PLEASE ATTACHED TWO RECENT PASSPORT PHOTOS

**Please ensure that you complete the application form in full as we cannot accept CVs. Please complete with black ink and in block capitals. This form will be kept in confidence. Please note that no applicant will be unfairly discriminated against. This includes discrimination on account of age, cultural, religious, political beliefs, disability, ethnicity, gender, race, relationship status, sexual orientation, and / or Trade Union membership or stewardship.**

**If you have any special requirements to support you to complete this form (e.g. the need for large print or additional time), please contact the Registered Manager.**

|  |
| --- |
| **APPLICANT’S DETAILS** |
| **Position Applied For** |  |
| **Date of Application** |  |
| **Right to work: Do you have the right to work in the United Kingdom indefinitely or for at least in the next 12 months?** | **Yes/No** If ‘**YES’**, please specify your right to work:spouse/dependant visa/student visa/ indefinite/permanent stay/ citizen/sponsorship Visa If **‘No’**, please state the last date you can work in the U.K: Other, please specify:   |
| **Nationality**  |  |
| **NI Number** |  |
| **NMC pin number (if applicable to you post)** |  |
| **NMC pin expiry date** |  |
| **Revalidation date:** |  |

|  |
| --- |
| **PERSONAL DETAILS:** |
| **First Names:** |  |
| **Surname** |  |
| **Maiden Name** |  |
| **Previous surname/s (if any)** |  |
| **Address****Postcode** |  |
| **Telephone Number** |  |
| **Mobile Number** |  |
| **Email Address:** |  |
| **Date of birth** |  |
| **Are you a Driver** | **Yes**  | **No** | **N/A** |
| **Own Transport** | **Yes**  | **No** | **N/A** |
| **How long have you had a licence?** |  |
| **Next of kin/Emergency contact** |  |
| **Full Name** |  |
| **Relationship to you** |  |
| **Telephone Number**  |  |
| **Work/Mobile Number** |  |
| **EDUCATION:** **\*(All qualifications will be subject to a satisfactory check).** |
| **School/College/University**(Name and Address) | **Subjects/Courses/Qualifications** | **Date From:**(Month/Year) | **Date To:** (Month/Year) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **FURTHER TRAINING/COURSES/DAYS:** |
| **Establishment** (Name and Address) | **Course Title** | **Duration**  | **Date Achieved**(Month/Year) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **LANGUAGES/ADDITIONAL SKILLS: e.g. Sign Language/Makaton**  |
| **Language/ Skill/Fluency/competence** | **Speech**  | **Reading**  | **Writing**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **EMPLOYMENT HISTORY:**Please record below the details of your **full employment history** beginning with your current or most recent first. Any gaps must be explained. Use separate attached sheet if required; please sign the sheet(s) |
| **Current/Most Recent Employer** |
| **Start Date** |  | **End date** |  | **Salary**  |  |
| **Job role** |  | **Employer Name:** |  |
| **Reason for leaving:** |  | **Contact Name:** |  |
| **Duties:** | **Address:** |
|  | **Postcode:** |  |
| **Telephone:** |  |
| **Email:** |  |

|  |
| --- |
| **Employment History** |
| **Start Date** |  | **End date** |  | **Salary**  |  |
| **Job role** |  | **Employer Name:** |  |
| **Reason for leaving:** |  | **Contact Name:** |  |
| **Duties:** | **Address:** |
|  | **Postcode:** |  |
| **Telephone:** |  |
| **Email:** |  |

|  |
| --- |
| **Employment History Continued**  |
| **Start Date** |  | **End date** |  | **Salary**  |  |
| **Job role** |  | **Employer Name:** |  |
| **Reason for leaving:** |  | **Contact Name:** |  |
| **Duties:** | **Address:** |
|  | **Postcode:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Employment History Continued (Copy this page if required)** |
| **Start Date** |  | **End date** |  | **Salary**  |  |
| **Job role** |  | **Employer Name:** |  |
| **Reason for leaving:** |  | **Contact Name:** |  |
| **Duties:** | **Address:** |
|  | **Postcode:** |  |
| **Telephone:** |  |
| **Email:** |  |

|  |
| --- |
| **GAPS IN EMPLOYMNET HISTORY:**Please explain in the box below, with dates, any gaps in your employment history and why. (Please complete on a separate sheet if required). |
|  |

|  |
| --- |
| **GENERAL INFORMATION:** |
| **Are you happy to work in service users’ home or environments where there are smokers?** | Yes  | No  |
| **Are you happy to work in service users’ home or environments where there are domestic pets?** | Yes  | No  |
| **Do you want full time or part time position?** | Full Time | Part time |
| **How many hours per week?** |  |  |
| **Are you able to/ do you want to work nights and weekends?** | Yes  | No  |

|  |
| --- |
| **Days available to work on a regular basis:** |
| **(Please put ‘X’ in the appropriate boxes)** | **Mon** | **Tues** | **Weds** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Morning** 6:30am – 11:00am |  |  |  |  |  |  |  |
| **Afternoon**11:15am – 15:00pm |  |  |  |  |  |  |  |
| **Tea**15:30 – 18:30pm |  |  |  |  |  |  |  |
| **Tuck** 18-45pm – 21:30pm |  |  |  |  |  |  |  |
| **Long days**7:00am – 20:00pm |  |  |  |  |  |  |  |
| **Long nights**20:00pm - 7:00am |  |  |  |  |  |  |  |
| **24hrs live in carer**  |  |  |  |  |  |  |  |

|  |
| --- |
| **REFERENCES:** Please provide names, addresses and telephone numbers for referees below whom we may approach for a reference. In line with CQC requirements, we require references (or other satisfactory evidence as the employer may determine) from all previous employers concerned with the provision of services relating to health or social care, or children or vulnerable adults which should include details of why their employment came to an end (note that this is not time limited). If your previous employment does not concern the provision of services relating to health or social care, or children or vulnerable adults, you must provide references from your two most recent employers.Please provide two character references if you are unable to obtain two professional references, e.g. in the case of an applicant who has been raising children for ten years. All will be contacted. Therefore, please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us. |
| **REFEREE ONE** | **REFEREE TWO** |
| **Pease select the type of this reference:** | **Professional/ Character** | **Pease select the type of this reference:** | **Professional/ Character** |
| **Contact Name:** |  |  |
| **Organisation Name:** |  |  |
| **Address:** |  |  |
| **Post code:** |  |  |
| **Telephone/Mobile:** |  |  |
| **Email:** |  |  |
| **Position Held:** |  |  |
| **REFEREE THREE** | **REFEREE FOUR** |
| **Pease select the type of this reference:** | **Professional/ Character** | **Pease select the type of this reference:** | **Professional/ Character** |
| **Contact Name:** |  |  |
| **Organisation Name** |  |  |
| **Address:** |  |  |
| **Post code:** |  |  |
| **Telephone/Mobile:** |  |  |
| **Email:** |  |  |

***\*Please use additional sheet if required\****

|  |
| --- |
| **REHABILITATION AND CRIMINAL RECORD DECLARATION:** Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest confidence. |
| **Because of the nature of the work for which you are applying, this post is exempt form the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that all convictions, including those that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment. The Rehabilitation of Offenders Act 1974 aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. Oaks Healthcare Ltd undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.****You are also required to submit a clear Disclosure and Barring Service (DBS) as part of the application process. Oaks Healthcare complies with the Codes of DBS. A copy of the disclosure to which you are subject may be made available to industry regulations or other local or national government departments for audit purposes, in accordance with the code of practice.****Answering 'yes' to the question below will not necessarily prevent your employment. This will depend on the relevance of the information you provide in respect of the nature of the position and the particular circumstances. Making a false statement or any attempt to conceal information regarding this declaration may lead to the rejection of your application of employment with this company.**  |
| Are you currently bound over or do you have any current **UNSPENT** convictions that have been issued by a Court or Court-Martial in the United Kingdom or in any other country? | **Yes\***  | **No**  |
| Do you have any current **UNSPENT** police cautions, reprimands, or final warnings in the United Kingdom or in any other country? | **Yes\*** | **No**  |
| If Yes, please supply supporting details: |

|  |
| --- |
| **PRIVACY STATEMENT** |
| We will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this application form, you consent to us holding the information contained within this application form. If successfully shortlisted, data will also include shortlisting scoring and interview records. We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you). When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles.We have privacy policies that you can request for further information. Please be assured that your data will be securely stored by the Registered Manager and only used for the purposes of recruiting for this vacant post.You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time, please contact the Registered Manager to discuss. |

|  |
| --- |
| **DECLARATION:** |
| 1. The information in this application form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed. Where applicable, I consent that I can seek clarification regarding professional registration details.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personal file during my employment and for up to six years, thereafter and understand that information will be processed in accordance with the Date Protection Act.
3. I agree that should I be successful in this application; I am required to apply to the DBS or an enhanced disclosure. I understand that should I fail to do so or should the disclosure not be to the satisfaction of the company, any offer of employment may be withdrawn or terminated.
 |
| **Print Full Name:** |  |
| **Signature:** |  | **Date:**  |  |

|  |
| --- |
| **EQUAL OPPORTUNITIES MONITORING FORM:** |
| Oaks Healthcare Ltd is committed to equality of opportunity and fair treatment in all aspects of employment. We aim to provide a working and learning environment which is free from unfair discrimination and will enable staff to fulfil their personal potential. The Equality Act 2010 protects people from discrimination and promotes equality on the basis of a number of ‘protected characteristics’. We ask for information on your ‘protected characteristics’ in order to help us monitor our performance on equality. In line with Government policy, and in accordance with the provisions of GDPR, the information you provide will be held confidentially and It will help us to comply with the law under the relevant Acts and to ensure that our employment policies and practices are fair and effective.**IMPORTANT - Please Note:** You do not have to complete this form. The information is given on a voluntary basis and the information provided will only be used for the monitoring purpose. Please do not enter any identifying marks on this form, so that your information remains confidential. This information will be stored on a computer. |
| **What is your ethnic group**? Choose ONE section from A to F, and then circle the appropriate box to indicate your cultural background.  |
| 1. **White**
 | British |  | Irish  |  | Any other White background, please write here: |  |
| 1. **Mixed**
 | White and Black Caribbean |  | White and Black African |  | White and Asian |  | Any other Mixed background, please write here: |
| 1. **Asian or Asian British**
 | Indian |  | Pakistani |  | Bangladeshi |  | Any other Asian Background, please write here: |
| 1. **Black or Black British**
 | Caribbean |  | African |  | Any other Black background: |
| 1. **Chinese or other Ethnic background**
 | Chinese  |  | Any other ethnic/Chinese, please write here: |
| 1. **I do not wish to disclose my Ethnic background**
 |  |
| **Gender:** Please indicate your Gender |
| Female |  | Male |  | **Other please state below:** |
| Transgender Female |  | Transgender Male |  |
| **I do not wish to disclose my Gender** |  |
| **Sexual Orientation**: Please indicate your Sexual Orientation |
| Heterosexual |  | Bisexual |  | **Other please state below:** |
| Gay |  | Lesbian |  |
| **I do not wish to disclose my Sexual Orientation** |  |
| **Religion or Belief:** Please indicate your Religion or Belief |
| Buddhist |  |  Jewish |  |  Hindu |  |
| Christian  |  | Muslim |  | Sikh |  |
| **I do not have any religious believes** |  | **Other, Please state below:** |
| **I do not wish to disclose my Religion or Belief** |  |  |
| **Marital Status:** Please indicate your Marital Status |
| Common Law Partnership |  | Married / Civil Partnership |  |  Widowed |  |
| Divorce |  | Single |  |  Other (State) |  |
| **As per Equality Act 2010:** Do you consider yourself to have a disability | **Yes** |  | **No** |  |
| Under the terms of the Act, a disability is defined as a “physical or mental impairment which has a substantial and long- term effect on a person’s ability to carry out day-to-day activities”. |
| **I do not wish to disclose whether or not I have a disability** |  |
| **Caring Responsibilities:** Do you have any care responsibilities for anyone |
| **Yes** |  | **No** |  | **If yes** | Children U16 |  | Disabled |  | Sick/Elderly |  |

|  |
| --- |
| **Equality Act 2010 -** Under the Equality Act 2010, the definition of disability is if you have a physical or mental impairment that has a “substantial” and “long-term adverse effect” on your ability to carry out normal day-to-day activities. Further information regarding the definition of disability can be found at: [www.gov.uk/definition-of-disability-under-equality-act- 2010](http://www.gov.uk/definition-of-disability-under-equality-act-%202010). |
| For the purposes of this application and interview stage only, is there anything you would like us to be aware of so that we can make reasonable adjustments during the process? | **Yes**  | **No**  | **Prefer not to say**  |

|  |
| --- |
| **HEALTH QUESTIONNAIRE:** |
| If the answer is yes to any of the questions in this section, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If Oaks healthcare has concerns about your fitness to work, any offer of employment may be subject to a satisfactory medical report.**Please note: you must inform your local office immediately if your health changes significantly at any time during your employment.** |
| **Have you ever had:** | **Delete as appropriate.**  | **Additional information:** |
| **Tuberculosis, asthma, bronchitis, or chest problems?** | Yes / No |  |
| **Chest pain, heart condition, raised blood pressure?** | Yes / No  |  |
| **Blackouts, fits or attacks of giddiness?** | Yes / No |  |
| **Depression, mental illness, or nervous breakdown?** | Yes / No |  |
| **Rheumatism or arthritis?** | Yes / No  |  |
| **Back trouble?** | Yes / No  |  |
| **Typhoid, paratyphoid, or dysentery?** | Yes / No |  |
| **Digestive or bowel disease?** | Yes / No |  |
| **Diabetes, thyroid, or other gland trouble?** | Yes / No |  |
| **Bladder or kidney disease?** | Yes / No |  |
| **Dermatitis, eczema or skin trouble?** | Yes / No |  |
| **Varicose veins?** | Yes / No |  |
| **Other accident, operation, or illness?** | Yes / No |  |
| **Have you any reason to believe you may be infected with any communicable disease?** | Yes / No |  |
| **Have there been any changes in your medical condition in the last 12 months?** | Yes / No | If **Yes,** please supply supporting details separately |

|  |  |  |
| --- | --- | --- |
| **Bearing in mind of your physical and mental fitness and your exposure to any infections, do you have, or have you ever had, any significant health problem, impairment/ disability (physical or mental) or learning difficulties that may affect your ability to undertake the tasks set out in the job description of the post offered?** | Yes / No | If **Yes** - please supply supporting details separately |
| **Do you have, or have you ever had, any illness, impairment or disability that may have been caused or made worse by your work?** | Yes / No |  |
| **Have you ever left or been denied employment in an organisation on the grounds of ill health or been medically retired on the grounds of ill health?** | Yes / No |  |
| **Are you having, or waiting for, any medical treatment or investigations at present?** | Yes / No |  |
| **Will you need any special aids or adjustments or assistance to enable you to undertake the tasks set out in the job description of the post offered?** | Yes / No |  |
| **Any illness or medical condition that prevented you from attending work or your normal duties or activities for more that one week during the past year?** | Yes / No |  |
| **Any physical impairment including defect of sight or hearing?**  | Yes/No | If Yes – please specify any special needs in relation to your disability separately.  |
| **Are you Fully Vaccinated against Covid including boosters?** | Yes / No | If **Yes** - please send screen shot from your NHS APP or a copy of your Vaccination card of your latest jabIf **No** - do you intend to get vaccinated? |
| **Are you exempt from Covid vaccination/s including boosters?** | Yes / No | If **Yes** – please provide supporting exemption in the form of a letter from your G.P. separately |
| **Do you smoke?** | Yes / No | If **Yes** – how many per day? |
| **Do you drink alcohol?** | Yes/No | If **Yes** - how many units of alcohol do you drink per week? |

|  |  |
| --- | --- |
| **Applicants Declaration**Circle Yes / No as appropriate | **Read and Understood** |
| **1** | I confirm that the information given above is complete and correct. I understand that any incomplete, untrue or misleading information given will entitle the employer to reject my application, withdraw any offer of employment, or, if I am employed, dismiss me withoutnotice. | Yes | No |
| **2** | By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems I have declared above. | Yes | No |
| **3** | I agree that Oaks Healthcare Ltd reserves the right to require me to undergo a medical examination to assess my suitability for work. | Yes | No |
| **4** | I do not wish to complete the questionnaire, and I do not wish to have a free health assessment. | Yes | No |
| **5** | Will you need any special aids or adjustments or assistance to enable you to undertake the tasks set out in the job description of the post offered? | Yes | No |

|  |  |  |
| --- | --- | --- |
| **Print Name** | **Signature** | **Date** |
|  |  |  |

|  |
| --- |
| **SUPPORTING STATEMENT** |
| Please add here your reasons for applying. You should refer to the job description and person specification to guide you. It would also be of value to describe particular strengths and talents that set you apart from others as well as including skills gained from work, home and other activities. |

**Values Based Screening Questions**

This should be completed before attending any interview. It will be discussed as part of the interview process.

|  |
| --- |
| **If I was a Service User, I would like:** |
|  |
| **I believe that the Service User’s family and Relatives would like the following:** |
|  |
| **I believe that I can support a Service User because:** |
|  |
| **As a member of the team, I would feel valued when:** |
|  |
| **I believe that a good relationship between me and the Service User depends upon:** |
|  |
| **I believe that I learn best when:** | **I believe that a good working team is made by:** |
|  |  |
| **I believe that my role in relation to the Service User is:** |
|  |
| **My other beliefs and values relevant to my job role are:** |
|  |

**GOOD LUCK!!!**

**OAKS HEALTHCARE LTD**

Office 9, Henrith Business Centre, 3 Enterprise Way, Pinchbeck, Spalding, Lincolnshire, PE11 3YR

**Tel:** 01406259084/ 07512201603 **Email:** admin@oakshealthcare.co.uk **Web:** www.oakshealthcare.co.uk

**Registered in England:** 14551467