**ST PATRICK HEALTHCARE APPLICATION FORM**

1. **Application form**

|  |  |
| --- | --- |
| Position applied for |  |
| Date available to take up employment |  |

1. **Personal details**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name  |  | Title |  |
| Date of Birth |  |
| Address |  |
| Telephone numbers | Home |  |
| Mobile |  |
| Email address |  |
| NMC PIN (If applicable) |  |
| National insurance number |  |
| Passport number |  | Issue Date |  |
| Current Visa Status (select one of the options) | 1. British Citizen
2. EU Citizen
3. ILR
4. Work Permit
5. Student Visa
6. Other
 |
| Do you own a car? | YES / NO | Have a current licence? | YES / NO |
| If yes, licence type | Provisional / Full |
| Driving licence number |  |
|  |  |  |
|  |  |  |
| Do you have any current driving convictions | YES / NO | If yes, give details including dates |
|  |

1. **Further education and training**

|  |  |  |  |
| --- | --- | --- | --- |
| University/College and date attended | Type of course | Subjects | Qualification or class of degree |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Mandatory training**

|  |  |  |  |
| --- | --- | --- | --- |
| Course | Training Provider | Date Attended | Expiry Date |
| Dementia Care |  |  |  |
| Equality, Diversity & Inclusion |  |  |  |
| Moving & Handling |  |  |  |
| Infection Control |  |  |  |
| Fire Safety |  |  |  |
| Health & Safety |  |  |  |
| Hazards & Prevention |  |  |  |
| Safeguarding Adults |  |  |  |
| Food Safety & Hygiene |  |  |  |

1. **Previous employment**

A full work history is required explaining any gaps in employment.

|  |  |
| --- | --- |
| Present/last employer |  |
| Address |  |
| Job title |  |
| Duties/responsibilities |  |
| Start date |  | End date |  |
| Reason for leaving |  |
| Employers name & address | Job title | From | To | Reason for leaving |
| *(month & year)* |
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1. **Permission to work in the UK**

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| --- | --- |
| Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK? | YES / NO |
| If you are successful in your application would you require permission to work in the UK? | YES / NO |

1. **Next of kin**

|  |  |
| --- | --- |
| Emergency contact name |  |
| Relationship to you |  |
| Contact number |  |
| Emergency contact name |  |
| Relationship to you |  |
| Contact number |  |

1. **Referees**

|  |
| --- |
| Work reference 1 (most recent employer) – not members of your own family |
| Name |  |
| Address |  |
| Organisation |  |
| Occupation |  |
| Telephone number |  |
| Email address |  |
| Work reference 2 – not members of your own family |
| Name |  |
| Address |  |
| Organisation |  |
| Occupation |  |
| Telephone number |  |
| Email address |  |
| Work, personal or educational – not members of your own family |
| Name |  |
| Address |  |
| Organisation |  |
| Occupation |  |
| Telephone number |  |
| Email address |  |

**The Data Protection Act 1998** requires that any staff handling personal data must follow certain principles in relation to the data that they hold. Individuals have rights of access to data that is held and rights to claim for damages if various offences occur. This covers manual as well as computerised records.

In implementing the legislation, St Patrick Healthcare Ltd adopts a simple and straightforward policy.

If you are unsuccessful in this application, we will keep this form on file for 6 months should you wish to be considered for other vacancies within St Patrick Healthcare.

Please tick to show your agreement to this. [ ]

|  |  |
| --- | --- |
| Date of previous application |  |
| Previous position applied for |  |
| Did the application go through to interview | YES / NO |
| If yes, what was the outcome |

## **Declaration for the rehabilitation of offenders act 1974 (REGULATED positions)**

The post for which you are applying is a regulated position. It is a **criminal offence** for a disqualified person to apply to work in a regulated position. The post is also exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended. This means that **all convictions**, including those that are spent under the terms of the Rehabilitation of Offenders Act 1974 **must be declared**.

The information provided will be taken into account in deciding whether ti make an appointment or not. It will be completely confidential and will be considered only in relation to this application.

If your application is successful you will be required to co-operate with us in obtaining a disclosure of criminal convictions from the Disclosure and Barring Service.

|  |
| --- |
| DECLARATIONAre you a disqualified person? Answer “yes” or “no” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you ever been convicted in a court of law or accepted a police caution, reprimand or final warning in respect of any offence?Answer “yes” or “no” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If “yes” give full details:Surname (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Forenames (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If you have previously had any other surname(s) or forename(s), you must declare all of them below and state the date of each change and the reason.Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Registration / PIN number (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Criminal Record Check

I have completed an application for a criminal record check and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults or children.

I also give permission for a copy of the disclosure to which I am subject, being made available to a named authorised person upon written request, who acts on behalf of a National Government or Local Government Department for auditing purposes.

Name……………………………………………………………………...

Signature…………………………………………………………………Date……………………………

**Working with St Patrick Healthcare**

It is St Patrick Healthcare Care’s policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, ethnic origin, national origin, sex, sexual orientation, religion or belief, pregnancy, trans-gender status, marital or civil partnership status, age or disability.

I authorise St Patrick Healthcare to obtain references to support this application once an offer has been made and accepted and release St Patrick Healthcare and referees from any liability caused by giving and receiving information.

**DECLARATION**

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement will be sufficient cause for rejection or, if employed, dismissal.

Name……………………………………………………………………...

Signature…………………………………………………………………Date……………………………

## Please complete the additional form: equal opportunities monitoring form

*You are under no obligation to complete the above mentioned additional form*

Thank you for completing the application form. Please return this document to:

St Patrick Healthcare Ltd, 5 Worbarrow Gardens, Poole, Dorset, BH12 3NZ

Alternatively, you may email the completed application form to office@stpatrickhealthcare.co.uk

If you need to discuss any questions within this application form please contact St Patrick Healthcare team at (+44) 7427669626.

**Equal Opportunities Monitoring Form**

St Patrick Healthcare 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.

|  |
| --- |
| **Ethnic Origin:** Please indicate your Ethnic Origin |
| **Asian or Asian British** | **Mixed** | **Other Ethnic Background** |
|  | Bangladeshi |  | White & Asian |  | Chinese |
|  | Indian |  | White & Black African |  | Any Other Chinese |
|  | Pakistani |  | White/Black Caribbean |
|  | Other Asian |  | Other mix |  | Any other ethnic |
| **Black or Black British** | **White** |  |
|  | African |  | British |  | I do not wish to disclose my Ethnic |
|  | Caribbean |  | Irish |
|  | Other Black Background |  | Other White |

|  |
| --- |
| **Gender:** Please indicate your Gender |
|  | Female |  | Male |  | Other state below |
|  | Transgender Female |  | Transgender Male |
|  | I do not wish to disclose my Ethnic |
|

|  |
| --- |
| **Religion or Belief:** Please indicate your Religion or Belief |
|  | Buddhist |  | Jewish |  | Hindu |
|  | Christian |  | Muslim |  | Sikh |
|  | I do not have any Religion or Beliefs |  | Other 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 |
|  | Divorced |  | 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 |

**Sexual Orientation:** Please indicate your Sexual Orientation |
|  | Heterosexual |  | Bisexual |  | Other state below |
|  | Gay |  | Lesbian |
|  | I do not wish to disclose my Sexual Orientation |