

## EDUCATION

**POSITION APPLIED FOR:**

|  |
| --- |
| Title: Mr / Mrs / Miss / Ms / Other (delete as applicable) |
| Surname: | Forename(s): |
| Home Address: |
|  | Postcode: |
| Home Tel: | Work Tel: | Mobile Tel: |
| Email address: |

|  |  |  |
| --- | --- | --- |
| Do you have evidence to work in the UK? | Yes | No |
| Do you hold a current UK driving licence?Do you own a vehicle?Are you insured to drive the vehicle in the course of your employment? Do you have any endorsements? | Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |

APPLICATION FOR EMPLOYMENT

|  |  |
| --- | --- |
| Further Education (if applicable) | Examinations passed |
|  |  |

## PROFESSIONAL QUALIFICATIONS

|  |  |  |
| --- | --- | --- |
| Examining Body | Qualifications | Grades |
|  |  |  |

**QUALIFIED NURSES ONLY**

Expiry Date:

NMC Pin Number:

## CURRENT OR LAST EMPLOYMENT

|  |  |
| --- | --- |
| Employer Name: | Position Held: |
| Start Date: |
| Reason for Leaving: | End Date: |
| Notice in current job? | Salary: | \* per hour / annum |

### Duties and Responsibilities

\* delete as applicable

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have any holiday arranged? | Yes | No | Dates: |

**DETAILS OF PREVIOUS EMPLOYMENT dating back to your first job after education including any voluntary work, please also provide an explanation for any gaps *ie. career break, family commitments, travelling***

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Dates **(MM/YY)** | Position Held | Reason for Leaving& Final Salary |
| From | To |
|  |  |  |  |  |

## TRAINING (please continue on a separate sheet if necessary)

|  |  |  |
| --- | --- | --- |
| Training Courses Attended | Dates | Qualifications obtained (if any) |
|  |  |  |

**SUITABILITY TO WORK WITH VULNERABLE ADULTS**

**CONVICTIONS *Please sign declaration below***

Has your name been referred to the Secretary of State under sections 82, 83 and 84 of the Care Standards Act 2000 for inclusion on

the list maintained by the Secretary of State of individuals who are unsuitable to work with vulnerable adults (The List) **YES / NO**

If YES, has the Secretary of State:

Confirmed the inclusion of your name on the list? Removed your name from the list?

Not yet completed their consideration of the referral?

Please note that it is a criminal offence for an individual whose name is included on the list to knowingly: Apply for, offer to, accept or do any work in a care position.

The National Minimum Standards issued under the Care Standards Act 2000 in respect of Care Homes for Older People require us to obtain information about any criminal conviction you may have. For this purpose you should note that the job you are applying for is included in the list of exceptions under The Rehabilitation of Offenders Act 1974, Exception Amendments Order 1986. This means that spent convictions must also be declared by you.

Please state below **all criminal convictions, cautions or reprimands** that you have, **including spent convictions and any criminal charges that are pending**. You should note that if we decide to offer you a job, the information you supply will be verified by us with the Criminal Records Bureau.

The existence of a criminal conviction will not necessarily lead to the withdrawal of the conditional job offer, but any failure to fully and accurately disclose all criminal convictions will lead to the withdrawal of the offer.

**Criminal Convictions and Charges: YES / NO** *(If YES, please provide details below)*

**Signed:**

**Date:**

## ADDITIONAL INFORMATION - Please complete this section

Please provide details of any other information you consider may help your application including hobbies, interests, ambitions etc.

*(Please continue on a separate sheet if necessary)*

**HEALTH & FITNESS FOR THE JOB**

We need to be satisfied that you can safely perform the job without risk to you or our residents. If we wish to offer you a job but are in any doubt about your fitness, we may require you to undergo an examination by a doctor appointed by us, or we may require a report by your own GP about your current state of health and your suitability for the job. Your signature in the box below and your submission of this application form constitutes your agreement to:

* Attend and co-operate in any medical examination we require with a doctor appointed by us.
* Instruct your GP to respond to our request for a report about your current state of health and suitability for the job.

I confirm that I have read this section and agree to its terms.

**Signed:**

**Date:**

## REFERENCES

The receipt of two satisfactory references is a condition of employment. Please provide details of two referees (who must NOT be friends or relatives), one of whom should be your last or current employer.

***Reference 1 - Current/Last Employer Reference 2 - Previous Employer***

Full Name: Full Name:

Company Name:

Company Name:

Address:

Address:

Postcode: Work Tel: Home Tel: Occupation:

Email:

Postcode: Work Tel: Home Tel: Occupation:

Email:

Will your referees be willing to provide you with a reference, if we offer you a job 'subject to satisfactory references'?

**YES / NO**

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| (Mr/Mrs/Ms) |
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| --- |
| (Mr/Mrs/Ms) |
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**ADDITIONAL INFORMATION**

Have you previously applied or worked for Colten Care? If Yes, please provide details: Do you know anyone who currently works for Colten Care? If Yes, please provide details:

Where did you hear about this position?

**DECLARATION**

I confirm that the information contained on and supplied with this application is true, complete and not misleading. I confirm that I have completed and signed all the sections required. The offer of employment will be subject to the above information being verified.

I confirm I have read and understood this section and accept its terms. If required, I consent to an external ID validation for the CRB being completed.

**Signed:**

**Date:**