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 Ltdwill 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.

Completed Registration Form (Signed & Dated) Proof of eligibility to work in the UK (EU) Health Declaration Forms and Serology Reports Any Qualification certificates in relation to Registration Form 2 x Passport sized photographs (interview stage) Driving Licence (if applicable) Passport and Utility Bills 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.

**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/NOAny 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 ***must*** 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.

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

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***

Yes/No

Applicant shortlisted

/ /

Interview Date:

/ /

References requested:

/ /

Yes/No

Verbal reference check: Date:

**Additional Notes from application**

Yes/No

Application completed?

Yes/No

Full employment history?

**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 | MaleFemaleI do not wish to disclose this |

**Race Relations (Amendment) 2000**

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

|  |  |  |
| --- | --- | --- |
| **Asian or Asian British**BangladeshiIndianPakistaniAny other Asian background**Black or Black British**AfricanCaribbeanAny other Black background | **Mixed Raced**White & AsianWhite & Black AfricanWhite & Black CaribbeanAny other missed background**White**BritishIrishAny other white background | **Other Ethnic Group**ChineseAny other ethnic groupI do not want to disclose this |

**Employment Equality Regulations 2003**

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

|  |  |  |  |
| --- | --- | --- | --- |
| LesbianGayBisexualHeterosexual | I do not wish to disclose this | AtheismBuddhismChristianityIslamJainismSikhism | JudaismHinduismOtherI do not wish to disclose this |

**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:Epilepsy/BlackoutsNervous Mental DisordersMigraine/HeadachesSensory ImpairmentSkin AllergiesBack pain/Previous Back InjuryHeart ConditionAsthmatic or respiratory ailmentsRecurring Incidence of Illness | Circle Yes or NoYes/NoYes/NoYes/NoYes/NoYes/NoYes/NoYes/NoYes/NoYes/No |

|  |  |
| --- | --- |
| Are you registered disabled?If yes, please detail | Yes/No |

|  |
| --- |
| Please List Below any Periods spent Outside of the United Kingdom as a Resident (do not include holidays)123 |

|  |
| --- |
| Please List below any vaccinations or immunisationsDateImmunisationExpiryDateImmunisationExpiryDateImmunisationExpiryDateImmunisationExpiry |

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:……………………………………………….**