

## Application Form

Please type or complete this form in black ink

**Outcome 12 Regulation 21**

### STRICTLY CONFIDENTIAL

### Application for Employment

Please complete all sections. If you have any difficulties in completing this form please ask someone to help you.

In accordance with the Data Protection Act (1984) you are advised that you have the right of access to any information from this application form which may be held on the computer database. Kitec Healthcare Services Ltd aims to satisfy the needs of clients by providing equal opportunities irrespective of their sex, age, marital status, racial or ethnic origin, disability or sexual orientation.

In order to provide you with work, Kitec Healthcare Services Ltd will require all the documents listed below. If you are unable to provide one or more of the following please contact the office where we will advise you further.

- |   |  |
|---|--|
| <input type="checkbox"/> Completed Registration Form (Signed & Dated)     | <input type="checkbox"/> Proof of eligibility to work in the UK (EU)                     |
| <input type="checkbox"/> Health Declaration Forms and Serology Reports    | <input type="checkbox"/> Any Qualification certificates in relation to Registration Form |
| <input type="checkbox"/> 2 x Passport sized photographs (interview stage) | <input type="checkbox"/> Driving Licence (if applicable)                                 |
| <input type="checkbox"/> Passport and Utility Bills                       | <input type="checkbox"/> Completed DBS application form                                  |

POSITION APPLIED FOR

Date of Application

\_\_\_\_/\_\_\_\_/\_\_\_\_

### 1 PERSONAL DETAIL'S:

Title \_\_\_\_\_ Surname \_\_\_\_\_ Previous Surnames (if any) \_\_\_\_\_

Forename (s) in Full \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Home Tel No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_

Nationality \_\_\_\_\_ Qualification (s) \_\_\_\_\_ Part of Register \_\_\_\_\_

National Insurance No. \_\_\_\_\_

PIN \_\_\_\_\_ (Qualified Nurse applicants only) Exp date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of emergency contact \_\_\_\_\_ Relationship to you \_\_\_\_\_

Work Tel No. \_\_\_\_\_ Home Tel No. \_\_\_\_\_

**Address:** Suite 3<sup>rd</sup> Floor, 21-23 Mill Street, Bedford, Beds MK40 3EU

**Phone:** 01234 349745 **Direct Line:** 07859 050952

**Email:** [info@kitechealthcare.co.uk](mailto:info@kitechealthcare.co.uk) **Website:** [www.kitechealthcare.co.uk](http://www.kitechealthcare.co.uk)

**2 TRAINING AND EDUCATION:**

Schools Attended	Subjects and Examination Grade	Year Obtained

**TRAINING AND FURTHER EDUCATION (College and University):**

Establishment	Subjects/Courses	Grade Achieved	Dates

**MEMBER OF PROFESSIONAL BODY AND STATUS**

Details	Location

**3 PREVIOUS EMPLOYMENT**

**A full employment history must be detailed beginning with your current employment, and covering all reasons for gaps in any given year.**

Date		Employer's name (most recent first)	Position held	Salary & Benefits	Reason for leaving
From	To				

**4 REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS**

Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose?      YES/NO

Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

Signature:.....

Date:.....

**Failure to declare or the falsification of any of the above details will result in the withdrawal of any job offer.**

## 5 ADDITIONAL PERSONAL DETAILS

Outside interests, leisure time activities and other personal information which you think may assist us in evaluating your application.

**6 REFERENCES**

Please give the name and address of two referees, one of whom <b>must</b> be your present employer, or your previous employer.		
Name	Status	Company Address, Telephone No and Email
1.		
2.		
3.		

Kitec Healthcare Services seeks to work in a flexible and family friendly manner with its staff; however unsocial hours are part and parcel of a quality care service. Weekend working is a requirement for all staff, the frequency of which will be determined at interview.

<b>Please indicate holiday dates if already booked:</b>	
<b>Period of notice required in present post:</b>	
<b>Earliest start date:</b>	
<b>Give a brief description of the hours you would prefer and the areas/locations in which you would wish to work:</b>	

I declare that to the best of my knowledge, all of the information contained and documented herein is complete and truthful.

Signature:

Date:

**FOR OFFICE USE ONLY**

Applicant shortlisted

Yes/No

Interview Date:

/ /

References requested:

/ /

Verbal reference check:

Yes/No

Date:

/ /

**Additional Notes from application**

Application completed?

Yes/No

Full employment history?

Yes/No

**Equal Opportunities Monitoring**

This section of the application will be detached and used for monitoring purposes only. Our organisation recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation religion or belief. We 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

**Race Relations (Amendment) 2000**

I would describe my ethnic origin as (please indicate with a ):

<p><b>Asian or Asian British</b></p> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background	<p><b>Mixed Raced</b></p> <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other missed background	<p><b>Other Ethnic Group</b></p> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not want to disclose this
<p><b>Black or Black British</b></p> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	<p><b>White</b></p> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background	

**Employment Equality Regulations 2003**

Please select the option which best indicate your religion or beliefs and describes your sexuality.

<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	<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
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## Health Questionnaire

*In order to comply with the Health and Social Care Act 2008 and the Equality Act 2010, please complete this questionnaire as fully as possible. Failure to do so could impede or delay your appointment. All information is confidential.*

Have you ever had or suffered from:	Circle Yes or No
Epilepsy/Blackouts	Yes/No
Nervous Mental Disorders	Yes/No
Migraine/Headaches	Yes/No
Sensory Impairment	Yes/No
Skin Allergies	Yes/No
Back pain/Previous Back Injury	Yes/No
Heart Condition	Yes/No
Asthmatic or respiratory ailments	Yes/No
Recurring Incidence of Illness	Yes/No

Are you registered disabled? If yes, please detail	Yes/No
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Please List Below any Periods spent Outside of the United Kingdom as a Resident (do not include holidays)

1  
2  
3

Please List below any vaccinations or immunisations

Date  
Immunisation  
Expiry

Date  
Immunisation  
Expiry

Date  
Immunisation  
Expiry

Date  
Immunisation  
Expiry

I declare that the information given is correct to the best of my knowledge. In my view, I am fit physically and mentally to undertake this post. I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer the right to investigate all references.

**Signature:**.....

**Date:**.....