

Application Form

Please ensure you complete the application form in full as we cannot accept CVs. Please complete with black ink and ensure that your handwriting is clear.

Please note that no applicant will be unfairly discriminated against. This includes discrimination on account of age/cultural/religious/political belief, 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 let us know.

Position

Position applied for:	
Preferred employment type (e.g. part time, full time):	

Personal Details

First name(s):	Surname:
Current address:	Postcode:
Telephone number (mobile):	Telephone number (home):
Email address:	
Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National? (please circle) Yes/No	If no, please detail current immigration status and the relevant visa currently held (including Visa number):
National Insurance Number:	Are you related to a member of staff or Service User at Nash Health Care Ltd (please circle): Yes/No

Next Of Kin Details

Name:	Relationship:
Telephone Number:	

Address:

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
 Reasonable adjustments will be made available should you be invited to interview. According to the definition of disability do you consider yourself to have a disability? (please circle)
 Yes/No/Prefer not to discuss

Driving Record

Own Transport (please circle) Yes/No	How long have you had your licence?
Do you have any driving-related prosecutions/ fixed penalties/endorsements or similar currently pending? (please circle) Yes/No	If yes, please provide details:
Have you ever been disqualified from driving? (please circle) Yes/No	If yes, please provide details:
Have you ever had insurance refused? (please circle) Yes/No	If yes, please provide details:

Education

School/College/University/Professional Body	Examinations Passed, Qualifications Gained and year obtained (All qualifications will be subject to a satisfactory check).

Training Courses Attended Or Completing

Subject	Location/Details	Date

Employment History

Please record below the details of your FULL employment history since leaving education, with your current or most recent position first. If you require an additional sheet please ask.

Name and address of your current/last employer:	
Start date and end date:	
Position held and reason for leaving:	
Salary / Rate:	
Email Address:	
Name and address of employer prior to the employer listed above:	
Start date and end date:	
Position held and reason for leaving:	

Salary / Rate:	
Email Address:	
Name and address of employer prior to the employer listed above:	
Start date and end date:	
Position held and reason for leaving:	
Salary / Rate:	
Email Address:	
Name and address of employer prior to the employer listed above:	
Start date and end date:	
Position held and reason for leaving:	
Salary / Rate:	
Email Address:	
Name and address of employer prior to the employer listed above:	
Start date and end date:	
Position held and reason for leaving:	
Salary / Rate:	
Email Address:	

Please detail here any gaps in employment and state why:

Supporting Statement

Please add here your reasons for applying. It would also be of value to describe particular strengths and talents that set you apart from others as well as including skills and experiences gained from work, home and other activities.

Languages

Languages (other than English):	
<input type="checkbox"/>	Spoken / Fluent / Written / Read
<input type="checkbox"/>	Spoken / Fluent / Written / Read
<input type="checkbox"/>	Spoken / Fluent / Written / Read

Referees

You must provide references from your two most recent employers. Please inform your referees that we will be contacting them as this usually speeds up the process. You will NOT be able to commence work until we have received two satisfactory references. If you have not been employed before, please discuss the matter with us.

Current or most recent employer
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Name:
Address:
Telephone Number:
Email Address:
Job Title:

Previous employer to the one above:
Name:
Address:
Telephone Number:
Email Address:
Job Title:

Please sign below to confirm that we may contact your references prior to employment:

Name:
Signature:
Date:

Safeguarding

Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest of confidence.

Nash Health Care Ltd 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. Nash Health Care Ltd undertakes not to discriminate unfairly against applicants on the base of a criminal conviction or other information declared.

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 circumstances.

Are you currently bound over or do you have 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

Privacy

Nash Health Care Ltd will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this application form you consent to Nash Health Care Ltd 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 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 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 your 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 or Data Protection Officer on 01452 346 576

Declaration

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 by Nash Health Care Ltd. Where applicable, I consent that Nash Health Care Ltd can seek clarification regarding professional registration details.

Name:

Date:

Signature: