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| **1** | |  | **APPLICANT INFORMATION** | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Title | |  |  | Dr | Mr | Miss |  | Mrs | |  |  | Ms | Other (specify) | | | | | | |  |  | |  |  |  |  |  |  |
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|  | Surname | | |  |  |  |  |  | First | |  | |  |  |  |  |  |  | Middle  Name(s) | | | |  | | | |  | |  |
|  |  |  | Name | | |  |  |  |  |  |  |  | | | | |  |
|  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Date of | | | |  |  |  | Previous or |  | |  |  | | |  |  |  |  |  |  |  |  |  |  | |  | | | |  |
|  | Birth | |  |  |  |  | Maiden Name | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | House No. | | |  |  |  |  |  |  |  | Home | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | or Name | | |  |  |  |  |  |  |  | Telephone | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Street | |  |  |  |  |  |  |  |  | Mobile Phone | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Town | |  |  |  |  |  |  |  |  | Work Phone | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | County | | |  |  |  |  |  |  |  | Email Address | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Post Code | | |  |  |  |  |  |  |  | UK National | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Insurance No. | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Country | | |  |  |  |  |  |  |  | Nationality | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **2** | |  | **DRIVING LICENCE** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Do you have a current Driving Licence that is valid for use in the UK? | | | | | | | | | | | | | |  |  |  |  |  | **YES** | **NO** | |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | If ‘YES’ to the above, please enter the Licence Number. | | | | | | | |  |  |  | Licence # | | |  |  |  |  |  |  |  |  |  |
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| **3** | |  | **POSITION APPLIED FOR** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Preferred Employment Type | | | | |  | Full Time | | Flexible Hours | | | | | |  |  |  |  |  |  |  |  |  |
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|  |  |  | **Office Administration** | | | |  | **Domiciliary Care** | | | | | | | **Agency Work [ Complete section 4 ]** | | | | | | | |  |
|  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Job Title** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ***Complete Section 4 below only if you selected “Agency Work” above.*** | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |
|  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** | |  | **ROLE APPLIED FOR** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Registered Nurses** | | | |  |  |  | **Support** |  |  | **Doctors** | |  |  | **Allied Health** | | |  |  | **Cleaner/Kitchen** | |  |  |
|  |  |  |  | **Worker/HCA** |  |  |  |  | **Professionals** | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | General Nurse | | | Midwife | |  | Health Care |  |  | GP | | |  |  | Social Worker | | |  | Cleaner |  |  |  |
|  |  |  | Assistant |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Mental Health | | | Theatre | |  | Support |  |  | Hospital | | |  |  | Physiotherapist | | |  | Kitchen |  |  |  |
|  |  | Nurse | | | Nurse | |  | Worker |  |  | Doctor | | |  |  |  | Assistant |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Community | | | ICU Nurse | |  | Homecare |  |  | Specialty | | |  |  | Occupational | | |  | Cook |  |  |  |
|  |  | Psychiatric | | |  | Support |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Doctor | | |  |  | Therapist | | |  |  |  |  |
|  |  | Nurse | | |  |  |  | Worker |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | District Nurse | | | Health | |  | Care Worker |  |  | Consultant | | |  |  | Dietician | | |  | Chef |  |  |  |
|  |  | Visitor | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Other (specify)** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**5** **MEMBERSHIP OF PROFESSIONAL BODIES**

*Please provide details regarding any relevant professional registrations or memberships. This information will be subject to a satisfactory check.*

**5.1** **Professional Registration Status**

*Please indicate your UK Professional Registration status*

Registration is not required for this post

I have current UK professional registration relevant for this post

***If professional registration is not required for this post, skip to Section 6, otherwise complete 5.2 and 5.3 below.***

**5.2** **Professional Registration Number/PIN** [ complete if applicable]

*If you have answered ‘I have current UK professional registration relevant for this post’, then please enter the relevant details below.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Professional Body |  |  | Membership or Registration type |  |  | Membership/Registration |  |  | Expiry/Renewal Date |  |  |  |
|  |  |  |  |  |  | Number/PIN |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Nursing and Midwifery | |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Council (NMC) | |  |  |  |  |  |  |  |  |  |  |  |
|  |  | General Medical Council | |  |  |  |  |  |  |  |  |  |  |  |
|  |  | (GMC) | |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Health & Care Professions | |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Council (HCPC) | |  |  |  |  |  |  |  |  |  |  |  |
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| **5.3** |  | **If you are applying for a post that requires professional registration, you are required to further** | |  |  |  |
|  | **provide the following information:** |  |  |  |  |
|  |  |  |  |  |  |
| 5.3.1 |  | Are you currently the subject of a fitness to practice investigation or proceedings by a | **YES** | **NO** |  |  |
|  |  | licensing or regulatory body in the UK or in any other country? |  |  |
|  |  |  |  |  |  |

If ‘YES’ to the above, please provide details of any investigations or proceedings you may be subject to.

5.3.2 Have you been removed from the register or have conditions been made on your

registration by a fitness to practice committee or the licensing or regulatory body in the UK or in any other country? **YES/NO**

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

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1. **RIGHT TO WORK IN THE UNITED KINGDOM (UK)**

*Under the Immigration, Asylum and Nationality Act, we are required to check that all employees are eligible to work within the UK.*

***Please tick ‘YES’ against the right to work category that is applicable to you and indicate which of the specified original documents you would be able to submit as proof of your right to work.***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **6.1** | |  |  | **Are you a British Citizen or a citizen of the United Kingdom and Colonies having the right to work in the UK?** | | | |  | **YES** | |  |
|  |  |  | |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | If ’YES’ to the above, which of the following original documents can you provide as confirmation? | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Passport | |  |  |  |  |  |  |
|  |  |  |  | UK Birth Certificate (short or long) and permanent UK National Insurance Number | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **6.2** | |  |  | **Are you a national of European Economic Area (EEA) country or Switzerland?** | | | |  | **YES** | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | If ’YES’ to the above, which of the following original documents can you provide as confirmation? | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Passport | |  |  |  |  |  |  |
|  |  |  |  | National Identity Card | |  |  |  |  |  |  |
|  |  |  |  | Registration Certificate or Document Certifying Permanent Residence | | | | |  |  |  |
|  |  |  |  | Permanent Residence Card | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | |  |
| **6.3** | |  |  | **Are you allowed to stay indefinitely in the UK?** | |  |  |  | **YES** | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | If ’YES’ to the above, which of the following original documents can you provide as confirmation? | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Passport (endorsed) | |  |  |  |  |  |  |
|  |  |  |  | Biometric Residence Permit | |  |  |  |  |  |  |
|  |  |  |  | Immigration Status Document | |  |  |  |  |  |  |
|  |  |  |  | Birth Certificate (short or long) and permanent National Insurance Number | | | | |  |  |  |
|  |  |  |  | Certificate of Registration or Naturalization as a British Citizen and permanent National Insurance Number | | | | | | |  |
|  |  |  |  |  |  |  |  | |  |  |  |
| **6.4** | |  |  | **Do you have a current document that indicates that you are allowed to stay in the UK and are allowed to do the type of work in question?** | | | |  | **YES** | |  |
|  |  |  | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | If ’YES’ to the above, which of the following original documents can you provide as confirmation? | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Current Passport (endorsed) | |  |  |  |  |  |  |
|  |  |  |  | Current Biometric Immigration Document (Biometric Residence Permit) | | | | |  |  |  |
|  |  |  |  | Current Residence Card (including an Accession Residence Card or Derivative Residence Card) | | | | |  |  |  |
|  |  |  |  | Immigration Status Document and permanent National Insurance Number | | | | |  |  |  |
|  |  |  |  | Certificate of Application (or Application Registration Card) and a Positive Verification Notice | | | | |  |  |  |
|  |  |  |  |  |  |  |  | |  |  |  |
|  |  |  |  | ***If none of the above [ 6.1 – 6.4] is applicable in your case, you must answer this question (6.5)*** | | | | |  |  |  |
|  |  |  |  |  |  |  |  | | |  |  |
| **6.5** | |  |  | **What other type of visa or document do you currently hold that indicates that you are allowed to stay in the UK and allowed to do the type of work in question?** | | | | | |  |  |
|  |  |  | |  |  |  |  |  |  |
|  |  |  |  |  | |  |  |
|  |  |  |  | Type of visa/document and details of restrictions to employment or occupation in the UK? | | | | |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **Visa Start Date: (DD/MM/YY)** |  | **Visa Expiry Date: (DD/MM/YY)** |  | |  |  |  |
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* **EDUCATION AND PROFESSIONAL QUALIFICATIONS**

*All relevant qualifications. Please also indicate subjects currently being studied. All qualifications disclosed will be subject to a satisfactory check.*

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|  |  | University/College/School |  |  | Date |  |  | Date |  |  | Qualification(s) Attained |  |  |  |
|  |  |  |  | Started |  |  | Completed |  |  |  |  |  |
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* **TRAINING COURSES ATTENTED**

*Training courses that you have attended or details of courses that you are currently undertaking, together with the date completed or to be completed.*

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|  |  | Course Name/Title |  |  | Training Provider |  |  | Duration |  |  | Date  Completed |  |
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| Reference |  |  |  |

* **EMPLOYMENT HISTORY**

*Please record below the details of your full employment history since you finished full time education beginning with your current or most recent first. If required, please provide additional information in Section 11 regarding any gaps between all employment posts.*

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| 9.1 | | **Current/Most Recent Employment** | | | | | | | |  |  |  | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Start Date | | |  |  |  |  | End Date |  | Employer |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Job Title | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Business Type | | | |  |  |  |  |  |  |  |  | Country |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Employer | | | |  |  |  |  |  |  |  |  | Telephone |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Address | | |  |  |  |  |  |  |  |  |  | Post Code |  |  |  |
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|  | Reason for Leaving | | | | | |  |  |  |  |  |  |  |  |  |  |
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|  | Notice Period | | | | | |  |  |  |  |  |  |  |  |  |  |
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| 9.2 | |  | **Previous Employment 2** | | | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Start Date | | |  |  |  | End Date |  | Employer |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Job Title | | | |  |  |  |  |  |  |  |  |  |  |  |  |
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| 9.3 | |  | **Previous Employment 3** | | | | |  |  |  |  |  |  |  |  |
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|  | Start Date | | |  |  |  | End Date |  | Employer |  |  |  |  |  |  |
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| 9.4 | |  | **Previous Employment 4** | | | | | |  |  |  |  |  |  |  |  |
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| **10** | |  | **GAPS IN EMPLOYMENT HISTORY** | | | | | |  |  |  |  |  |  |  |  |
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Please explain any gaps between all employment posts since you finished full time education, beginning with the most recent gap.

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|  | **Date Range** | | | | **Reason for gap in employment** |  |
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| **11** | **PREVIOUS DISMISSAL FROM EMPLOYMENT** | |  |  |
|  |  |  |  |  |
| **11.1** | Have you ever been dismissed from employment? |  | **YES** | **NO** |
|  |  |  |  |  |
| **11.2** | If **YES**, please give details below including date(s), company, and reasons for dismissal | |  |  |
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**12** **REFERENCES**

*Please provide the names and full contact details of three people who have agreed to supply references to cover a period of three years’ employment and/or training history. Referees will be required to comment on your competence, personal qualities, and suitability for the post. This may be your line/department manager, or someone in a position of responsibility for any work experience or placement undertaken. If you are a student or trainee this should include a teacher/tutor at your educational institution.*

*If you have not been in employment for over 3 years, then you should seek one reference from your last known employer and two Character/Personal reference from a person standing within your community who knows you.*

*Where you have not been in employment at all or it is genuinely not possible to obtain references from any of the sources outlined above, you must provide contact details of three personal acquaintances who would be willing to give a character reference. Personal acquaintances must not be related to you or have any financial arrangement with you. Referees may be approached prior to interview unless you indicate otherwise below.*

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| **12.1** | | | **Referee 1** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Type of | |  | **Employer reference** | | |  | **Educational reference** | | | | |  |  | **Personal /Character reference** | | |  |  |
|  |  | Reference | |  |  |  |  |  |  |
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|  |  | Referee Title | |  | Dr | Mr | Miss |  | Mrs |  | Ms | Other (specify): | | | | |  |  |  |  |
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|  |  | Can the referee be contacted prior to interview? | | | | | |  |  |  |  |  |  |  |  |  | **YES** | **NO** |  |  |
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|  |  |  |  | |  | | **APPLICATION FORM** | | | | | | | | | | | | | | | | | | | | | | |  | Application | | | | | | | |  | |  | |  | / | | |  | |  | |
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| **12.2** | **Referee 2** | | |  | |  | |  | | |  | |  | | |  | | |  | | | |  |  | | | |  |  | |  | |  | | | | | | |  | |  | | |  |  | |  | |  |
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| Type of | |  | **Employer reference** | | | | | | |  | | **Educational reference** | | | | | | | | | | | | | | | | | |  | **Personal /Character reference** | | | | | | | | | | | | | | | | | |  | |
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| Referee Title | |  | Dr | | Mr | | Miss | | |  | | Mrs | |  | | | Ms | | | | | Other (specify): | | | | | | | | | | | | | | | | |  | |  | | |  | | |  | |  | |
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| Can the referee be contacted prior to interview? | | | | | | | | | |  | |  | |  | | |  | | | | |  | | |  |  |  | | |  |  | | | | | | | |  | | **YES** | | |  | | | **NO** | |  | |
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| **12.3** | **Referee 3** | | |  | |  | |  | | |  | |  | | |  | | |  | | | |  |  | | | |  |  | |  | |  | | | | | | |  | |  | | |  |  | |  | |  |
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| Type of | |  | **Employer reference** | | | | | | |  | | **Educational reference** | | | | | | | | | | | | | | | | | |  | **Personal /Character reference** | | | | | | | | | | | | | | | | | |  | |
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| Referee Title | |  | Dr | | Mr | | Miss | | |  | | Mrs | |  | | | Ms | | | | | Other (specify): | | | | | | | | | | | | | | | | |  | |  | | |  | | |  | |  | |
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| Country | |  |  | |  | |  | | |  | | Email | |  | | |  | | | | |  | | |  |  |  | | |  |  | | | | | | | |  | |  | |  |  | | |  | |  | |
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| Can the referee be contacted prior to interview? | | | | | | | | | |  | |  | |  | | |  | | | | |  | | |  |  |  | | |  |  | | | | | | | |  | | **YES** | | |  | | | **NO** | |  | |
|  |  |  |  | |  | |  | | |  | |  | |  | | |  | | | | |  | | |  |  |  | | |  |  | | | | | | | |  | |  | |  |  | | |  | |  | |

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| **APPLICATION FORM** | **For Internal Office Use Only** | | | |  |
| Application |  | / |  |  |
| Reference |  |  |  |

1. **Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013**

The position you are applying for has been identified as being an 'eligible position' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 [the Exceptions Order] and, in certain circumstances, the Police Act 1997. As such, it meets the eligibility criteria for a standard or an enhanced disclosure to be requested through the Disclosure and Barring Service (DBS).

Both standard and enhanced DBS disclosure certificates contain information about any convictions, cautions (including reprimands and final warnings) which are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions Order) 1975 (as amended). Enhanced disclosures may also include other relevant police information where this is deemed relevant to the position you are applying for.

The position has, in addition, been identified as a regulated activity under the Safeguarding Vulnerable Groups Act (2006) (as amended by the Protection of Freedom's Act 2012) and therefore an enhanced DBS disclosure will include information which is held on the Children's and/or Adults barred list(s), as applicable to the position.

Please note that you do not need to tell us about convictions, cautions, warnings, or reprimands which are deemed 'protected' or ‘spent’ under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013 - see notes above. You also are not required to tell us about parking offences.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | \* Are you currently bound over, or do you have any convictions or cautions |  |  |  |
| **13.1** | (including warnings and reprimands) which are not deemed 'protected' under | **YES** | **NO** | |
|  | the amendment to the Exceptions Order 1975, issued by a Court or Court- |  |  |  |
|  | Martial in the United Kingdom or in any other country? |  |  |  |
|  |  |  |  |  |
| **13.2** | If YES to the above, 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. | |  |  |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **13.3** |  | Are you currently bound by any barring decision made by the Disclosure | | |  |  | **YES** | **NO** |  |
|  | Barring Service (DBS) from working with children? | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **13.4** |  | Are you currently bound by any barring decision made by the Disclosure | | |  |  | **YES** | **NO** |  |
|  |  | Barring Service (DBS) from working with vulnerable adults? | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **14** |  | **ADDITIONAL DOCUMENTS** | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| *Please supply the following with your applications:* | | | | | |  | **Attached?** |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **14.1** |  | Copies of any professional certificates | | |  |  | **YES** | **NO** |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | A full and current CV covering the most recent Employment and Education history over the last 5 years – A template to create this can be | | |  |  |  |  |  |
| **14.2** |  | Downloaded from our website: | | |  |  | **YES** | **NO** |  |
|  | www.elcareservices.co.uk/resources/template\_CV.doc | | |  |  |  |
|  |  |  |  |  |  |  |
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|  | **For Internal Office Use Only** | | | |  |
| **APPLICATION FORM** | Application |  | / |  |  |
| Reference |  |  |  |

**15** **DATA PROTECTION ACT 2018**

**PRIVACY NOTICE FOR JOB APPLICANTS, EMPLOYEES AND AGENCY WORKERS**

This form contains both your ‘personal data’ and ‘special categories of personal data’ (e.g. convictions and offenses) as defined by the Data Protection Act 2018 under the General Data Protection Regulation (GDPR) (EU) (2016/679).

Your data will be processed by **EL CARE SERVICES** exclusively for the purpose of recruitment, employment and/or finding you agency work. **EL CARE SERVICES** protects any information disclosed within this form and ensures that it is not passed to anyone who is not authorised to have this information.

If you consent to **EL CARE SERVICES** collecting and processing your personal data in accordance with the terms stated in **EL CARE SERVICES** ’s ***Employee Data Protection and Privacy Notice***, please tick the boxes below to confirm.

**15.1** **Your consent to processing or your data by COMPANY NAME HERE**

*Please read* **EL CARE SERVICES***’s Privacy Notice for Job Applicants, Employees and Agency Workers before* *you submit this form. Do not submit the form if you do not consent to processing your personal date. (***TICK TO CONFIRM***)*

* I confirm that I have read and understood **EL CARE SERVICES’s** ***Employee Data Protection and Privacy*** ***Notice***
* I consent to processing my personal data by **EL CARE SERVICES** as detailed in their ***Employee Data***

***Protection and Privacy Notice.***

**16** **DECLARATION**

I certify that my answers and all the information that I have provided in this form are true and complete to the best of my knowledge.

I agree that any deliberate omission, falsification or misrepresentation in the application form or interview will be grounds for rejecting this application or subsequent dismissal from employment.

I authorize **EL CARE SERVICES** to make any other enquiries they may feel necessary to support my application.

Where applicable, I consent that **EL CARE SERVICES** can seek clarification regarding my professional registration details where applicable.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **I agree to the above declaration** | |  | **YES** | **NO** |
|  |  |  |  |  |  |
|  | Your Signature |  |  |  |  |
|  |  |  |  |  |  |
|  | Your Name |  | Date Signed |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EL CARE SERVICES**  Website | Facebook | Job Search Platform | Other (please specify below) |  |  |
|  |  | (e.g. Indeed, Reed) |  |  |  |
| **EL CARE SERVICES**  Staff Referral | Google Search |  |  |  |
|  |  |  |  |  |  |

**17.** Where did you see this vacancy advertised?