

## Employee Application Form

*Please complete this form in black ink and complete all sections*

<b>Position Applied For:</b>	
<b>Form Completion Date:</b>	

**Data Protection Statement**

*The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) is collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Agency to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.*

**Equality of Opportunity Statement**

*The Company Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability, or offending background.*

Approx. no. of hours desired:	
Full time / Part time/Casual (please circle which you want to work)	Days/ Nights/ Mornings/Afternoons/ Evenings / Weekends only (please circle which you are able to work)
Surname:	Forename(s):
Previous surnames: (Supply documentary evidence e.g. marriage certificate, deed of name change etc.)	
Current Address :	
Postcode:	Moved to this address on (date):
Previous Address <small>*Note: For Disclosure Barring check purposes, addresses covering the ten years up to the application date must be supplied. If necessary, use another sheet of paper.</small>	
Post Code:	Moved to this address on (date):
Telephone Number (home):	Telephone Number (work):
Mobile Telephone:	<i>(we will use with discretion)</i>
Own Transport: Yes/No How long has licence been held?	Clean current driving licence: Endorsements:

<b>Education</b>		
School/College/University	Examinations Passed/Qualifications gained Please supply copies of certificates	
<b>Training History/Professional Status</b>		
Date of Graduation/ Qualification	Location/Details	Notes Please supply copies of certificates / membership details

Short Courses Attended	
Subjects	Location

Employment History	
<i>Current/last first. Must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).</i>	
Name and address of your most recent/last Employer:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Name and address of Employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	

Name and address of Employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
<b>Other roles (use additional sheet)</b>	

*Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if insufficient space is available.*

<b>Health Details</b>
Do you have any mental or physical disability or illness (currently or recurring) which is relevant to the post for which you are applying? <p style="text-align: center;">Yes / No</p>
If yes, please give details:
What adjustments (if any) need to be made to the working environment to accommodate your disability?
Please give details of <i>all</i> absences from work in the last 12 months, except holidays:
Please give details of any illnesses/accidents/injuries in the last 2 years:

GP's Name	
Tel No	
Address	
<i>(Your GP will not be contacted without your permission)</i>	

<b>Next of Kin</b>	
Full Name:	
Relationship:	
Tel No:	
Address:	

<b>Identity Details</b>	
Nursing and Midwifery Council PIN number:	(Nurses only)
National Insurance Number:	(all applicants)

<b>Capacity To Work In The UK</b>	
<p>Under Section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:</p> <ul style="list-style-type: none"> <li>• That person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or</li> <li>• The person comes into a category specified by the Home Secretary where such employment is allowed</li> </ul> <p>Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened.</p> <p style="text-align: center;"><b>Are you eligible to work in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/> Please ✓ as appropriate</b></p>	
Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?	Yes / No <small>(delete as appropriate)</small>
If yes, please provide details:	
If you are successful in the application, would you require a work permit prior to taking up employment?	Yes / No <small>(delete as appropriate)</small>

### Rehabilitation of Offenders Act

As a general rule, no-one need answer questions about spent convictions. However this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:

- a) any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or
- b) any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties

One or both of the above apply to work with Inspired Care Ltd, and covers all occupations.

*You are therefore requested to provide details of all convictions, including those which would otherwise be considered as "spent". All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.*

#### Records will be checked via the Disclosure Barring service procedures

**I have no convictions**  **I have convictions (see Note below)**

**Please ✓ as appropriate**

*To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed "Private and Confidential – Criminal Convictions" and attach this to your completed Application Form.*

### Referees

*You must provide references from your two most recent employers. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us. Current or most recent Employer*

Name:	
Address:	
Post Code	
Tel No:	
Job title	
May we contact the above person now? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Please ✓ as appropriate</b>	
Name:	
Address:	
Post Code	
Tel No:	
Job title	
May we contact the above person now? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Please ✓ as appropriate</b>	

Personal Declaration	
<p style="text-align: center;"><b>I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and</b></p> <ul style="list-style-type: none"> <li>I give permission for any enquiries that need to be made to confirm such matters as qualifications, experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.</li> <li>I give permission for the processing of the personal data contained in this form for employment purposes.</li> <li>I understand that any false or misleading information could result in my application not being processed.</li> </ul>	
<b>Signed</b>	<b>Date</b>

Once completed please return this form to;

**Inspired Care Limited**  
**Azure Business Centre**  
**1-3 High Street**  
**Newburn**  
**Newcastle**  
**NE15 8LN**

For Administration Team Use Only		
		Initials
<b>Date Application received</b>		
<b>Date Application acknowledged</b>		
<b>Initial Decision</b>		
<b>Date Applicant informed</b>		
<b>Date(s) of Interview</b>		
<b>Decision</b>		

<b>Equal Opportunity Monitoring Form</b>	
The completion of this form is voluntary, but the information it contains helps us to monitor and improve our equal opportunities policies and procedures. <b>This sheet is removed from the application form before the short-listing process, thus ensuring that all short-listing is based on merit.</b>	
<b>1. Full Name:</b>	
<b>2. Job Applied For:</b>	
<b>3. Date of Birth</b>	<b>4. Marital Status</b>
<b>5. Gender: Male / Female (delete as appropriate)</b>	<b>6. Nationality:</b>

**7. I belong to the following ethnic grouping: (tick as appropriate)**

<p><b>A: White</b></p> <p>A1: British A2: Irish A3: Any other white background (please specify)</p>	<p><b>D: Black or Black British:</b></p> <p>D1: Caribbean D2: African D3: Any other black background (please specify)</p>
<p><b>B Of mixed race:</b></p> <p>B1: White &amp; Black Caribbean B2: White &amp; Black African B3 : White &amp; Asian B4: Any other mixed background (please specify)</p>	<p><b>E: Asian or Asian British:</b></p> <p>E1: Indian E2: Pakistani E3: Bangladeshi E4: Any other Asian background (please specify)</p>
<p><b>C: Chinese:</b></p>	<p><b>F: Any other ethnic group (please specify)</b></p>

**8.** Do you consider yourself to have a disability? Yes / No

**9.** Do you have any disability for which special arrangements should be made, either in an Interview or employment situation? If so, please specify the nature of the disability and your requirements:

I understand that this information may be stored and processed as part of the Monitoring of Equal Opportunities and I give my consent to my details to be used for this purpose.

**Signed:** ..... **Date:** .....