



Application for Employment

All information will be treated as strictly confidential and no approach will be made to any person without your permission.
Please print clearly in black ink.

Section 1 – Personal Details

Title: <input type="text"/>	Surname: <input type="text"/>	Forename(s): <input type="text"/>
Known by any other names? <input type="text"/>		
NI Number: <input type="text"/>	D.O.B: <input type="text"/>	
Home Address: <input type="text"/>	Telephone Day: <input type="text"/>	
	Mobile: <input type="text"/>	
	Evening: <input type="text"/>	
	Email: <input type="text"/>	
Post Code: <input type="text"/>		
Next of Kin: <input type="text"/>	Relationship to them: <input type="text"/>	
Contact details: <input type="text"/>	Phone number: <input type="text"/>	

Section 2 – Employment Details

Position Applied For: <input type="text"/>
If offered this position, will you work in any other capacity for a different employer? If so, what and how many hours? <input type="text"/>



Do we need to make any disability-related adjustments to allow you to take part in the recruitment process?

Are you entitled to enter or remain in the UK and undertake the work in question?

What date will you be available to start work?

Section 3 – Work History Voluntary, Unpaid, etc *(Starting with most recent/current)*

Name & Address of Employer:		<input type="text"/>	
Telephone:		<input type="text"/>	
Starting Date:		Leaving Date:	
<input type="text"/>		<input type="text"/>	
Job Title:		Rate of Pay:	
<input type="text"/>		<input type="text"/>	
Name and Title of Supervisor/Manager:		<input type="text"/>	
Details of Duties/Responsibilities:		<input type="text"/>	
Reason for Leaving:		<input type="text"/>	

Please provide details of all roles (voluntary and employed) since finishing full time education(continue on separate sheet if needed)



Employment Dates M/Y-M/Y	Employer Name and Address	Position held	Reason for leaving

Please detail all gaps in employment

Date of Gap M/YM/Y	Reason for Gap



Section 4 – Education and Experience

School/College/University	Dates	Qualifications (Subjects and Results)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please state any skills you have, or courses you have attended relevant to the position you have applied for:



Skill check list (Carers & support workers only) Please tick areas in which you have experience:

- ☐ Dementia
- ☐ Personal care
- ☐ Incontinence of service user
- ☐ Epilepsy
- ☐ Use of hoists
- ☐ Moving and handling of service user
- ☐ Mental health
- ☐ Autistic Spectrum Disorder
- ☐ Managing Challenging Behaviour
- ☐ Lone working
- ☐ Documentation
- ☐ Learning Disability experience
- ☐ Elderly Care

Do you speak or read a second language? *(Please give details):*

Professional indemnity insurance (Registered Nurse only)

I confirm that I have valid and current professional indemnity insurance

☐

I know I must inform my employer if this lapses.

Nursing Registration (Registered Nurse only)

PIN number:

Category of registration:

Date of first registration

Expiry date:

Date of next re-validation:

Section 5- Health and Immunisation information

Please provide documentary evidence of immunisations and or screening- this is available from your GP.



Please select below the statement that best describes your current health:

- ☐ I am not aware of any health conditions or disability which might impair my ability to undertake effectively the duties of the position which I am applying to.
- ☐ I do have a health condition or disability which might affect my work and which might require special adjustments to my work or at my place of work.

Immunisation	Dates given	Booster dates	Notes
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>
MMR	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tetanus	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rubella	<input type="text"/>	<input type="text"/>	<input type="text"/>
BCG (tuberculosis)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Flu	<input type="text"/>	<input type="text"/>	<input type="text"/>
Covid 19	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you had chicken pox (Variacella)?

- ☐ No
- ☐ Yes, as an adult
- ☐ Yes as a child



Section 6 – Transport

Do you hold a current Driving Licence?	<input type="text"/>
If yes, type of licence?	<input type="text"/>
If no, state type of transport:	<input type="text"/>
Any current endorsements?	<input type="text"/>
If yes, give details.	<input type="text"/>

Any motoring prosecutions pending?	<input type="text"/>
If yes, give details.	<input type="text"/>

Section 7 – Safeguarding and DBS

Have you ever been known to any safeguarding services department or to the police as being a risk or potential risk to vulnerable adults, children or young people?	<input type="text"/>
Have you been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour towards vulnerable adults, children or young people?	<input type="text"/>
Are you on any 'Barred lists'?	<input type="text"/>
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 (Amended) 2013?	<input type="text"/>



By signing this application, I agree that the information provided here may be processed in connection with recruitment purposes and I understand that an offer of employment may be withdrawn or disciplinary action may be taken if information is not disclosed by me and subsequently come to the organisation's attention. In accordance with the organisation's procedures, if required I agree to provide a valid DBS certificate and consent to the organisation clarifying any information provided on the disclosure with the agencies providing it. I agree to inform the organisation within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards vulnerable adults, children or young people. I understand that the information contained on this form, the results of the DBS check and information supplied by third parties may be supplied by the organisation to other persons or organisations in circumstances where this is considered necessary to safeguard vulnerable adults, children and young people.

Guidance and criteria on the filtering of these cautions and convictions can be found on the Home Office [website](#). All information you provide will be treated as confidential and managed in accordance with relevant data protection legislation and guidance. You have a right of access to information held on you under the Data Protection Act 1998.

Section 8 – References

PLEASE NOTE YOU MUST SUPPLY A MINIMUM OF REFERENCES COVERING THE LAST 3 YEARS.

Please give the details of former employers to whom we may contact for an employment reference **(one of which should be your last / current employer, going back 3 years)**.

If you **do not** want us to contact them, unless we offer you the position please tick the box.

☐

Employment reference (Last/Current Employer):

Name:	<input type="text"/>	Position:	<input type="text"/>
Name and Address of Company:		<input type="text"/>	
Telephone Number:		<input type="text"/>	
Email Address:		<input type="text"/>	
Length of Time Known:		<input type="text"/>	

**Employment reference:**

Name:

Position:

Name and Address of Company:

Telephone Number:

Email Address:

Length of Time Known:

Character reference:

Name:

Position:

Address:

Telephone Number:

Email Address:

Length of Time Known:

Please detail any further information you wish to put forward in support of your application.



Privacy notice

We process personal data relating to those who apply for job vacancies with us or who send speculative job applications to us. We do this for employment purposes, to assist us in the selection of candidates for employment, and to assist in the running of the business. The personal data may include identifiers such as name, date of birth, personal characteristics such as gender, qualifications and previous employment history.

We will not share any identifiable information about you with third parties without your consent unless the law allows or requires us to do so. The personal data provided during an application process will be retained for a period of at least six months or, if required by law, for as long as is required.

This privacy notice does not form part of an employment offer or contract between us. If we make an employment offer to you, we will provide further information about our handling of your personal information in an employment context separately.

If you would like to find out more about our data retention policy and how we use your personal data, you want to see a copy of the information about you that we hold or have any questions or issues regarding data protection, please email us with the Subject "Data Protection Request".

Declaration

The information I have provided is true. I understand that any job offer made on the basis of untrue or misleading information may be withdrawn or my employment terminated.

I give the employer the right to investigate all of the references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organisations for furnishing such information.

I understand that potential employment is subject to satisfactory references and DBS checks.

Applicant's Full Name:

Applicant's Signature:

Date: / /



Please return your form to your nearest office:

Gloucester Office

Suite 2
Westgate House
The Island
Gloucester
GL1 2RU

Tel: 01452 507452

Email: gloucester@deanhealthcare.co.uk

Bristol Office

Dean Healthcare South West
1st Floor, Griffin House,
15-16 Lower Park Row,
Bristol,
BS1 5BN

Tel: 01173 250282

Email: Bristol.recruitment@deanhealthcare.co.uk

Hereford office

Tel: 01432 818811

Email: hereford@deanhealthcare.co.uk

Worcester Office

Tel: 01905 888003

Email: worcester@deanhealthcare.co.uk
