**Vestacare (UK) Limited Application Form**

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| **SECTION 1: JOB DETAILS** | | | | | | |
| Position Applied For: |  | | | Location: |  | |
| Work Preference: | **FULL TIME** | **PART TIME TTIME** | **BANK** | Hours Requested: |  | |
| I understand this role may include shift work and unsociable hours | | | | | **YES** | **NO** |

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| **SECTION 2: PERSONAL DETAILS** | | | | | | | | |
| First Name: |  | | Address: |  | | | | |
| Surname: |  | |
| Previous Name/s: |  | |
| DOB: |  | |
| Gender: |  | |
| Home Telephone: |  | | Online DBS Certificate No: |  | | | | |
| Mobile: |  | | NI Number: |  | | | | |
| Email Address: |  | | Nationality: |  | | | | |
| Do you have a UK Driving Licence | **YES** | **NO** | Do you have any current/pending Endorsements | | | **YES** | | **NO** |
| Are you a United Kingdom National? | **YES** | **NO** | Are you related to any members of staff or supported persons? | | | **YES** | | **NO** |
| If no, please give details of current status & Visa Number | | | If yes, please give details of who & how are you related | | | | | |
| **Equality Act 2010 -** Under the Equality Act 2010, the definition of disability is if you have a physical or mental impairment that has a “substantial” and “long-term adverse effect” on your ability to carry out normal day-to-day activities. Further information regarding the definition of disability can be found at: [www.gov.uk/definition-of-disability-under-equality-act-](http://www.gov.uk/definition-of-disability-under-equality-act-) 2010. | | | | | | | | |
| For the purposes of this application and interview stage only, is there anything you would like us to be aware of so that we can make reasonable adjustments during the process? | | | | **YES** | **NO** | | **PREFER NOT TO SAY** | |
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| **SECTION 3: EMPLOYMENT HISTORY** | | | | | | |
| Current or most recent employer: | |  | | | Start Date: |  |
| Position/s Held: | |  | | | End Date: |  |
| Brief description of duties and responsibilities: | | | | | | |
| Reason for leaving: |  | | Salary: |  | | |
| Period of Notice: |  | | | | | |

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| Previous employer: | |  | | | Start Date: |  |
| Position/s Held: | |  | | | End Date: |  |
| Brief description of duties and responsibilities: | | | | | | |
| Reason for leaving: |  | | Salary: |  | | |
| Period of Notice: |  | | | | | |

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| Previous employer: | |  | | | Start Date: |  |
| Position/s Held: | |  | | | End Date: |  |
| Brief description of duties and responsibilities: | | | | | | |
| Reason for leaving: |  | | Salary: |  | | |
| Period of Notice: |  | | | | | |

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| Previous employer: | |  | | | Start Date: |  |
| Position/s Held: | |  | | | End Date: |  |
| Brief description of duties and responsibilities: | | | | | | |
| Reason for leaving: |  | | Salary: |  | | |
| Period of Notice: |  | | | | | |

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| Previous employer: | |  | | | Start Date: |  |
| Position/s Held: | |  | | | End Date: |  |
| Brief description of duties and responsibilities: | | | | | | |
| Reason for leaving: |  | | Salary: |  | | |
| Period of Notice: |  | | | | | |

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| Previous employer: | |  | | | Start Date: |  |
| Position/s Held: | |  | | | End Date: |  |
| Brief description of duties and responsibilities: | | | | | | |
| Reason for leaving: |  | | Salary: |  | | |
| Period of Notice: |  | | | | | |

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| **EMPLOYMENT GAPS** |
| Brief description of gaps in employment history |

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| **SECTION 4 EDUCATION** (all qualifications will be subject to satisfactory checks) | | | |
| School /College / University | Date From: | Date To: | Examinations / Qualifications |
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| **SECTION 5 TRAINING COURSES** attended or completion (evidence of attending courses is required) | | | |
| Subject | Location | Date | Details |
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| **SECTION 6 PROFESSIONAL MEMBERSHIPS / REGISTRATIONS** | | | |
| Name of Organisation | Registration No | Renewal Date | Details |
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| **SECTION 7: EMPLOYMENT REFERENCES** | | |
| **References:** Please provide names, addresses and telephone numbers for referees below who we may approach for a reference. In line with CQC requirements, we require references (or other satisfactory evidence as the employer may determine) from all previous employers concerned with the provision of services relating to health or social care, or children or vulnerable adults which should include details of why their employment came to an end (note that this is not time limited).  If your previous employment does not concern the provision of services relating to health or social care, or children or vulnerable adults, you must provide references from your two most recent employers.  Please provide two character references if you are unable to obtain two professional references, e.g. in the case of an applicant who has been raising children for ten years. All will be contacted. Therefore, please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us | | |
| **REFEREE DETAILS** | **REFEREE 1** | **REFEREE 2** |
| **Contact Name:** |  |  |
| **Business Name:** |  |  |
| **Address:** |  |  |
| **Contact Number:** |  |  |
| **Email Adrress:** |  |  |
| **Capacity in which known:** |  |  |
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| **REFEREE DETAILS** | **REFEREE 3** | **REFEREE 4** |
| **Contact Name:** |  |  |
| **Business Name:** |  |  |
| **Address:** |  |  |
| **Contact Number:** |  |  |
| **Email Adrress:** |  |  |
| **Capacity in which known:** |  |  |

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| **SECTION 7: EMPLOYMENT REFERENCES CONTINUED** | | |
| **REFEREE DETAILS** | **REFEREE 5** | **REFEREE 6** |
| **Contact Name:** |  |  |
| **Business Name:** |  |  |
| **Address:** |  |  |
| **Contact Number:** |  |  |
| **Email Adrress:** |  |  |
| **Capacity in which known:** |  |  |

***If required to provide contact details of further Referee’s please use additional paper.***

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| **SECTION 8: SAFEGUARDING / EX-OFFENDERS DECLARATION**  Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest confidence. | | |
| **The Rehabilitation of Offenders Act 1974** aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. Vestacare (UK) Ltd undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.  Answering 'yes' to the question below will not necessarily prevent your employment. This will depend on the relevance of the information you provide in respect of the nature of the position and the particular circumstances. | | |
| Are you currently bound over or do you have any current **UNSPENT** convictions that have been issued by a Court or Court-Martial in the United Kingdom or in any other country? | **YES** | **NO** |
| Do you have any current **UNSPENT** police cautions, reprimands or final warnings in the United Kingdom or in any other country? | **YES** | **NO** |

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| **SECTION 9. PRIVACY STATEMENT** |
| We process personal data relating to those we employ to work as, or are otherwise engaged to work as, part of our workforce. We do this for employment purposes, to assist in the running of the business and/or to enable individuals to be paid.  The personal data we process may include, but may not be limited to, the following:   * Data relating to your identity (Name, DOB, Gender, Photo ID, NI, Immigration/Marital status, Dependents), * Contact details (Company/Home Address, Contact Numbers, Email, Emergency contact details), * Employment Details (Position, Workplace, Contract, Performance/ Disciplinary Records, Sickness & Holidays), * Background Info (CV, Experience, Qualifications & Certifications, DBS Records) * Financial Information (Bank details, Tax Info, Salary, Benefits, Expenses), * IT Systems Access Info (Logins, IP Addresses, Log Files, Access/Times/Durations & Location).   The collection of this information will benefit us by:   * improving the management of workforce data across the business, * enabling development of a comprehensive picture of the workforce and how it is deployed, * informing the development of recruitment and retention policies, * allowing better financial modelling and planning, * ensuring compliance with our policies and procedures and our legal obligations, * enabling monitoring of selected protected characteristics.   Information will not be shared with any 3rd party without prior consent unless the law allows or requires us to do so.  Under the data protection legislation you have the right to:   * Object to processing of personal data that is likely to cause, or is causing, damage or distress, * Prevent processing for the purpose of direct marketing, * Object to decisions being taken by automated means, * In certain circumstances, have inaccurate personal data rectified, blocked, erased or destroyed, * Claim compensation for damages caused by a breach of the data protection legislation.   If you would like to find out more about our data retention policy and how we use your personal data, or if you want to see a copy of the information about you that we hold, please contact your designated Line Manager.  If you have a concern about the way we are collecting or using your personal data, you should raise your concern with us in the first instance or directly to the Information Commissioner’s Office at <https://ico.org.uk/concerns/> |

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| **SECTION 10: DBS CHECK CONSENT & DECLARATION** Please print, sign & date to confirm/consent | | | |
| **DBS CHECK CONSENT**  Any offer of employment will be subject to a satisfactory initial Enhanced Level DBS Check from the Disclosure & Barring Service before commencement of employment. Inline with CQC Requirements, Vestacare follows “Best Practice” standardsin completing renewal DBS checks during employment. Therefore to allow us to do these checks employees are expected to register for the Online Update Service within 30 days of the initial certificate issue date.Failure to reveal information that is directly relevant to the position will lead to the withdrawal of the conditional offer of employment or subsequent dismissal at a later date.  **DECLARATION**  I can confirm that the information I have provided in this application form is true and accurate. That any deliberate omission, falsification or misrepresentation in this application form will be grounds for rejection of this application or subsequent dismissal if employed. Where applicable, I consent that can seek clarification regarding professional registration details. | | | |
| **Print Full Name:** |  | | |
| **Signature:** |  | **Date:** |  |

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| **SECTION 11. SUPPORTING STATEMENT** |
| Please add here your reasons for applying. You should refer to the job description and person specification to guide you. Vestacare’s five core values are “Dedication, Support. Loyalty, Respect & Trust” taking these into consideration describe your particular strengths and talents that set you apart from others as well as including skills gained from work, home and other activities. |

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| **SECTION 12. VAULE BASED SCREENING QUESTIONS** (Please complete prior to interview for discussion on the day) |
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| **EQUAL OPPORTUNITIES MONITORING FORM** |
| Vestacare (UK) Ltd is committed to equality of opportunity and fair treatment in all aspects of employment. We aim to provide a working and learning environment which is free from unfair discrimination and will enable staff to fulfil their personal potential. The Equality Act 2010 protects people from discrimination and promotes equality on the basis of a number of ‘protected characteristics’. We ask for information on your ‘protected characteristics’ in order to help us monitor our performance on equality. In line with Government policy, and in accordance with the provisions of GDPR, the information you provide will be held confidentially and It will help us to comply with the law under the relevant Acts and to ensure that our employment policies and practices are fair and effective.  **IMPORTANT - Please Note:** You do not have to complete this form. The information is given on a voluntary basis and the information provided will only be used for the monitoring purpose. Please do not enter any identifying marks on this form, so that your information remains confidential. This information will be stored on a computer |

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| **ETHNIC ORIGIN:**  Please indicate your Ethnic Origin: | | | | | | | | |
| Asian or Asian Black | Black or Black  British | | Chinese | | Mixed | | White | |
| Indian | Caribbean | | Chinese | | White & Black Caribbean |  | British |  |
| Pakistani | African | | Other | | White & Asian |  | Irish |  |
| Bangladeshi | Other | |  | | White & Black |  | Other |  |
| Other |  |  |  |  | Other |  |  |  |

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| **What is your main spoken language?** |  |

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| **GENDER:**  Please indicate your Gender | | | | **Marital Status:**  Please indicate your sex orientation | | | |
| Male |  | Female |  | Heterosexual |  | Bisexual |  |
| Intersex |  | Non-Binary |  | Gay |  | Lesbian |  |
| Other |  | I do not wish to disclose |  | Other |  | I do not wish to disclose |  |

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| **Religion or Belief:**  Please indicate your Religion or Belief | | | | **Marital Status:**  Please indicate your sex orientation | | | |
| Christian |  | Buddist |  | Married |  | Civil Partnership |  |
| Hindu |  | Muslim |  | Single |  | Widowed |  |
| Jewish |  | Sikh |  | Divorced |  | In a Relationship |  |
| Other |  | I do not wish to disclose |  | Other |  | I do not wish to disclose |  |

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| **EQUALITY ACT 2010:** | | |
| Do you consider yourself to have a disability | **YES** | **NO** |
| Under the terms of the Act, a disability is defined as a “physical or mental impairment which has a substantial and long- term effect on a person’s ability to carry out day-to-day activities”. | | |
| I do not wish to disclose whether or not I have a disability | | |

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| **CARERS**  Do you have caring responsibilities: | | | | | |
| None |  | Primary Carer of Older Person |  | Other |  |
| Primary Carer (under 18’s) |  | Primary Carer Disabled Over 18 |  | I do not wish to disclose |  |
| Primary Carer Disabled Child |  | Secondary Carer |  |  |  |

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| **EQUAL OPPORTUNITIES DECLARATION** Please complete to confirm | | | |
| I confirm that the information given above is complete and correct. I understand that any incomplete, untrue or misleading information given will entitle the employer to reject my application, withdraw any offer of employment, or, if I am employed, dismiss me without notice. | | | |
| **Print Full Name:** |  | | |
| **Signature:** |  | **Date:** |  |