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| **400dpiLogoCropped**  **EMPLOYMENT APPLICATION**  **FORM**      **Please complete this form in black ink and complete all sections**     |  |  | | --- | --- | | **Position Applied for** |  | | **Your Surname and Initials** |  |         **Data Protection Statement**    The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees)  and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on  file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of Haven247 Healthcare to protect and to keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.      **Equality of Opportunity Statement**    Haven247 Healthcare’s Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability, or offending background. |

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| **1.Personal Details** | | | | | | | | | | | | |
| **Title** |  | | **Surname** | | |  | | | **Maiden Name** | |  | |
| **Previous surnames (if any)** | | | | |  | | | | | | | |
| **Forenames (in full)** | | | | |  | | | | | | | |
| **Address** | |  | | | | | | | | | | |
|  | | | | | | | | **Post Code** | | |
| **Telephone** | | **Home** | | | | | **Work** | | | **Mobile** | | |
|  | | | | |  | | |  | | |
| **Email address** | |  | | | | | | | | **Nationality** | |  |
|  | | **Do You Hold A British/EU Passport: YES NO** | | | | | | | |  | |  |
| **Passport No.** | | **D.0.B:** | | | | | | | | **Expiry** | |  |
| **If you do not hold a British/EU passport, do you hold any of the following,** | | **Indefinite leave to remain in the UK**  **Work Permit/Sponsorship(Tier2)**  **Student Visa (Tier4)**  **Working Holiday Visa/Youth Mobility(Tier5)**  **Ancestry Visa**  **Spousal/Partnership Visa**  **Biometric Residents Permits**  **Other(Please specify):** | | | | | | | |  | |  |
| **May we contact you at work?** | | **Yes**  **No**  **Please**  **as appropriate** | | | | | | | | | | |
| **Date of Birth** | |  | | | | | **National Insurance Number** | | |  | | |
| **Next of Kin to be notified in case of emergency: Name** | | | | | | | |  | | | | |
| **Address** | |  | | | | | | | | | | |
|  | | | | | | | | **Post Code** | | |
| **Telephone** | | **Home** | | | | | **Work** | | | **Mobile** | | |
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| **Relationship to you** | | | |  | | | | | | | | |
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| **2.Formal Education and Qualifications** | | | | |
| **Name of**  **School/College/University and Location** | **Dates of attendance** | | **Course of**  **Study/Qualification(s) gained e.g. GCSE’s, “A” levels, NVQ, Degree etc** | **Grade** |
| **From** | **To** |
| **Month/Year** | **Month/Year** |
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| **3.Employment History**  **Please print details of all your employment for a period of at least the last 5 years, to include all agencies or workplaces, in reverse date order; starting with your present or last position. Please include reasons for gaps.** | | | | |
| **Name & address of**  **Employer** | **Dates of Employment** | | **Position held and brief summary of duties and responsibilities** | **Reason for leaving/Last salary or wage** |
| **From** | **To** |
|  |  |
|  | **Month/Year** | **Month/Year** |  |  |
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| **4. General information** | |
| **Do you hold a valid and current British Driver’s License? Yes**  **No**   **If Yes, what type? (E.g. Provisional, Full, LGV, PCV):**  **Do you have any endorsements? Yes**  **No**   **If Yes, please give details:** | |
| **Please state which languages you speak, including an indication of fluency** |  |
| **How did you hear about this agency?** |  |
| **Are you a member of a Union or Professional Organization offering Professional Indemnity Insurance?**  **Yes**  **No**   **If yes,** | |
| **Body Name** | **Amount of Cover** |
| **Policy Number** | **Expiry Date** |

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| **5. Preference regarding work** | |
| **Please specify which types of work you would prefer. You should tick all appropriate boxes.**    **Positions part time**  **full time**     **Do you have any other work commitments? Yes**  **No**  | |
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| **When will you be available to start work?** |  |

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| **6.Rehabilitation of Offenders Act** |
| You are therefore requested to provide details of all convictions,    **Records will be checked via the Disclosure and Barring Services procedures**  **I have no convictions**  **I have convictions (see Note below)**     **Note**  (To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed “Private and Confidential – Criminal Convictions” and  attach this to your completed Application Form)   |  | | --- | | **7.Professional References** | |

***Please give the names and contact details of 2 professional referees from your current and most recent employment and 1 character reference who is not your relative, which must cover the last 5 years of employment/education. Professional referees must have worked in a senior position to yourself. Please be aware that Haven247 Healthcare is unable to offer you work until satisfactory references have been obtained. Please continue on a separate sheet if necessary***.

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| --- | --- |
| **Professional Reference 1** |  |
| Organization: |  |
| Job Title: |  |
| Dates Employed(Month/Year): |  |
| Referee name: |  |
| Professional Title: |  |
| E-mail: |  |
| Telephone: |  |
| Can we contact prior to interview:Yes No |  |

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| **Professional Reference 2** |  |
| Organization: |  |
| Job Title: |  |
| Dates Employed(Month/Year): |  |
| Referee name: |  |
| Professional Title: |  |
| E-mail: |  |
| Telephone: |  |
| Can we contact prior to interview:Yes No |  |

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| **Character Reference 1** |  |
| Organization: |  |
| Job Title: |  |
| Dates Employed(Month/Year): |  |
| Referee name: |  |
| Professional Title: |  |
| E-mail: |  |
| Telephone: |  |
| Can we contact prior to interview:**Yes** **No** |  |

**Personal Declaration**

**I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and**

* I give permission for any enquiries that need to be made to confirm such matters as qualifications,

experience and dates of employment, and for the release by other people or organizations of such information as may be necessary for that purpose.

* I give permission for the processing of the personal data contained in this form for employment purposes

**Signed**  **Date**