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| **PRIVATE & CONFIDENTIAL**  **Return this form to: BLYTH VALLEY DISABLED FORUM**  **20, STANLEY STREET,**  **BLYTH NE24 2BU**  **POSITION APPLIED FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ref No: ……………..** | |
| Title: | Schools Qualifications gained |
| Surname: |
| Forename(s): |
| Date of Birth: / / |
| Vaccination status Circle: 1st 2nd Booster |
| Address:  Postcode:  E-mail address:  NI No. |
| Tel. Nos (please include code):  (Home)  (Work)  (Mobile) | College/university Qualifications gained |
| Current driving licence? Yes/No  Groups: Expiry Date: |
| Details of Endorsement: |
| Are there any restrictions on you taking up work in the UK? Yes/No(If yes please provide details) | Other training |
| Registration/PIN Number (Nursing)  GMC Certificate Number (Doctors) |

**OTHER EMPLOYMENT**

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| Please note any other employment you would continue with if you were to be successful in obtaining this position. |

**LEISURE**

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| Please note here your leisure interests, sports and hobbies, or other pastimes, etc. |
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**REFERENCES**

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| Please provide details of two referees who can provide information relating to your competency in a caring role, one of whom must be your present or most recent employer (referees for qualified Nurses must be professionals). If you are a student, please give an academic referee. If you are applying for a post which requires unsupervised access to children/vulnerable adults, the company reserves the right to approach any past employer for a reference. | | | |
| 1. | Name:  Professional/character | 2. | Name:  Professional/character |
|  | Position: |  | Position: |
|  | Organisation: |  | Organisation: |
|  | Address:  Postcode: |  | Address:  Postcode: |
|  | Tel No.  Email. |  | Tel No.  Email. |
|  | Capacity which know  May the company approach the above prior to interview? Yes/No |  | Capacity which know  May the company approach the above prior to interview? Yes/No |

**GENERAL COMMENTS**

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| Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post. |

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| **Employment History**  Please record below the details of your full employment history beginning with you current or your most recent first. Any gaps must be explained. Use a 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: |

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

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| Duties: | | Address: |
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| Email: |

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

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| **Please answer the following questions** | | Yes | No |
| 1 | Do you have, or have 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? |  |  |
| 2 | Do you have, or have you ever had, any illness, impairment or disability that may have been caused or made worse by your work? |  |  |
| 3 | 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? |  |  |
| 4 | Are you having, waiting for, any medical treatment or investigations at present? |  |  |
| 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? |  |  |
| If you answered ‘yes’ to any of the above questions, please provide details below: | | | |
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| Immunisation status (Please specify your immunisation status and any immunisation needs you have for the role – optional) | | | |

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| **Applicants Declaration**  Circle Yes / No as appropriate | | **Read and Understand** | |
| 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 without notice. | 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 BVDF Homecare reserves the right to require me to undergo a medical examination to access 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 |

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| **Print Name** | **Signature** | **Date** |
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**Privacy**

Individuals have a right under the General Data Protection Regulations to see copies of the references received about them. Therefore, we cannot guarantee the complete confidentiality of any reference received.

We will only collect date for specified, explicit and legitimate use in relation to recruitment process. By signing this document, you consent to holding the information contained.

We are required to keep this information within the candidates personnel file. We cannot estimate the exact time period it will be held for. When that period is over, we will delete your data.

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 successful recruitment of the candidate.

You have a right for your own 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 us.

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| **Office use only** | | | |
| Reference verified by Name: |  | Date: |  |
| Verbal reference Taken By: |  | Date: |  |

**DECLARATION (Please read carefully before signing this application)**

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| 1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. 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 right the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act. 3. I agree that should I be successful in this application, I will, if required, apply to the Disclosure & Barring Service for a standard or enhanced (as appropriate) disclosure. I also agree that the company may apply to my previous employers for references. I understand that should I fail to do so, or should the disclosure or reference not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated.   Signed: …………………………………………………………………………………………..  Date: …………………………………………………………………………………………….. |