete this form fully using black ink or type. C.V.s are not accepted. Applications received after the closing date will not normally be considered. |
| **THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.** |

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| --- |
| Section 1 Personal details |

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: |  | **First Name:** |  |
| Title: |  | **Middle Name:** |  |

|  |  |
| --- | --- |
| Address: |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| Postcode: |  | **Date of birth:** |  |

Letters Numbers Letter

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Home Telephone No:** |  | **National Insurance No:** |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Daytime Telephone No:** |  |

|  |  |
| --- | --- |
| **Mobile Telephone No:** |  |

|  |  |
| --- | --- |
| **E-mail address:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Can we contact you at work?** | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you free to remain and take up employment in the UK with no current immigration restrictions? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Driving Licence – if relevant to post applied for.**  Do you hold a full, clean driving licence valid in the UK? | Yes |  | No |  |

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

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| Section 2 Present Employment |
| **Present Employment** (If now unemployed give details of last employer) |

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Postcode: |  |

|  |  |
| --- | --- |
| Post Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Appointment: |  | **Salary:** |  |

|  |  |
| --- | --- |
| Department / Section: |  |

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| --- | --- | --- | --- |
| **Brief description of duties:** | |  | |
|  |  | | |
|  | Continue on a separate sheet if necessary | |

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| --- | --- | --- | --- |
| Period of Notice: |  | **Last day of service**  (if no longer employed)**:** |  |

|  |  |
| --- | --- |
| **Reason for leaving**  (if no longer employed)**:** |  |

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| Section 3 Previous Employment |
| **Previous Employment** (most recent employer first). Please cover the last 10 years and state nature of business - if not public sector |
|  |

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | | |
|  |  | | |
|  |  | Postcode |  |

|  |  |
| --- | --- |
| Position Held: |  |

|  |  |  |
| --- | --- | --- |
| **Summary of duties:** | |  |
|  |  | |

|  |
| --- |
| **Reason for leaving:** |

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | | |
|  |  | | |
|  |  | Postcode |  |

|  |  |
| --- | --- |
| Position Held: |  |

|  |  |  |
| --- | --- | --- |
| **Summary of duties:** | |  |
|  |  | |

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| --- |
| **Reason for leaving:** |

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | | |
|  |  | | |
|  |  | Postcode |  |

|  |  |
| --- | --- |
| Position Held: |  |

|  |  |  |
| --- | --- | --- |
| **Summary of duties:** | |  |
|  |  | |

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| --- |
| **Reason for leaving:** |

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| Section 4 Education |
| Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first: |

|  |  |  |  |
| --- | --- | --- | --- |
| **College or University** | **Course** | **Qualifications and grades obtained** | |
|  |  |  | |
| **School** | **Subjects** | **Qualifications and grades obtained** | |
|  |  |  | |
| Continue on a separate sheet if necessary | | |

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| Professional, Technical or Management Qualifications |
| Please give details: |

|  |  |  |
| --- | --- | --- |
| **Professional/Technical/**  **Management Qualifications** | **Course Details** | |
|  |  | |
| **Membership of any Professional / Technical Associations- Please state level of Membership:** | | |
| Continue on a separate sheet if necessary | |

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| Section 5 Training and Development |
| Please give details of any training and development courses or non-qualifications courses which support your  application. Include any on the job training as well as formal courses. |

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| --- | --- | --- |
| **Title of Course** | **Duration of Course** | |
|  |  | |
| Continue on a separate sheet if necessary | |

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| Section 6 Personal Statement |
| **Abilities, skills, knowledge and experience.**  Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used. |

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| Continue on a separate sheet if necessary |

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| **Section 7 Rehabilitation of Offenders Act (1974)** |

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| Do you have any convictions that are unspent under the rehabilitation of offenders act 1974? | Yes |  | No |  |

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| If yes, please give details / dates of offence(s) and sentence: |
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| **Section 8 Disclosure & Barring Service (DBS)** |

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| If you are successful as an applicant, a disclosure will be carried out with the Disclosure  and Barring Service.  If you have registered with the Update Service please provide your user details below as your  Consent for Eastdale Healthcare to carry out an individual certificate check.  User Details……………………………………………………………………………………….. |

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| **Section 9 Disability Discrimination Act** |

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| This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment, which has a substantial and adverse long-term effect on his or her ability to carry out normal day-to-day activities. |

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| Do you have a disability which is relevant to your application? | Yes |  | No |  |

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| If yes, please give details: |
|  | |

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| **We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.** |

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| --- | --- | --- | --- | --- |
| **Do we need to make any specific arrangements in order for you to attend the interview?** | Yes |  | No |  |

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| If yes, please give details: |
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| **Section 10 Health** |

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| Number of days sickness absence in the last 2 years: |  |

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| --- | --- |
| Please state number of occasions in the last 2 years: |  |

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| **Section 11 References** |

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| Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are. |

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| --- | --- | --- |
| **Reference 1** |  | **Reference 2** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | **Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Position (job title): |  | **Position (job title):** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Work Relationship: |  | **Work Relationship:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation: |  | **Organisation:** |  |

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| --- | --- | --- | --- | --- | --- |
| Address: |  | | **Address:** |  | |
|  |  | |  |  | |
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|  |  | |  |  | |
|  | Postcode |  |  | Postcode |  |

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| --- | --- | --- | --- |
| Telephone No: |  | **Telephone No:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| E-mail: |  | **E-mail:** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you willing for this referee to be approached prior to the interview? | Yes |  | No |  | Are you willing for this referee to be approached prior to the interview? | Yes |  | No |  |

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| **Section 12 Recruitment Monitoring Form** |

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| This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes. |

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| Application for the post of: |  |

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| --- |
| To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM. |

|  |
| --- |
| What is your Ethnic Group? |
| Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| A. White | |  | | D. Black or Black British | |  |
| White UK | |  | | Black Caribbean | |  |
| Irish | |  | | Black African | |  |
| White non-UK | |  | | Any other Black background  (please give details): | |  |
| Any other White background  (please give details): | |  | | |  |  |
|  |  | |  | | | | |
| B. Mixed | |  | | **E. Chinese or other ethnic group** | |  |
| White & Black Caribbean | |  | | Chinese | |  |
| White & Black African | |  | | Vietnamese | |  |
| White & Asian | |  | | Any other ethnic background  (please give details): | |  |
| Any other Mixed background  (please give details): | |  | | |  |  |
|  |  | |  | | | | |
| C. Asian or Asian British | |  | | **F. I do not wish to provide this information** | |  |
| Indian | |  | |  | | | |
| Pakistani | |  | |  | | | |
| Bangladeshi | |  | |  | | | |
| Any other Asian background  (please give details): | |  | |  | | | |
|  |  | |  | | | | |

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| **Section 12 Recruitment Monitoring Form Continued** |

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| --- | --- | --- | --- |
| Gender |  | | |
| Male |  | Female |  |

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| --- |
| **Disability** |
| Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself disabled? | Yes |  | No |  |

|  |
| --- |
| If yes, please give details: |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Present Status |  | | |
| Internal Applicant |  | External Applicant |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age Group |  | | | | |
| 16-25 |  | 26-35 |  | 36-45 |  |
| 46-55 |  | 56-65 |  | 66-70 |  |
| Over 70 |  |  | | | |

|  |  |  |
| --- | --- | --- |
| Media | |  |
|  | Please state where you saw this post advertised | |
|  |  | |

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| **Section 13 Declaration** |

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| B. Statement to be Signed by the Applicant  Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.  **I hereby certify that:**   * **all the information given by me on this form is correct to the best of my knowledge** * **all questions relating to me have been accurately and fully answered** * **I possess all the qualifications which I claim to hold** * **I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.** |

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| --- | --- | --- | --- | --- |
| Signed: |  | **Date:** | |  |
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| Thank you for your interest in this post.  If you are returning this form by email, you will be asked to sign your application at interview. |

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| R E T U R N I N G T H I S F O R M | |
|  **By Hand or Post:**  22 Malham Drive,  Kettering, NN169FS,  Northamptonshire. | **By E-Mail:**  recruitment@eastdalehealthcare.com  **Enquiries:**  Telephone: 07540303169 |