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PLEASE ATTACH 1 PASSPORT PHOTOGRAPHS, WRITING YOUR NAME ON THE BACK

**IMPORTANT INFORMATION!**

**All application forms should be returned to the head office address. If invited for interview this will be held in the local area you are applying for employment.**

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| **APPLICATION RETURN ADDRESS:** |
| GREENLEAF HEALTHCAREBRUNEL HOUSE13-15 LOWER FORE STREETSALTASHCORNWALLPL12 6BA |

**EMPLOYMENT APPLICATION FORM**

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| **FULL NAME:** |  |
| **POSITION APPLIED FOR:** | Choose an item. |

**DATA PROTECTION STATEMENT**

The personal information (data) collected on this form and on the attachments (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Agency to protect and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment and in the case of successful Applicants, for the satisfactory administration of their employment and for no other purpose.

**EQUALITY OF OPPORTUNITY STATEMENT**

The Agency’s Equal Opportunities Policy covers all employees or potential employees and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability or offending background.

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| **CONTACT DETAILS**  |
| ADDRESS: |   POST CODE: |
| TELEPHONE: | HOME | WORK | MOBILE |
|  |  |  |  |  |  |
| E MAIL: | @ |
| MAY WE CONTACT YOU AT WORK? | Choose an item. |

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| **FORMAL EDUCATION AND QUALIFICATIONS** |
| NAME OF SCHOOL/COLLEGE/UNIVERSITY AND LOCATION | DATE OF ATTENDANCE | COURSE OF STUDY/QUALIFICATION(S) GAINED E.G. GCSE, “A” LEVELS, NVQ, DEGREE ETC | GRADE |
| FROM | TO |
| MONTH/YEAR | MONTH/YEAR |
|  | Click here to enter a date. | Click here to enter a date. |  |  |
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| **EMPLOYMENT HISTORY****IMPORTANT!****Please ensure your full employment history from the point of leaving full time education is recorded here, any gaps in your employment history must be explained. The employment section MUST be completed even if your CV is attached.****(ATTACH EXTRA SHEETS IF NECESSARY)** |
| NAME OF EMPLOYER AND LOCATION | DATES OF EMPLOYMENT | POSITION HELD AND BRIEF SUMMARY OF DUTIES AND RESPONSIBILITIES | REASON FOR LEAVING/LAST SALARY OR WAGE |
| FROM | TO |
| MONTH/YEAR | MONTH/YEAR |
|  | Click here to enter a date. | Click here to enter a date. |  |  |
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| DO YOU HOLD A VALID AND CURRENT BRITISH DRIVER’S LICENCE? Choose an item.IF YES, WHAT TYPE? Choose an item.DO YOU HAVE ANY ENDORSEMENTS?Choose an item.IF YES, PLEASE GIVE DETAILS |
| **REHABILITATION OF OFFENDERS ACT****IMPORTANT PLEASE READ!** |
| AS A GENERAL RULE, NO-ONE NEED ANSWER QUESTIONS ABOUT SPENT CONVICTIONS. HOWEVER THIS GENERAL RULE DOES NOT APPLY TO SPECIFIED PROFESSIONS, EMPLOYMENTS AND OCCUPATIONS. BY VIRTUE OF REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) (AMENDMENT) ORDERS, THE EXEMPTION RULE DOES NOT APPLY TO:1. ANY EMPLOYMENT OR OTHER WORK WHICH IS CONCERNED WITH THE PROVISION OF HEALTH SERVICES AND WHICH IS OF SUCH A KIND AS TO ENABLE THE HOLDER OF THAT EMPLOYMENT OR THE PERSON ENGAGED IN THAT WORK TO HAVE ACCESS TO PERSONS IN RECEIPT OF SUCH SERVICES IN THE COURSE OF HIS NORMAL DUTIES, OR
2. ANY EMPLOYMENT OR OTHER WORK WHICH IS CONCERNED WITH THE PROVISION OF CARE SERVICES TO VULNERABLE ADULTS AND WHICH IS OF SUCH A KIND AS TO ENABLE THE HOLDER OF THAT EMPLOYMENT OR THE PERSON ENGAGED IN THAT WORK TO HAVE ACCESS TO VULNERABLE ADULTS IN RECEIPT OF SUCH SERVICES IN THE COURSE OF HIS NORMAL DUTIES

ONE OR BOTH OF THE ABOVE APPLY TO WORK WITH THE AGENCY, AND COVERS ALL OCCUPATIONSYOU ARE THEREFORE REQUESTED TO PROVIDE DETAILS OF ALL CONVICTIONS, INCLUDING THOSE WHICH WOULD OTHERWISE BE CONSIDERED AS “SPENT”. *ALL EMPLOYMENT APPLICATIONS WILL BE CONSIDERED CAREFULLY, AND THE DISCLOSURE OF A CONVICTION DOES NOT IMPLY THAT THIS EMPLOYMENT APPLICATION WILL BE REJECTED.***RECORDS WILL BE CHECKED VIA THE CRIMINAL RECORDS BUREAU PROCEDURES**Choose an item.**NOTE:**(TO PROTECT THE CONFIDENTIALITY OF THIS INFORMATION, PLEASE DETAIL CONVICTIONS ON A SEPARATE SHEET OF PAPER. PLACE IT IN A SEALED ENVELOPE WITH YOUR NAME CLEARLY VISIBLE, AND HEADED “PRIVATE AND CONFIDENTIAL-CRIMINAL CONVICTIONS” AND ATTACH THIS TO YOUR COMPLETED APPLICATION FORM) |
| **CRIMINAL RECORDS BUREAU DISCLOSURE** |
| THE CRIMINAL RECORDS BUREAU (CRB) HAVE ISSUED A CODE OF PRACTICE REGARDING DISCLOSURE INFORMATION, A COPY OF WHICH IS AVAILABLE UPON REQUEST. AN ENHANCED DISCLOSURE WILL BE REQUESTED FROM THE CRB WHICH WILL DETAIL ALL CONVICTIONS, INCLUDING THOSE WHICH WOULD OTHERWISE BE “SPENT”, AS WELL AS DETAILS OF CAUTIONS, REPRIMANDS OR ANY SAFE GUARDING ISSUES YOU MAY HAVE BEEN INVOLVED WITH. THE DISCLOSURE CERTIFICATE WILL ONLY BE REQUESTED IN THE EVENT THAT YOU ARE SUCCESSFUL IN YOUR APPLICATION FOR EMPLOYMENT.**DO YOU HAVE ANY UNSPENT CRIMINAL CONVICTIONS? PLEASE TICK AS APPROPRIATE**Choose an item.**UNDER THE REHABILITATIONS OF OFFENDERS ACT 1974, AS A GENERAL RULE, NO-ONE NEED ANSWER QUESTIONS ABOUT SPENT CONVICTIONS.****IMPORTANT!****I CONSENT TO THE COMPANY COMPLETING AN ENHANCED CRB DISCLOSURE:**

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| **SIGNATURE:** |  | **DATE:** | Click here to enter a date. |

*ALL EMPLOYMENT APPLICATIONS WILL BE CONSIDERED CAREFULLY, AND THE DISCLOSURE OF A CONVICTION DOES NOT IMPLY THAT THIS EMPLOYMENT APPLICATION WILL BE REJECTED.***NOTE:**(TO PROTECT THE CONFIDENTIALITY OF THIS INFORMATION, PLEASE DETAIL UNSPENT CONVICTIONS ON A SEPARATE SHEET OF PAPER. PLACE IT IN A SEALED ENVELOPE WITH YOUR NAME CLEARLY VISIBLE, AND HEADED “PRIVATE AND CONFIDENTIAL-CRIMINAL CONVICTIONS” AND ATTACH THIS TO YOUR COMPLETED APPLICATION FORM) |
| UNDER SECTION 8 OF THE ASYLUM AND IMMIGRATION ACT 1996 IT IS A CRIMINAL OFFENCE TO EMPLOY A PERSON AGED 16 OR OVER WHO IS SUBJECT TO IMMIGRATION CONTROL UNLESS:* THAT PERSON HAS CURRENT AND VALID PERMISSION TO BE IN THE UNITED KINGDOM AND THAT PERMISSION DOES NOT PREVENT HIM OR HER FROM TAKING THE JOB IN QUESTION; OR
* THE PERSON COMES INTO A CATEGORY SPECIFIED BY THE HOME SECRETARY WHERE SUCH EMPLOYMENT IS ALLOWED

ANY EMPLOYMENT OFFERED WILL BE SUBJECT TO THE SUCCESSFUL APPLICANT PRODUCING APPROPRIATE EVIDENCE THAT THE ASYLUM AND IMMIGRATION ACT IS NOT BEING CONTRAVENED.ARE YOU ELIGIBLE TO WORK IN THE UK? Choose an item. |
| **ADDITIONAL INFORMATION****GIVE DETAILS OF ANY ADDITIONAL INFORMATION WHICH YOU WOULD LIKE TO INCLUDE IN SUPPORT OF YOUR APPLICATION. SUCH INFORMATION, FOR EXAMPLE, MAY INCLUDE SKILLS AND/OR ACHIEVEMENTS WHICH YOU THINK MAY BE OF INTEREST, AND/OR A SUMMARY OF WHY YOU BELIEVE THAT YOU HAVE THE QUALITIES WE ARE LOOKING FOR. PLEASE PROVIDE DETAILS OF ANY RELATIVES EMPLOYED BY THE AGENCY AND THEIR RELATIONSHIP TO YOU.** |
| **DO YOU HAVE TO GIVE NOTICE TO ANY PRESENT EMPLOYER?**Choose an item.I**F YES, HOW MUCH NOTICE DO YOU HAVE TO GIVE?** Choose an item. |

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| **REFERENCES**REFERENCES ARE TAKEN UP FOR CANDIDATES SELECTED FOR INTERVIEW. PLEASE GIVE DETAILS OF THE NAMES, ADDRESSES, TELEPHONE NUMBERS AND EMAIL ADDRESSES OF ALL WORK RELATED REFEREES COVERING ENTIRELY THE PREVIOUS FIVE YEAR PERIOD. ONE OF THESE REFEREES **MUST** BE YOUR CURRENT EMPLOYER OR MOST RECENT EMPLOYER. **IMPORTANT****YOUR REFERENCES MUST SHOW A PERIOD OF AT LEAST SIX MONTHS PAID EXPERIENCE OF WORKING AS A CARE ASSISTANT SUPPORT WORKER OR ENABLER. REGISTERED NURSES MUST HAVE 12 MONTHS POST REGISTRATION EXPERIENCE.** |
| **NAME, ADDRESS AND POST CODE** | **NAME, ADDRESS AND POST CODE** |
|  |  |
| **RELATIONSHIP TO YOU:** |  | **RELATIONSHIP TO YOU:** |  |
| **MAY WE CONTACT THE ABOVE PERSON NOW?**Choose an item. | **MAY WE CONTACT THE ABOVE PERSON NOW?**Choose an item. |

PLEASE CONTINUE REFERENCES ON A SEPERATE SHEET IF NECESSARY

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| **PERSONAL DECLARATION****I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION, AND THAT SUBMITTED IN ANY ACCOMPANYING DOCUMENTS, IS CORRECT, AND*** I GIVE PERMISSION FOR ANY ENQUIRIES THAT NEED TO BE MADE TO CONFIRM SUCH MATTERS AS QUALIFICATIONS, EXPERIENCE AND DATES OF EMPLOYMENT, AND FOR THE RELEASE BY OTHER PEOPLE OR ORGANISATIONS OF SUCH INFORMATION AS MAY BE NECESSARY FOR THAT PURPOSE,
* I GIVE PERMISSION FOR THE PROCESSING OF THE PERSONAL DATA CONTAINED IN THIS FORM FOR EMPLOYMENT PURPOSES
* I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION COULD RESULT IN MY DISMISSAL.

**SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **FOR OFFICE USE ONLY** |
|  | INITIALS |
| DATE APPLICATION RECIEVED |  |  |
| MANAGER RESPONSIBLE  |  |  |
| PASSED ON TO RESPONSIBLE MANAGER |  |  |
| DATE APPLICANT INVITED TO INTERVIEW |  |  |
| DATE(S) OF INTERVIEW |  |  |
| DECISION |  |  |

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| **NOTES** |
| Please use this section to highlight any reason why they have failed at this stage and haven’t been invited for interview. Also record any further information on the applicant you require and any discrepancies with the application.  |