



JOB APPLICATION FORM

GUIDELINES

- Please ensure you complete all sections and sign all required areas.
- Please either type directly in this form or print out and complete the form in **black ink** and **BLOCK CAPITALS**.

Full Name: _____

Post Applied for: _____

Where did you see this post advertised?

Job Centre Plus

Newspaper

From a friend/family/etc

On our website www.delightsupportedliving.co.uk

Online (Gumtree, etc)

Other (please state)

Are you looking for:

Full time employment

Part time employment

Live-in





1. PERSONAL DETAILS

Title: (MRS, MISS, MR, DR, or other title)		Date of Birth: DD/MM/YYYY	
Name:			
Nationality:		National Insurance Number:	
Address:		Home phone:	
Postcode:		Mobile phone:	
		Email:	
Do you hold a current driving license?		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
		Are you willing to travel?	Yes <input type="checkbox"/>
			No <input type="checkbox"/>
What form of transport will you use to get to work? (tick where appropriate).	Car	<input type="checkbox"/>	
	Walk	<input type="checkbox"/>	
	Bus	<input type="checkbox"/>	
	Cycle	<input type="checkbox"/>	
	Other (state)	<input type="checkbox"/>	<input type="text"/>

How much notice are you required to give your current employer?

2. THIS SECTION IS FOR NURSES ONLY

NMC pin number/Reg. number		NMC/Reg. Expiry date	
Type of registration (e.g. RGN, RMN, etc)		NHS experience-	YES <input type="checkbox"/>
			NO <input type="checkbox"/>
Other professional bodies		If yes, please state how many years and band worked at:	
	Years	Band





Please tick areas you have experience in-

If you have an area of expertise please explain further in the box below.

A&E	Cardiac	Clinics	Community
Diagnostic Imaging x-ray	Elderly care	Endoscopy	General Wards
Gynaecology	HDU	Health Visitor	Homecare
ITU	Learning Disabilities	Medical	Mental Health
Midwifery	Neonatal	NICU	Nurse prescriber
Nursing home	Occupational Health	Challenging behavior	Oncology
Chemotherapy	Orthopedics	Dysphagia	Paediatrics
Palliative	PICU	Practice Nurse	Prison
Hoisting	Stroke	Renal	Dialysis
Personal Care	Surgical	Epilepsy	Triage
Urology	Walk in Centre	Other <i>(please specify)</i>	

Experience, Skills and Personal Qualities *(Continue on a blank page, if required)*

What qualities do you have which make you suitable for this type of work?
This area is intentionally blank for the user to write their response.





3. GENERAL EDUCATION AND QUALIFICATION

Secondary Education

School/College Name	Subjects	Qualification gained/ grades	Date Achieved DD/MM/YYYY

Further Education and Professional Training

University/College/Institute Name	Course & Qualifications obtained	Date Achieved DD/MM/YYYY	Result

Other Relevant Training (Short courses, In-service training, etc)

Training Provider	Title of Course	Date Obtained DD/MM/YYYY	Result





4. PREVIOUS EMPLOYMENT

Please start with most recent or current employer, you **MUST** cover previous **10 years**. Please include any time spent working or studying abroad. All gaps must be explained.

Employer	Start Date (MM/YY)	Leave Date (MM/YY)	Duties	Reason for Leaving





5. EMERGENCY CONTACT DETAILS

Name	Relationship to you
Address	Telephone Number
Postcode	Home
	Mobile

References

Please give details of two referees. One must be your present or most recent employer. References will only be taken up for successful candidates. **References from friends and relatives are not acceptable.**

Name:	Name:
Position/Job Title:	Position/Job Title:
Address:	Address:
Telephone Number:	Telephone Number:
Email:	Email:
May we contact this person prior to the interview?	May we contact this person prior to the interview?
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>

Name:	Name:
Position/Job Title:	Position/Job Title:
Address:	Address:
Telephone Number:	Telephone Number:
Email:	Email:
May we contact this person prior to the interview?	May we contact this person prior to the interview?
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>



6. IMPORTANT INFORMATION

Immigration Regulations & Eligibility to Work

Please tick the appropriate box:

- I am eligible to work in the UK and do not require a work permit.
- I am already in possession of a work permit to work in the UK
- I need to obtain a work permit to work in the UK
- If other, please specify in the space below

DBS CHECKS

Delight Supported Living requires the successful applicant to register with DBS if they have not already done so. A satisfactory Disclosure check will be completed prior to appointment. This check is necessary to ensure that DSL fulfils its legal duties.

If you are successful in your application, the offer of employment will be subject to a satisfactory Enhanced Disclosure Report. DSL will make a Disclosure application to Criminal Records Bureau / Disclosure Scotland, which will reveal any past criminal convictions (spent or unspent). Any non-conviction information held locally by the police may also be disclosed should this be considered relevant to the position.

Do you have any criminal convictions? Yes No

If yes, please give details on a separate sheet. This should include any spent convictions under Section 4(2) of the Rehabilitation of Offenders Act 1974



7. DECLARATION APPLICANT

I confirm that the information contained in this application is correct, and that all the relevant information has been given. I agree that I am of good integrity and character and am physically and mentally fit to perform the work that the agency will provide me. I am fully aware that I will be required to undertake a Criminal Records Bureau Check to assess my suitability for the post. I understand that if any of the information provided on this application is later found to be incorrect, my employment may be terminated.

I have read and understood the above statement and have disclosed any criminal convictions that I have.

Print Name: _____

Signature: _____

Date: _____

By signing and returning this application form, you consent to DSL using and keeping information about you provided by you – or third parties such as referees – relating to your application or future employment. This information will be used solely in the recruitment process and will be retained for six months from the date on which you are informed whether you have been invited to interview, or six months from the date of interview. Such information may include details relating to ethnic monitoring and disability: these will be used solely for internal monitoring.

PERMISSION TO RELEASE AND OR SHARE PERSONAL INFORMATION:

I,

Hereby grant permission to Delight Supported Living Ltd to release and or share my personal information contained in my personal file to the Police, Local Authority, Social Services, Regulatory Bodies and any other statutory bodies empowered by law to access such information in the lawful execution of their duties.

I further grant permission to Delight Supported Living Ltd to release or share my personal information with its clients I have provided services to or those where contract negotiations are in progress for audit purposes or any other purpose in line with its line of work.

I understand such information sharing may occur after termination of my employment with Delight Supported Living Ltd. The same shall be covered by the said Consent.

Print Name: _____

Signature: _____

Date: _____





Please send the completed application form to:

Address: <i>Check website for correct office address</i>	E Mail: <i>Check website for correct office email address</i>
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Office Use only

Interview Date	Accept?	Start date	All requirements met (new starter checklist)	ID/ UNIFORM Given?

Interviewed by.....

Checked By

