



# Job Application Form

## Confidential

VERSION	1	NO OF PAGES	10 (inc this one)
DATE CREATED	June 2015	DUE FOR REVIEW	June 2016

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## PRIVATE AND CONFIDENTIAL

Before completing this application form, please read the guidance notes, on the last page of this document, which will help you to complete your application.

Post applied for:	
Are you permitted to work in the United Kingdom?	Are you permitted to work in the United Kingdom? Yes <input type="checkbox"/> No <input type="checkbox"/> I require a work permit <input type="checkbox"/>

Personal Details	
Surname	
First name	
Home address	
Postcode	
Home telephone number	
Mobile number	
Email	
National Insurance number	

## Driving Details:

- Do you have a full Driving Licence that allows you to drive in the UK? Yes  No
- Do you have access to a car that you can use for work? Yes  No
- Have you ever been banned from driving, or do you have any current endorsements on your licence? Yes  No
- Does your car insurance include Class 1 business insurance? (in order to use your own vehicle for work you must have class 1 business insurance) Yes  No
- Are all your documents up to date and valid? Yes  No

## Languages

State your fluency (both written and spoken) in ALL languages – including English:

Language	Spoken			Written		
	Fluent	Good	Fair	Fluent	Good	Fair
<b>English</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Availability

Full Time  Part Time (less than 30 hours)  Weekends  Weekdays  Live in  Nights

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Breakfast 7-11am							
Lunch 11am-3pm							
Tea time 3-6pm							
Evening 6-10pm							
Nights							

Are there any current restrictions to your availability?  
 \_\_\_\_\_  
 \_\_\_\_\_

## References:

Please provide us with two references, one of whom should be your present or most recent employer. If you cannot supply two professional references and need to use a character referee we ask that you choose someone who is working in a professional or managerial position of their own. Relatives and friends are not acceptable as character referees.

Name	
Referees job title	
Organisation	
Address	
Telephone number	
E-mail	
Dates from/to	
Capacity in which they know you (e.g. Line Manager)	
May we contact this reference if you are successful in your application? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name	
Referees job title	
Organisation	
Address	
Telephone number	
E-mail	
Dates from/to	
Capacity in which they know you (e.g. Line Manager)	
May we contact this reference if you are successful in your application? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Education/Qualifications/Training**

Please give information about qualifications gained relating to the role you are applying for – please continue on a separate sheet where necessary:

**Education/Qualifications**

Qualifications	Date	Grade

**Training (If you have undertaken any relevant training to this post please give details)**

Course details	Date	Training provider

Employment Background (please continue on a separate sheet if necessary)

Current/most recent job			
Employers name		Salary	
Job title		Notice required	
Reason for leaving			
Brief description of duties			
	Dates (months and year)		
	From	To	
Previous Jobs (Paid and Voluntary)			

Please detail the most recent first. Where there are gaps between jobs, please indicate why – for example - continuing education, family, child care, unemployment or travelling. **Continue on a separate sheet if necessary**

Employers name		Reason for Leaving	
Job title			
Brief description of duties			
	Dates (months and year)		
	From	To	

Employers name		Reason for Leaving		
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Job title			
Brief description of duties			
		Dates (months and year)	
		From	To

Employers name		Reason for Leaving	
Job title			
Brief description of duties			
		Dates (months and year)	
		From	To

**Annual Leave**

Please detail any dates of pre-booked leave/holiday.

Leave/Holiday Dates:

**Skills and Abilities/Knowledge and Experience/Qualities**

**This is an important part of the application. Please read the attached person specification before completing this section.**

Tell us why you are applying for this job. You should also show how you meet each requirement of the person specification by providing details of your experience, skills and knowledge gained in employment, voluntary work or elsewhere

**Please continue on a separate sheet if necessary**

**Previous Experience**

Please put a cross in the appropriate boxes in which you have previous experience, professional or personal

Personal Care		No Experience	Experience	Trained
	Dressing/undressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bed baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bath aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use of bedpans/commodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hair care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Specialist Care</b>	Pressure area care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Continence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Catheter bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mouth care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Colostomy care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mobility</b>	Moving and handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use of hoists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Walking aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Nutrition</b>	Meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PEG Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Practical</b>	Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Laundry / Washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bed making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Specialist</b>	Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Laundry / Washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bed making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Palliative care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dementia care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Learning disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Physical disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – Please specify				

**Rehabilitation of Offenders**



**Rehabilitation of Offenders Act 1974**

The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 provides that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place, are obliged to disclose any convictions which would otherwise be spent. The Care Home Regulations provide that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any criminal convictions, conditional discharges, bind-overs or cautions that they have been subject to at any time in the past.

*Your answer to the following question should include any ‘spent’ convictions, conditional discharges, bind-overs or cautions. The ‘Company’ actively promotes equality of opportunity for all as stated in its Equal Opportunities policy, which can be found in the staff handbook or at your local office.*

<ul style="list-style-type: none"> <li>• Have you ever been convicted of a criminal offence or received a Police Conditional discharge, bind-over, caution, warning or reprimand?</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Have you ever been issued with a Penalty Notice for Disorder?</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• If so, please provide details and dates of the offence(s) below – please continue on a separate sheet where necessary:</li> </ul>	

Making a false statement or any attempt to conceal information regarding this declaration will lead to the rejection of your application for employment with this company. Any details provided will be treated in the strictest confidence and will not automatically exclude anyone from being considered for any vacancy.

**Criminal Record Check**

On commencing employment with Bayview Healthcare, the company agrees to pay for the criminal record check for the named person on this application form subject to offer and acceptance of the position.

By signing the application form, the above named employee agrees that Bayview Healthcare will recover the cost of the criminal record check, should his/her employment with Bayview Healthcare cease within six months of commencing employment, for any of the following reasons:

- The employee resigning from employment with Bayview Healthcare
- Employment being ceased by Bayview Healthcare for any reason, other than redundancy.

## Data Protection

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

In implementing the legislation, Bayview Healthcare adopts a simple and straightforward policy that is, so far as is possible, easy to understand and unambiguous in its application.

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 the organisation. Please tick to show your agreement to this

## Previous Application

If you have previously applied to us for work, when did you apply and what was the vacancy?	
Were you interviewed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what was the outcome?	

## Declaration

I confirm that all the information given is true and I understand that any false or misleading information may result in my removal from Bayview Healthcare’s register of applicants. I consent to the processing of sensitive personal data as referred to on the front page of this form.

Print name	
Signed	
Date	

## What happens now?

Please return the application form to:

Name	
Address	
Email:	

## Guidance notes for applicants

The application form plays a vital role in the selection process, both in deciding whether or not you will be shortlisted for an interview and as a basis for the interview itself. It is therefore important to address the Person Specification by relating it to your experience, knowledge, skills and abilities, which are relevant to the job.

The following advice should help you to complete the application form as effectively as possible.

### The Job Description

- The job description details what sort of duties you would be expected to carry out
- Ask yourself why you are interested in the job
- Would it be a good career move – perhaps to broaden your general work experience or to support the sort of work you might want to undertake as a career

### The Person Specification

- The person specification will list the skills, knowledge, qualifications and experience required. You should provide evidence that you have these on your application form
- Explaining your present and previous jobs to someone else may help to uncover “hidden” skills, that you take for granted
- Consider any relevant experience you have acquired outside work such as community / voluntary / leisure interests/care for family

### Your Employment History

- Write out your career history: do not go into too much detail but make sure that you explain the main responsibilities of the most relevant jobs that you have had
- Check that the dates are correct and in the right order and make sure there are no gaps.  
(Use an extra page if there is not enough room for you)

### Other Information Section

- You should refer to the person specification and try to provide evidence of how you meet each requirement
- Your form should be written in a concise, well-organised and positive way
- Specify your own responsibilities rather than those of your organisation or Company

### Sign the Form

- This can sometimes be overlooked – please make sure you sign the form

### Send the Information on Time

- If there is a date/time by which you must return the form, please make sure you send it so that it is received on time and does not delay the recruitment process.

### Keep a copy for your own records