**Please use black ink to fill in the application form, fill in all sections on the form with black pen, if any section does not apply to you please enter N / A. Note: You will not be allowed to start work until we have received two satisfactory, DBS check and you have completed the necessary probationary shadow shifts.**

**1) Vacancy Details**

Position applied for : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you hear about this vacancy? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2) Personal Details**

**Title: Mr/Mrs/Miss/Ms: \_\_\_\_\_\_\_\_ F**irst Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Previous Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ National Ins. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you receiving any benefits: **Yes/No** (Circle as appropriate) If yes then write them on a separate sheet.

Do you hold a full UK Driving Licence Y/N Driving Licence No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes do you have the use of a car for work? Yes / No

Are you entitled to work in the United Kingdom without having a work permit? Yes / No

Are you a European Economic Area (EEA) citizen? Yes / No

UKCC PIN if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **What language skills do you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Next of Kin/Emergency Contact**  **Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone No: (with Area Code) Daytime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**3) Education, Training & Qualifications (please start with secondary education)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates | | Secondary School / College / University | Examinations Dates | Level / Grade |
| From | To |  |  |  |
|  |  |  |  |  |

**4) Other Personal Skills** (Continue on separate sheet if required)

If you feel that you have any other relevant information concerning your experience relating to the job

position, please provide the information here. If you required another separate sheet, then please

attached to your application form.

**5) Employment History**

Are you currently employed? Yes [ ] No [ ]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please list below a complete employment history, attaching any other sheets as necessary. Please include periods of unemployment or voluntary work. Please explain any gaps in your employment history, due to any circumstances for instances career break, unemployment, further education undertaken or ill health. We reserve the right to contact any of your previous employers to obtain a reference (continue on a separate sheet if required). | | | | | |
| Dates | | Employers Name & Address | Job Title | Reason for Leaving | Salary |
| From | To |
|  |  |  |  |  |  |

**6) Dismissal**

Have you ever been dismissed from work? Yes / No

If yes, please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7) REFERENCES**

Please give details of two Professional References, one of which must be your present or most recent employer.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **References** | | | | | |
| * *References will only be sought for short listed candidates.* ***It is our policy to obtain references prior to interview due to safeguarding guidelines, if you have concerns regarding this please contact us.*** * *The first reference* ***must*** *be your present or most recent employer* * ***Please do not give relatives or people solely in the capacity as friends as a referee.*** * ***Other previous employers may also be approached for information, before interview, to verify details on your application form such as particular experience or qualifications.*** | | | | | |
| **Reference 1**: This **must** be your current or most recent employer. | | | **Reference 2**: If you have worked with older and vulnerable adults in the past, but are not currently, this **must** be the most recent employer by whom you were employed to work with these vulnerable groups. Otherwise, a reference of your choice. | | |
| Full name: |  | | Full name: |  | |
| Job title: |  | | Job title: |  | |
| Employer: |  | | Employer: |  | |
| Full address: |  | | Full address: |  | |
| Tel No: |  | | Tel No: |  | |
| Email: |  | | Email: |  | |
| Relationship to you: |  | | Relationship to you: |  | |
| Did this role involve working with older and/or vulnerable adults? | | Yes/No | Did this role involve working with older and/or vulnerable adults? | | Yes/No |

Can the above references be contacted before Interview: YES: NO:

(Please Circle as appropriate)

The above references must be completed with the full postal address and post code.

**Failure to complete the references in full will delay your starting date with First Practice Healthcare Ltd**

Do you have a disability? Yes No

Are you a registered disabled? Yes No

**8) REHABILITATION OF OFFENDERS ACT 1974**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Declaration of criminal convictions** | | | | | |
| **This post is exempt from the Rehabilitation of Offenders Act 1974 and you are therefore required to disclose all criminal convictions, including any which may be ‘spent’. You should also include details of any cautions, reprimands or final warnings.** | | | | | |
| Have you ever been convicted of any criminal offence, whether ‘spent’ or ‘unspent’, as defined in the Rehabilitation of Offenders Act 1974 or do you have any charges pending? | | | | Yes/No | |
| If you have answered yes to the above question, please provide details on a separate sheet in an envelope marked **CONFIDENTIAL**. Note: you do not have to tell us about parking offences  Please include details of:   * The order binding you over and/or the nature of the offence, * The penalty, sentence of the Court hearing, * And the date and place of the Court Hearing | | | | | |
| Has your name ever appeared on the Protection of Children’s List or have you ever been referred to the Independent Safeguarding Authority (ISA) for consideration of barring against the Children’s List? | | | | | Yes/No |
| Has your name ever appeared on the Protection of Vulnerable Adults List or have you ever been referred to the Independent Safeguarding Authority (ISA) for consideration of barring against the Vulnerable Adults List? | | | | | Yes/No |
| Have you ever been cautioned, reprimanded or received a final warning which although not considered to be criminal convictions and become ‘spent’ immediately, must be considered in relation to this exempt post? | | | | | Yes/No |
| If yes, please provide details: | | | | | |
| Any subsequent offer of employment will be subject to a criminal record check (disclosure request) from the Criminal Records Bureau (CRB). This check will include details of cautions, reprimands or final warnings as well as convictions. Appointment will be subject to the information received from the CRB. | | | | | |
| **I accept that if any of the information is found to be false or misleading I will be disqualified from appointment. I understand that any subsequent offer of employment will be subject to the outcome of a criminal record check from the CRB.** | | | | | |
| **Signature:** |  | **Date:** |  | | |

9) **PAST ADDRESSES:**

|  |  |  |
| --- | --- | --- |
| Address(es) of places lived in for the past 5 years | From:  Month/Year | To:  Month/Year |
|  |  |  |
|  |  |  |
|  |  |  |

**10) DECLARATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Your declaration** | | | | |
| **I understand that any employment, if offered, will be subject to the information on this form being correct and I confirm that no valid information has been wilfully withheld. I understand that if I am appointed, I am liable to dismissal without notice if the information on this form is later proved to be inaccurate.** | | | | |
| **Signature (applicant):** |  | | **Date:** |  |
| Please sign and date if you are returning the form by post. If returning by email, you will be asked to sign a copy before any offer of employment is made. | | | | |
| If you have completed this form on behalf of the applicant, please add your details: | | | | |
| **Name (printed):** |  | **Contact number:** | |  |

**Thank you** for taking the time and effort to complete this application form, together with our recruitment monitoring form which is printed at the end of this document.

**Please return by post to:**

**First Practice Healthcare Ltd,**

**St. George’s Community Hub**

**Great Hampton Row**

**Birmingham**

**B19 3JG**

**or by e-mail to:** [**info@firstpracticehealthcare.com**](mailto:info@firstpracticehealthcare.com)

**Name:**

**HEALTH ASSESSMENT**

|  |
| --- |
| Have you suffered from any of the following?  Heart Conditions: Yes □ No □, Mental Health Disorders: Yes □ No □, Back Trouble: Yes □ No □  Chest Conditions: Yes □ No □, Epilepsy: Yes □ No □, Major Operations: Yes □ No □’  Diabetes: Yes □ No □, Difficulty with Sight or Hearing: Yes □ No □,  Any Physical Disability: Yes □ No □,  Are you currently on any Medication: Yes □ No □  **If yes, please state what it is and the condition it is taken for?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you have any Allergies: Yes □ No □  Have you had any illness in the last twelve months that has prevented you from working form more than one week? Yes □ No□  **If you have answered yes to any of the above, please give a brief description on a separate sheet of paper.**  **IMMUNISATIONS**  Please tick the vaccinations you have had:  Rubella □ TB/BCG □ Polio □ \*Tetanus □ \*Hepatitis B □  **(\* Please give details)** |

**EQUAL OPPORTUNITIES POLICY**

**First Practice Healthcare Ltd wants to meet the aim and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.**

**Gender**

Man□ Woman □ Intersex □ non-binary □ Prefer not to say □

If you prefer to use your own term, please specify here ……………………………...

**Are your Married or in a civil partnership? Yes** □ No □ Prefer not to say □

**Age** 16-24□ 25-29 □ 30-34 □ 35-39 □ 40-44 □ 45-49 □

50-54 □ 55-59 □ 60-64 □ 65+ □ Prefer not to say □

**Do you consider yourself to have a disability or health condition?**

Yes □ No □ Prefer not to say □

What the effects or impact of your disability or health condition on your ability to give your best at work?

Please write here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What Is your sexual orientation?**

Heterosexual □ Gay □ Lesbian □ Bisexual □ Prefer not to say □

If you prefer to use your own term, please specify here ……………………………..

**What is your religion or belief?**

No religion or belief□ Buddhist □ Christian □ Hindu □ Jewish □ Muslim □

Sikh □ Prefer not to day □ If other religion or belief, please write in:

**What is your current working pattern?**

**Full-time** □ Part-time □ Prefer not to say □

**What is your flexible working arrangement?**

**None** □ Flexitime □ Staggered hours □ Term-time hours □ Annualised hours □

Job-share □ Flexible shifts □ Compressed hours □ Homeworking □ Prefer not to say □

If other, please write in:

**Do you have caring responsibilities? If yes, please tick all that apply**

**None** □ Primary care of a child/children (under 18) □ Primary carer of disabled child/children □

Primary carer of a disabled adult (18 and over) □ primary carer of older person □

Secondary carer (another person carries out the man caring role) □ prefer not to say □

**I would best describe my ethnic origin as:**

African □ Afro Caribbean □ Asian □ Other □ White British □ White Other □

**AREAS OF INTEREST OR PREFERENCE (tick as applicable)**

|  |
| --- |
| **Please indicate the times you are available**  Full Time:  □ Mornings (7:00-10:00):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Afternoons (12:00-14:00):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Evenings (16:00-18:00):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Nights (17:00-21:00):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Part Time:  □ Mornings (7:00-10:00):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Afternoons (12:00-14:00):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Evenings (16:00-18:00):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Nights (17:00-21:00):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Weekends:  □ Mornings (7:00-10:00):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Afternoons (12:00-14:00):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Evenings (16:00-18:00):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Nights (17:00-21:00):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bank Holidays:  □ Mornings (7:00-10:00):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Afternoons (12:00-14:00):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Evenings (16:00-18:00):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Nights (17:00-21:00):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |