Referred? Yes / No

*For office Use Only*  By:

Induction:



120 Derby Road, Long Eaton, Nottinghamshire, NG10 4LS

**APPLICATION FORM**

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| **GUIDANCE NOTES TO APPLICANTS ON COMPLETING THE APPLICATION FORM** |
| Please read these notes before completing the application form.  Please note that the application form provides all the information that will be used to determine whether you will receive an interview. As a result, please take time and care when completing your application form to ensure that it properly reflects your skills and ability.  1. This application form should be completed in **black ink** or **type**, so that the form may be easily photocopied.  2. To ensure equality of the information provided all applicants are requested to complete an application form.  3. Read through each section of the application form carefully before completing. You may wish to roughly pencil in details, and then write over in pen once you have checked to ensure it is correct, and you are happy that the application form accurately represents your skills and ability.  4. Please complete all sections of the application form thoroughly. If a section of the form is not relevant or does not apply to you, please state on the form, for example ‘N/A’ (Not Applicable)  5. In the sections regarding current and previous employment and education qualifications, please be factual and accurate.  6. In the section for ‘Supporting Information’, you may give whatever information you wish. However, this should be relevant to the job for which you are applying. This will describe essential skills and experience you will require to undertake the duties as stated in the Job Description. The Job Description will help you decide what further information you could give to support your application.  7. To ensure our Equalities policy is monitored, all applicants are asked to complete the Equal Opportunities Monitoring Information Form, giving further personal details about yourself. This is a separate document that must be sent back with your application form, but will be treated confidentially and will be used for monitoring purposes only.  8. If you are unhappy about any section of the recruitment process, you may complain in writing to the Managing Director.  9. Applicants are requested to give the names of two referees. One of these must be your current or most recent employer or college and the named person should be your immediate manager/supervisor or tutor. If you have not been employed before, or have been out of employment for a long time, you should give the name of someone who knows you sufficiently well to comment on your ability to do the job.  10. When completed, please read through your application form and ensure that there are no errors or omissions.  11. Please ensure that the completed application form reaches us no later than 12 noon on the closing date stated. If your form arrives later than that time it will not be considered.  12. All information contained in this application form will be treated confidentially, and only information relevant to the post will be considered for the purpose of selecting the most suitable applicant. |

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| **FORM** | | | | | | | | | | | |
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| Harmony Care & Support Ltd is committed to equality of opportunity in employment. We regard this as commitment to make full use of the talents and resources of all our staff, and to ensure that no job applicant or member of staff receives less favourable treatment on the grounds of gender, marital status, disability, race, colour, ethnicity, national origin, age, sexual orientation, social background, religion, culture, or trade union activity.  To ensure that the Equalities Policy is effective, detailed monitoring of applications is carried out. Your co-operation in completing the equal opportunities monitoring information form would be appreciated. | | | | | | | | | | | |
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| **POSITION APPLIED FOR:** | | | | | | | | **RETURN TO:** | | | |
|  | | | | | | | | Harmony Care & Support Ltd  120 Derby Road  Long Eaton  Nottinghamshire  NG10 4LS | | | |
| **Ref No:** | |  | | | | | |
| **Location:** | | |  | | | | |
|  | | |  | | | | |  | | | |
|  | | |  | | | | |  | | | |
| **PERSONAL DETAILS (In block capitals please)** | | | | | | | | | | | |
| Preferred Title: Dr/Mr/Mrs/Miss/Ms/Other | | | | | | | Address: | | | |  |
| First Name(s): | | | | | |  |  | | | |  |
| Last Name: | | | | | |  |  | | | |  |
| Home No: | | | |  | | |  | | | |  |
| Work No: | | | |  | | | Postcode: | | | |  |
| Mobile No: | | | |  | | | Email: | | |  | |
|  | | | | | | |  | | | | |
|  | | | | | | | | | | | |
| Have you previously gained a health care qualification? **Yes or No** (Delete as appropriate) | | | | | | | | | Can we contact you at work?: **Yes or No**  (Delete as appropriate) | | |
|  | | | | | | | | | | | |
| **Where did you learn about this vacancy?** | | | | | | | | | | | |
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| **Please disclose a relationship you may have to a member of Harmony staff** | | | | | | | | | | | |
| Name: |  | | | | | | | | | | |
| Relationship: | | | | |  | | | | | | |
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| **EDUCATION**  *(Please give details of all qualifications obtained, along with grade and date achieved. Most recent first.)* | | | | |
| Name and address of School/College/Institute/University | Date | | Course details and exam results | Date obtained |
| From | To |
|  |  |  |  |  |
| **PROFESSIONAL QUALIFICATIONS**  *(Held or being studied for)* | | | | |
| Professional Body  College/Institute/University | Date | | Course details and exam results | Date obtained |
| From | To |
|  |  |  |  |  |
| **SPECIALISED TRAINING OR COURSE ATTENDED**  *(Please give details of all courses taken, along with who it was organised by, the location and date taken. Most recent first.)* | | | | |
| Course taken | Organised by | | Location | Date |
|  |  | |  |  |

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| --- | --- | --- | --- |
| **CURRENT OR MOST RECENT EMPLOYER** | | | |
| Name: | | Tel Number: | |
|  | |  | |
|  |  | | |
| Address of employer: |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
| Postcode: |  | | |
|  |  | | |
| Position held, and brief outline of duties: | | | |
| Date started current or most recent employment: | | |  |
| Date left employment (where applicable): | | |  |
| Salary/Grade: | | |  |
| Notice period required: | | |  |
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| **PREVIOUS EMPLOYMENT**  *Please give details of employment (paid or unpaid) over the last 5 years. Please give* ***most recent first*** | | | | |
| Name and address of employer, and nature of business | Date of Employment | | Position Held | Reason for Leaving |
| From | To |
|  |  |  |  |  |

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| **REFERENCES**  **Please give details of three referees**  Two **must be** employment related, or school/college, if a student, and one is a character reference | | | | | | | | | |
| **Ref 1- Must be current/most recent employer** | | | |  | **Ref 2** |  | | | |
| Name: |  | | | | Name: |  | | | |
| Position: |  | | | | Position: |  | | | |
| Organisation: | |  | | | Organisation: | | |  | |
| Address: | | | | | Address: | | | | |
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|  | | | | |  | | | | |
|  | | | | |  | | | | |
| Postcode: | | |  | | Postcode: | | | |  |
| Telephone number: | | |  | | Telephone number: | | | |  |
| Email address: | | |  | | Email address: | | | |  |
| Relationship: | |  | | | Relationship: | |  | | |
| May we contact this referee before interview?  **YES** or **NO** | | | | | May we contact this referee before interview?  **YES** or **NO** | | | | |
| **Ref 3** |  | | | |  |  | | | |
| Name: |  | | | |  |  | | | |
| Position: |  | | | |  |  | | | |
| Organisation: | |  | | |  | | |  | |
| Address: | | | | |  | | | | |
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|  | | | | |  | | | | |
| Postcode: | | |  | |  | | | |  |
| Telephone number: | | |  | |  | | | |  |
| Email address: | | |  | |  | | | |  |
| Relationship: | |  | | |  | |  | | |
| May we contact this referee before interview?  **YES** or **NO** | | | | |  | | | | |

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| **GENERAL INFORMATION** | |
| Do you hold a current full driving licence? | **YES** or **NO** |
| Do you own / have access to a car for work purposes?  Does your insurance cover for business use? | **YES** or **NO**  **YES or NO** |
| Please give details of any penalty points: |  |
| Are you a citizen of a country currently within the EU? | **YES** or **NO** |
| If not, do you require a work permit? | **YES** or **NO** |
| Are you able to supply proof of your eligibility to work in the UK?(birth certificate, passport, or letter from the Home office) | **YES** or **NO** |

**Availability**

**Please be aware once employment commences you will be unable to change your availability for a minimum of 12 weeks. Any changes after 12 weeks must be submitted in writing, giving a minimum of 4 weeks’ notice, using the Change of Availability Request Form, and approved by your Care Co-ordinator.**

**Do you have easy access to transport links? Y/N…………….**

**Please tick below the times and days you are available to work each week. Please provide two weeks’ worth of availability.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Week 1** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |
| **Morning & Lunch: 0**6.30-14.30 |  |  |  |  |  |  |  |
| **Teas & Beds:** 15.30-22.30 |  |  |  |  |  |  |  |
| **Week 2** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |
| **Morning & Lunch: 0**6.30-14.30 |  |  |  |  |  |  |  |
| **Teas & Beds:** 15.30-22.30 |  |  |  |  |  |  |  |

**Please answer the questions listed below based on you current circumstances.**

**Date you would be available to start work……………………………………**

**Minimum amount of hours requested per week……………….**

**Maximum amount of hours requested per week……………….**

**Is your availability the same every week Y/N………………………….**

**Please tick all the areas you are available to work in:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Area** | | **Yes** | **No** | **Area** | **Yes** | **No** |
| **Long Eaton** | |  |  | **Borrowash** |  |  |
| **Sandicare** | |  |  | **Draycott** |  |  |
| **Sawley** | |  |  | **Spondon** |  |  |
| **Castle Donington** | |  |  | **Stanley** |  |  |
| **Kegworth** | |  |  | **West Hallam** |  |  |
| **Melbourne** | |  |  | **Kirk Hallam** |  |  |
| **Shardlow** | |  |  | **Ilkeston** |  |  |
|  | |  |  | **Heanor** |  |  |
| **SUPPORTING INFORMATION** | | | | | | |
| Please give concise account of any relevant further information to support your application.  This may include details of:   * Responsibilities, achievements, experience, or skills gained in your current or previous employment * What attracts you to this post * What contribution you could make to this post * Details of any leisure or voluntary activities, which may be relevant to support your application.   (To continue on separate page(s) if necessary)  You may submit a CV if you have not already done so. | | | | | | |

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| **CRIMINAL CONVICTIONS** | | | | |
| Because of the nature of the work at Harmony Care & Support Ltd, this post is exempt from the provisions of Section 4(2) of the Rehabilitations of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act (Exemptions) Order 1975. Therefore all applicants must tell us about sentences or convictions that for other purposes would be considered to be ‘spent’ under the provisions of the Act. In the vent of employment, any failure to disclose such sentences or convictions could result in dismissal or other disciplinary action.  Do you have any criminal records to declare? **YES** or **NO**  (This includes: sentence, bind-over, caution, discharge, probation, conviction)  Are there any current criminal proceedings or investigations on going against you? **YES** or **NO**  Does your name appear on the Protection of Children Act List? **YES** or **NO**  Does your name appear on the Protection of Vulnerable Adults List? **YES** or **NO**  If you have answered **YES** to any of the above questions, please give details on a separate sheet.  Any information given will be treated in complete confidence. | | | | |
| **DISABILITIES** | | | | |
| If you are invited for interview, do you need any help or support to assist you? | | | | |
| YES or NO | | | | |
| If yes, please give details: | |  | | |
|  | |  | | |
| **Data Protection Act 1998** We will use the information you have given to monitor the equal treatment of individuals and ensure we promote and maintain equality. | | | | |
| Declaration: I declare that the information provided on this form is true and complete to the best of my knowledge and belief. I understand that any false or omitted information may result in dismissal or other disciplinary action if I am appointed. | | | | |
| Signed: |  | | Date: |  |
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| **EQUAL OPPORTUNITIES MONITORING INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| ***This will be removed from your application form upon receipt.*** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **HOW WOULD YOU DESCRIBE YOUR ETHNIC GROUP?** (Please circle) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **White** | | | | | | | **Mixed** | | | | | | | | | | **Asian or Asian British** | | | | | | | |
| British – A | | | | | | | White & Black Caribbean – D | | | | | | | | | | Indian – H | | | | | | | |
| Irish – B | | | | | | | White & Black African – E | | | | | | | | | | Pakistani – I | | | | | | | |
| Other white background – C | | | | | | | White & Asian – F | | | | | | | | | | Bangladeshi – J | | | | | | | |
|  | | | | | | | Other mixed background – G | | | | | | | | | | Other Asian background – K | | | | | | | |
|  | | | | | | |  | | | | | | | | | |  | | | | | | | |
| **Black or Black British** | | | | | | | **Other Ethnic Groups** | | | | | | | | | | **If Not Stated** | | | | | | | |
| Caribbean – L | | | | | | | Chinese – O | | | | | | | | | | If not stated - Q | | | | | | | |
| African – M | | | | | | | Other Ethnic group - P | | | | | | | | | |  | | | | | | | |
| Other black background – N | | | | | | |  | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| My gender is | Female | |  | | Male | | | | |  | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| I am aged between | | 16-25 | | |  | | | 26-35 | | | |  | 36-45 | |  | 46-55 | |  | 56-65 |  | Over 66 |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **PEOPLE WITH DISABILITIES** | | | | | | | | | | | | | | | | | | | | | | | | |
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| Do you have any health or disability problems that may affect your ability to carry out normal activities? (Please delete as appropriate) | | | | | | | | | | | | | | | | | | | | | | | | |
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| **YES or NO** | | | | | | | | | | | | | | | | | | | | | | | | |
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| If yes, please give details: | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | |
| Are you registered disabled? | | | | | | Yes | | |  | | No | |  |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **The Disability Discrimination Act 1995** defines a disability as follows: *a person has a disability if he/she has a physical or mental impairment which has a substantial and long term adverse on his/her ability to carry out normal day to day activities.* | | | | | | | | | | | | | | | | | | | | | | | | |
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