## C:\Users\Tracy.Johnson\Documents\EMT\Heathcotes_Logo_Horizontal-HR.png

**3.1 Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Title of post applied for: |  | Home: |  |

Before completing this form, please read the accompanying guidance notes.

Please write clearly in black ink and in Block capitals or type.

**PERSONAL DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname: |  | | Forenames: |  |
| Former surnames if different: |  | | Preferred title  (Dr, Mr, Mrs, Ms, Miss etc): |  |
| Address: | | | Tel No (home): | |
| Tel No (business): | |
| Tel No (mobile): | |
| Fax No: | |
| E-Mail address: |  | | Nat. Insurance No: |  |
| Nationality: |  | If you are not a British passport holder or a European Citizen, or you do not have the permanent right to remain in the UK, you will require a work permit. | | |
| Have you ever lived or worked abroad for longer than 1 month? | Yes  No | Please provide details – including the country/countries you resided in and the length of time spent there. | | |
| Do you need a work permit to be employed in the UK? | Yes  No | If you already have a work permit, when does it expire?  (Please note that your current work permit may not be valid for this post.) | | |
| Where did you learn of the post?  Social Media/ Indeed/ Word of Mouth/ Other  Were you recommended by a friend?  Please advise who referred you to Heathcotes **&** which of our services they work in | | YES OR NO | | |

**COVID-19 VACCINATION**

Under new laws to protect our service users, from the 11th of November 2021 anyone working in one of our CQC regulated care homes will need to be fully vaccinated (two doses) against Covid-19, unless they are medically exempt. As a registered provider we need to be able to evidence the vaccination status of our colleagues and those contracted by us. You may already be considering how you will be able to provide us assurance of your vaccination status. If you have had a vaccination, you will be required to provide us with proof of this through one of the following ways:

The NHS App, the NHS website – NHS.uk or the NHS COVID Pass letter. An individual’s NHS appointment card cannot be used as proof of vaccination status.

|  |  |
| --- | --- |
| Have you had COVID-19 vaccinations? | **Yes/No** |
| If ‘yes’, what dates were you vaccinated? |  |

**Please note that your employment with Heathcotes will not commence until we have proof of you having both doses of the Covid-19 vaccination.**

**EDUCATION AND PROFESSIONAL QUALIFICATIONS**

(Original documents as proof of qualification will be required at interview.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Secondary School / College / University | Dates | | Examinations taken | Date | Result |
| From | To |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Professional Qualifications currently held: how obtained, grade and date:  Educational Courses; how obtained, grade and date: | | | | | |

**CURRENT AND PREVIOUS EMPLOYMENT**

(A full and complete history is required dating back to the age of 16; including **MONTH** and **YEAR** for the start and finish of each employment, including any gaps in employment, **continue on a separate sheet if necessary**).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name and Address of Employers | Position held | Dates | | Reason for leaving | Final grade/salary |
| From | To |
|  |  | **MM/YYYY** | **MM/YYYY** |  |  |
| Description of duties: | | | | | |
|  |  | **MM/YYYY** | **MM/YYYY** |  |  |
| Description of duties: | | | | | |
|  |  | **MM/YYYY** | **MM/YYYY** |  |  |
| Description of duties: | | | | | |
|  |  | **MM/YYYY** | **MM/YYYY** |  |  |
| Description of duties: | | | | | |

|  |
| --- |
| What makes you a great fit for this role at Heathcotes? Tell us about your skills, experiences and personal qualities. |
|  |

|  |
| --- |
| What do you do to keep your resilience high, and how do you look after your physical and emotion wellbeing? |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you hold a current driving license? | Yes  No | Do you own a car? | Yes  No |
| If you have any endorsements, please let us know here: | | | |

|  |  |
| --- | --- |
| DISABILITY DISRCIMINATION ACT 1995 | |
| Do you consider yourself to be disabled under the Disability Discrimination Act? | Yes  No |
| If Yes, are there any adjustments that you think we could make to overcome a disability in relation to the essential requirements of this job? | Yes  No |
| If Yes, please provide further details: | |
| If selected for interview, do you require any assistance/adaptations to help you attend? | Yes  No |
| If Yes, what assistance/adaptations do you require? | |

**REHABILITATION OF OFFENDERS ACT 1974**

|  |
| --- |
| As we work in health services, this role is exempt from the Rehabilitation of Offenders Act 1974.  Your answer to the following questions should include any “spent” convictions. |
| Have you ever been convicted/caution of a criminal offence?  Yes  No  **If the answer is ‘yes’ you must disclose all information, including dates.** |

**REFERENCES**

|  |
| --- |
| **Guidance**   * You must provide the details of your current and or most recent employers. * Please note that we can only accept one reference from one place of work. * If work references are not available then please provide details of character reference(s). Please note that these need to be someone who knows you well, isn’t currently working with you and is not a family relative. * Please provide as much information as possible; this helps a faster and smoother recruitment process. |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Referee 1 | | | | | Referee 2 | | | | |
| Please Circle | Work Reference/ Character Reference | | | | Please Circle | Work Reference/ Character Reference | | | |
| Title (Mr, Mrs etc): |  | | | | Title (Mr, Mrs etc): |  | | | |
| Full Name: |  | | | | Full Name: |  | | | |
| Job Title: |  | | | | Job Title: |  | | | |
| Organisation: |  | | | | Organisation: |  | | | |
| Address: | | | | | Address: | | | | |
|  | | | | |  | | | | |
|  | | |  | |  | | |  | |
| Tel No: | |  | | | Tel No: | |  | | |
| E-mail address: | |  | | | E-mail address: | |  | | |
| Fax No: | |  | | | Fax No: | |  | | |
| Please state if we may obtain this reference prior to interview. | | | | Yes  No | Please state if we may obtain this reference prior to interview. | | | | Yes  No |

**Reference 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please Circle | Work Reference/ Character Reference | | | |
| Title (Mr, Mrs etc): |  | | | |
| Full Name: |  | | | |
| Job Title: |  | | | |
| Organisation: |  | | | |
| Address: | | | | |
|  | | | | |
|  | | |  | |
| Tel No: | |  | | |
| E-mail address: | |  | | |
| Fax No: | |  | | |
| Please state if we may obtain this reference prior to interview. | | | | Yes  No |

**DECLARATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this may result in withdrawal of an offer of employment, or terminating my employment. | | | | | |
| Signature: |  | Name: |  | Date: |  |
| The information provided by you on this form as an applicant will be stored either on paper records or a computer system in accordance with the Data Protection Act 2018 and will be processed solely in connection with recruitment. | | | | | |

**CONSENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I give permission for Heathcote’s group to obtain and store your personal information in line with the data protection Act 2018. All personal data acquired by Heathcotes Group shall only be used for the purposes of this Agreement and shall not be further processed or disclosed without the consent of the applicant. | | | | | |
| Signature: |  | Name: |  | Date: |  |
| The information provided by you on this form as an applicant will be stored either on paper records or a computer system in accordance with the Data Protection Act 2018 and will be processed solely in connection with recruitment. | | | | | |



**3.1 DBS Consent Form**

**This form is for new employees only, existing employees should contact their Registered Manager for questions or queries relating to their DBS.**

**Are you registered on the DBS update service?**

**Yes-**

I …………………………... declare that I am already signed up the DBS Update Service, I also understand that in the event of signing the below, I am consenting that my employer, Heathcotes Group, can process on-going status checks as and when needed through the update service.

*Signed: Date:*

**No-**

I …………………………... declare that I agree to sign up to the DBS Update Service for the fee of £13.00, the cost of which will be met by myself. This money will be reimbursed to me by the company after successful completion of my 6 month probationary period.

I also understand that in the event of signing up the DBS Update service, I am consenting that my employer, Heathcotes Group, can process on-going status checks as and when needed through the update service.

*Signed: Date:*

**EXISTING EMPLOYEES ONLY**

I …………………………... declare that I agree to sign up to the DBS Update Service for the fee of £13.00, the cost of which will be met by myself. This money will be reimbursed to me by the company on completion of an expenses claim form.

I also understand that in the event of signing up the DBS Update service, I am consenting that my employer, Heathcotes Group, can process on-going status checks as and when needed through the update service.

*Signed: Date:*

**PLEASE RETURN TO: INSERT HOMES DETAILS HERE**