



Application for Employment

Gifford House
Boundary Road
Worthing
West Sussex
BN11 4LJ

Tel: 01903 213458 / Email:
hr@careforveterans.org.uk

The Queen Alexandra Hospital Home since 1919

Please complete the following details:

I am applying for the role of:

I am applying for a full time role:

I am applying for a part time role:

I would like to work: days nights

I can work hours per week

Care for Veterans is an equal opportunities employer

Please complete this form legibly in black type/ink

Personal Details

Title:	First name/s:	Middle name/s	Last Name:
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Address:

Post code:

Home telephone number: Mobile number:

Email:

R.N./OT/Physiotherapy NMC/HCPC Pin No (if applicable): Expiry Date:

Revalidation Date:

Do you have the right to live and work in the UK? YES/NO If shortlisted you will be required to bring to interview evidence of your right to work in the UK. This will be copied and stored securely in Human Resources and/or electronically. It will be destroyed by shredding if a job offer is <u>not</u> made.	National Insurance Number:
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Employment History - please provide your full employment history, detailing the dates and reasons for any gaps in employment. Please insert additional rows if needed, or attach an additional sheet.

Dates From	To	Employer (most recent first)	Position held	Salary	Reason for leaving (or wanting to leave)

Education and courses – please ensure there is no unexplained gap between leaving full time education and your first job.

Name of school, college, university, or training provider	Qualification attained	Year obtained

Please insert additional rows if needed, or attach an additional sheet

Professional Memberships

If applicable, please provide details of any professional memberships:

Knowledge, Skills and Experience

Please tell us why you would succeed in this position, explaining relevant knowledge, skills and experience you have gained from current/previous or voluntary/community work. Please remember to address the criteria mentioned in the job description and person specification when completing your application. If you do not give us sufficient supporting information in this section, we may reject your application. You may insert additional space or attach additional paper if necessary.

Knowledge, Skills and Experience

References (we require a minimum of two satisfactory references)

Please give the name and full contact details of **three** employment referees, one of whom must be your current employer. The CQC also requires us to request reference information from all health and social care organisations you have worked for. If there is not enough space below, you may need to provide these details separately. Referees should be authorised company representatives such as line managers or HR managers, **not** colleagues. The exception to this is described in box 4. below. Please note that unless you are a school leaver with no previous employment history, or have not worked for a long time, we do not accept personal references from friends or relatives. Employment references will be sought as soon as you accept a conditional offer of employment from us. References are an essential part of the recruitment process to help us make sure you are a suitable person for the job role you have applied for. If past employers only confirm employment dates and job role details, we will ask to see and copy your most recent employment appraisal, to help us decide if you are suitable for the employment being offered.

1. CURRENT EMPLOYER**NAME OF REFEREE** and their position:**NAME OF ORGANISATION:**

Address:

Telephone:

Email:

2. PREVIOUS EMPLOYER**NAME OF REFEREE** and their position:**NAME OF ORGANISATION:**

Address:

Telephone:

Email:

3. PREVIOUS EMPLOYER**NAME OF REFEREE** and their position:**NAME OF ORGANISATION:**

Address:

Telephone:

Email:

4. For Nurses only: - we request a senior nursing colleague referee, from your current place of employment:**NAME OF REFEREE** and their position:**NAME OF ORGANISATION:**

Address:

Telephone:

Email:

Other Information

Disability: Under the Equality Act 2010 (which replaced the Disability Discrimination Act 1995) a person has a disability if:

- they have a physical or mental impairment
- the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

We will interview all applicants with a disability (as defined by the Act) who meet the essential criteria of our job description and person specification. If you wish to be considered on this basis, please contact the H.R. Team.

If you are selected for interview and have any special requirements that would enable you to attend, you should let us know at the time we arrange the interview with you.

Do you have a clean full UK driving licence (*you are only required to answer this question if the job role you are applying for includes driving*)? **Yes/No**

When are you available to start work? (your notice period) _____

Are you related to any employee of Care for Veterans? **Yes/No**

If yes, please tell us who you are related to _____

Do you have any holidays booked? YES/NO If yes, please give dates:

Where did you see the vacancy advertised, or how did you hear about it? _____

Privacy Information

I understand that the information provided in this application form will be used, copied and maybe saved electronically for recruitment, selection and appointment purposes. The form will be seen by the H.R. team and interviewing panel. The IT department may have access to electronic records as part of their work. If appointed the application form will be stored securely in hard copy/electronic format in the Human Resources department. The data will also be stored on our H.R. database (People HR) and Sage Payroll. We have taken all reasonable steps to ensure our third-party data processors and IT support services comply with the General Data Protection Regulations (G.D.P.R.).

If appointed the information you provide will be used for managerial, regulatory, and operational purposes including the payment of salaries. This will be kept for 7 years after you leave employment. If you work in a clinical role a summary record will be kept until you are 75 or 7 years after you leave employment, whichever is the longer. If you are not appointed, the form and associated information will be kept securely for 7 months from the date of your application, in Human Resources and then destroyed by shredding and/or deleted electronically. Care for Veterans will contact you using either your address, e-mail or telephone number/s as detailed on this application form. Care for Veterans full privacy policy can be viewed via its website and is available on request. There is a section specifically relating to staff records.

Declaration

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in this application will be grounds for rejecting this application, withdrawing an offer of employment or subsequent dismissal if employed by Care for Veterans. I understand that Care for Veterans will confirm right to work in the UK, professional registration details and will require me to provide original copies of qualifications. I will also be required to provide supporting documentation for a DBS check applicable to my role.

Full Name:

Signature:

Date:

STRICTLY CONFIDENTIAL

Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 Declaration
Rehabilitation of Offenders Act 1974 - Notice to Offenders

Because of the nature of the work we do at Care for Veterans, all posts for which we recruit are exempt from section 4(2) of the Rehabilitation of Offenders Act (Exemptions of Order 1975). You are therefore required to declare whether or not you have *any* convictions, criminal charges, summonses or cautions pending against you, whether or not your conviction is spent unless these would be filtered in line with current guidance. Successful applications for work will also be subject to Disclosure and Barring Service (DBS) Checks appropriate to the job role.

The disclosure of a criminal record will not prevent your appointment unless we consider that the conviction renders you unsuitable for appointment. In making this decision we will consider the nature of the offence/s, how long ago and at what age you were when it was/these were committed and any other factors which may be relevant, including appropriate considerations in relation to the organisation's Equal Opportunities Policy. Failure to declare any conviction or caution may, however, disqualify you from an appointment, or result in the termination of your employment if the discrepancy comes to light.

Do you have any convictions or cautions, spent or otherwise which would not be filtered in line with current guidance?

Yes No

If yes, please give full details, including dates below:

Do you hold an **enhanced** DBS disclosure, relevant to **adult workforce only**, from your current employer?

Yes No

Have you subscribed to the DBS Update Service? Yes No

If you have subscribed and this applies to **adult workforce only**, do you consent that we use the service to check your DBS record?

Yes No

Please note that if we use the update service and discover that there have been changes to your DBS record since your last disclosure was issued to you, we will ask you to undertake a new DBS disclosure application.

I understand this form will be stored securely both in hard copy and/or electronically and used as part of the Care for Veterans recruitment process. I also understand that this document will be viewed by H.R. and senior management but only for the purposes of risk assessment. If convictions or cautions have been detailed on this form, it will be stored separately from the application form. If successful at interview a DBS will be requested and a risk assessment will take place if a criminal record disclosure is made. The risk assessment form will be stored securely and separately from the H.R. file, in a locked cabinet/electronically. It will be destroyed in line with our retention schedules.

I declare, to the best of my knowledge, that the information given on this form is correct. I understand that falsification of information on this form could result in the withdrawal of an offer of employment or termination of employment at a later stage).

Signed: Date:

STRICTLY CONFIDENTIAL

Workforce Diversity

Care for Veterans aims to achieve high employment standards by maintaining a diverse workforce and promoting equal opportunities for job applicants and all members of existing staff regardless of sex, age, race, gender, disability, beliefs or sexual orientation.

In order to help us monitor our practices and to provide essential information to the Care Quality Commission we would greatly appreciate you completing this form. The information you give us will be kept in strictest confidence and only be used to provide internal reports on our workforce diversity, to identify improvements in our practices such as recruitment and selection, and to provide anonymous statistics to statutory bodies when required.

As the data is collected for statistical purposes only, we do not ask for personal details such as name to be completed.

Please return the completed form to the H.R. Team, in an envelope marked 'Strictly confidential.'

Job Role (in post or applied for):

Gender Male Female Prefer not to say

Are you 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

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.

White

English Welsh Scottish Northern Irish Irish

British Gypsy or Irish Traveller Prefer not to say

Any other white background, please write in:

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African White and Asian Prefer not to say

Any other mixed background, please write in:

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say

Any other Asian background, please write in:

Black/ African/ Caribbean/ Black British

African Caribbean Prefer not to say

Any other Black/African/Caribbean background, please write in:

Other ethnic group

Arab Prefer not to say Any other ethnic group, please write in:

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

Yes No Prefer not to say

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 H.R. Manager, if you are a job applicant.

What is your sexual orientation?

Heterosexual Gay woman/lesbian Gay man Bisexual

Prefer not to say If other, please write in:

What is your religion or belief?

No religion or belief Buddhist Christian Hindu Jewish

Muslim Sikh Prefer not to say If other religion or belief, please write in:

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

None Primary carer of a child/children (under 18)

Primary carer of disabled child/children

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

Secondary carer (another person carries out the main caring role)

Prefer not to say