

STAFF DETAILS			
Name:		Date of Hire:	
Position Held:		Email Address:	
D.O.B:		Home Address:	
GP Name: GP Address: GP Telephone Number:		Home Phone:	
Mobile Phone:		National Insurance Number:	
DBS Reference Number:		DBS Issue Date:	
EMERGENCY CONTACT DETAILS			
Name:		Relationship:	
Address:		Home Phone:	
Work Phone		Mobile Phone:	

BANK DETAILS	
Bank Name:	
Bank Address:	
Sort Code	
Account Details	
Phone NUMBER	

APPLICATION FORM FOR EMPLOYMENT

Details entered in this part of the form will be held in strict confidence. Access to this information will be withheld from the shortlisting panel. Please do not type using only capital letters, as this could lead to your application being automatically rejected. Please use the appropriate mixture of capital and lowercase letters in standard written text. Please remember to check it carefully, as once the form has been submitted, it cannot be changed. Please note that questions marked with an asterisk * are mandatory and therefore must be answered.

Enhanced DBS Number	
Job Title	
Department	

Personal Details

*Surname/Family Name	
*First Names	
Name in which you are registered with a professional body (if applicable)	
Title	
UK National Insurance No	
Address	
*Postcode	
* Country	
Home Telephone	
Mobile Telephone	
Work Telephone	
May we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Email Address	
*Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please select the category that relates to your current immigration status. This status will be subject to checking before interview.	
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> HSMP/Tier 1 <input type="checkbox"/> Indefinite Leave to remain/enter <input type="checkbox"/> Work Permit/Tier 2 <input type="checkbox"/> Dependant / Spouse visa <input type="checkbox"/> Clinical attachment visa <input type="checkbox"/> Student <input type="checkbox"/> Visitor </div> <div style="width: 50%;"> <input type="checkbox"/> Post Graduate Doctors and Dentists <input type="checkbox"/> Tier 5 Temporary Workers <input type="checkbox"/> Working Holiday Visa/Tier 5 Youth Mobility <input type="checkbox"/> Refugee <input type="checkbox"/> Other, please specify below </div> </div>	
Please supply details of any visa currently held, including number, start/expiry dates and details of any restrictions.	
Visa No: Start Date: (DD/MM/YY) Expiry Date: (DD/MM/YY) Details of Restriction:	
Does your visa have a condition restricting employment or occupation in the UK?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have a disability, do you require any reasonable adjustments to be made during the recruitment process, including interview?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please supply details below;	

MONITORING INFORMATION

This section of the application form will be detached from your application form. The information collected will only be used for monitoring purposes in an anonymised format and will help the organisation analyse the profile and make up of applicants and appointees to jobs in support of their equal opportunities policies.

Team24 Care recognise and actively promotes the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. We therefore welcome applications from all sections of the community.

* Date of Birth	
* Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this

Equality Act 2010

* I would describe my ethnic origin as:		
Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	Mixed <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	Other Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not wish to disclose this

Equality Act 2010

* Please select the option which best describes your sexual orientation		
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> I do not wish to disclose this	
* Please indicate your religion or belief		
<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam	<input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism <input type="checkbox"/> Judaism	<input type="checkbox"/> Hinduism <input type="checkbox"/> Other <input type="checkbox"/> I do not wish to disclose this

Equality Act 2010

The Equality Act 2010 protects disabled people, including those with long-term health conditions, learning disabilities, and so-called "hidden" disabilities such as dyslexia. If you tell us that you have a disability, we can make reasonable adjustments to ensure that any selection processes - including the interview - are fair and equitable.

* Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this information
If you consider yourself to be disabled and you are shortlisted for an interview, what adjustments would you like us to make?	

Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions after the rehabilitation period set by the Court has elapsed and the convictions become "spent". During the rehabilitation period, convictions are referred to as "unspent" convictions and must be declared to employers.

Before you can be considered for appointment with the Team24 Care, we need to be satisfied with your character and suitability.

Team24 Care aims to promote equality of opportunity. It is committed to treating all applicants for positions fairly and on merit, regardless of race, gender, marital status, religion or belief, disability, sexual orientation and age. Team24 Care undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

If you are applying for a post involving access to persons in receipt of health services, your offer of employment may be subject to a satisfactory disclosure from the Disclosure and Barring Service. Failure to disclose information relating to any convictions may result in the withdrawal of an employment offer.

Anyone applying for a position which involves a regulated activity and certain controlled activity from 12 October 2009 will require a DBS check, and that disclosure will, where appropriate to the role, include information against the Independent Safeguarding Authority barred lists for working with children, working with adults or both.

Are you currently bound over, or do you have any unspent convictions issued by a Court or Court Martial in the UK or any other country?

<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please supply details below;

Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

In order to protect certain vulnerable groups within society, there are a number of posts within the company that are exempt from the provisions of the Rehabilitation of Offenders Act 1974. As the post you have applied for falls within this category, it will be exempt from the provisions of the Rehabilitation of Offenders Act by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

Applicants for such posts are not entitled to withhold any information about convictions or other relevant criminal record information which, for other purposes, are "spent" under the provisions of the Act. If you are successful with this application, any failure to disclose such information

could result in dismissal or disciplinary action. Any information provided will be confidential and will be considered only in relation to posts to which the Order applies.

From 12 October 2009, under the terms of the Safeguarding Vulnerable Groups Act (2006), all positions involving regulated and certain controlled activity with children and vulnerable adults and which are carried out frequently, intensively or overnight, will require an enhanced Disclosure and Barring Service (DBS) check. Where appropriate to the role, the DBS disclosure will include information against the Independent Safeguarding Authority barred lists for working with children and/or vulnerable adults.

Are you currently bound over or have you ever been convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other country?

☐ Yes ☐ No

If YES, please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing. Please note: you do not need to tell us about parking offences.

Has your name ever appeared on the Protection of Children's List, or have you ever been referred to the Independent Safeguarding Authority (ISA) for consideration of barring against the Children's List?

☐ Yes ☐ No

Has your name ever appeared on the Protection of Vulnerable Adults List, or have you ever been referred to the Independent Safeguarding Authority (ISA) for consideration of barring against the Vulnerable Adults List?

☐ Yes ☐ No

Relationships

If you are related to a director, or have a relationship with a director or employee of an appointing organisation, please state the relationship

DECLARATION

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional registration details.

I agree to the above declaration			
Signature			
Name		Date	

Where did you see this vacancy advertised?			
<input type="checkbox"/> NHS Website <input type="checkbox"/> Search Engine <input type="checkbox"/> Other Website <input type="checkbox"/> National Newspaper	<input type="checkbox"/> Local Newspaper <input type="checkbox"/> British Medical Journal <input type="checkbox"/> Health Service Journal <input type="checkbox"/> Hospital Doctor	<input type="checkbox"/> Doctor <input type="checkbox"/> Therapy Weekly <input type="checkbox"/> Nursing Times <input type="checkbox"/> GP	<input type="checkbox"/> Nursing Standard <input type="checkbox"/> Other Professional Journal <input type="checkbox"/> Jobcentre Plus <input type="checkbox"/> Radio <input type="checkbox"/> Other

Education & Professional Qualifications

Include in this section all the relevant qualifications. Please also indicate subjects currently being studied. All qualifications disclosed will be subject to a satisfactory check.			
Subject/Qualification	Place of Study	Grade/result	Year

Training Courses Attended

Include in this section any relevant training courses that you have attended or details of courses that you are currently undertaking.

Course Title	Training Provider	Duration	Date Completed

Membership of Professional Bodies

Include in this section any relevant professional registrations or memberships. If you are registered, then please enter the relevant details below; this information will be subject to a satisfactory check.

* Please indicate your Professional Registration status if relevant to this post:

- | | |
|--|---|
| <input type="checkbox"/> I do not have the relevant UK professional registration status
<input type="checkbox"/> I have current UK professional registration
<input type="checkbox"/> UK professional registration is required and applied for | <input type="checkbox"/> UK professional registration is required but not yet applied for
<input type="checkbox"/> I am a student
<input type="checkbox"/> Not required for this post |
|--|---|

If professional registration is not required, then go to **Employment History**.

If you are registered, then please enter the relevant details below:

Professional Body	Membership or Registration type	Membership/Registration PIN	Expiry/Renewal Date

If you are applying for a post that requires professional registration, you are required to provide the following information:

Are you currently the subject of a fitness to practise investigation or proceedings by a licensing or regulatory body in the UK or in any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been removed from the register or have conditions been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If applicable, please provide details of any conditions/restrictions you may have.

Employment History

Please record below the details of your current or most recent employer

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date		End Date	
Band		Salary	
Reporting to (job title)		Notice Period	
Reason for leaving (if applicable)			
Description of your duties and responsibilities			

Previous Employment

Please record below the details of your previous employment, beginning with the most recent first. Up to 5 previous employments can be entered here. If required, please provide additional information regarding your employment history within the 'Supporting Information' section.

Previous Employer 1

Employer Name			
Address			
Job Title		Band	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 2

Employer Name			
Address			
Job Title		Band	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 3

Employer Name			
Address			
Job Title		Band	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 4

Employer Name			
Address			
Job Title		Band	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 5

Employer Name			
Address			
Job Title		Band	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Please add additional employers/information on a separate sheet.

If you have any gaps within your employment history, please state below.

Supporting Information

In this section, please provide your reasons for applying for this post and any additional information that demonstrates how you meet the person specification for the job (you will have received this document with the application form). This can include relevant skills, knowledge, experience, voluntary activities and training, etc.

Supporting information (Please continue on additional sheets if necessary).

Additional Personal Information

Employment Type	<input type="checkbox"/> Part-Time / Bank Contract
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References

Please state the names and contact details of the people who have agreed to supply references covering a minimum of 3 years of employment/training. If you are or have been employed, these should include your two most recent employers, your line manager or someone in a position of responsibility who can comment on your work experience, competence, personal qualities and suitability for the post. If you are a student, please provide contact details of a teacher at your school, college or university. If you have not been in employment for a considerable amount of time but have had previous employment, then you should seek one reference from your last known employer and a personal reference from a person of some standing within your community, i.e. doctor, solicitor, MP, etc. Where it is not possible to obtain any employer reference at all, then please obtain two personal references. Where no personal reference can be obtained, references should be sought from personal acquaintances who are not related to or involved in any financial arrangement with you. If you have undergone training to return to work, then the academic institution should be contacted. Personal references, such as friends and relatives, are not acceptable unless stated previously.

Please note that all reference requests will be sought through your line manager or other relevant department manager, and your employment history will be verified through the organisation's Human Resources department or other relevant recruitment function. Please ensure that you provide full contact details. Referees may be contacted prior to interview.

Referee 1

*Surname/Family name		First Name	
Title			
Job Title			
*Address			
*Post Code/ Zip Code		*Country	
Telephone		Fax	
Email			
* Relationship		*Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Referee 2

*Surname/Family name		First Name	
Title			
Job Title			
*Address			
*Post Code/ Zip Code		*Country	
Telephone		Fax	
Email			
* Relationship		* Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have applied to us within the last three months, would you be happy for us to use the references from your earlier application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Referee 3

*Surname/Family name		First Name	
Title			
Job Title			
*Address			
*Post Code/ Zip Code		*Country	
Telephone		Fax	
Email			
* Relationship		* Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have applied to us within the last 3 months, are you happy for us to use the references from your earlier application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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CARER STANDARDS

Name:

Date of Completion:

In order to guide the interview process, we would like you to indicate your personal philosophy of Care by completing the following statement:

I believe that the purpose of Care from a Care service is:	
If I were a Service User in The Agency, I would like:	
I believe that the Service User's family and relatives would like from The Agency:	
I believe that I can support a Service User in The Agency because:	
As a member of The Agency Care team, I feel valued when:	
I believe that a good relationship between me and the Service User depends on:	
I believe that I learn best when:	
I believe that a good working team is made up of:	
I believe that my role in relation to the Service User is:	
My other beliefs and values of relevance to my job are:	