



JOB APPLICATION FORM

TO BE COMPLETED BY ALL CANDIDATES INCLUDING VOLUNTEERS

HOME APPLIED FOR:

(Please specify Ashfield or Forest Manor)

POSITION APPLIED FOR:

PERSONAL DETAILS:

Last name:

Forenames:

Title (Mr, Mrs, Miss, Ms):

Address:

Postcode:

Email address:

Telephone number:

Mobile No:

Date of Birth:

National Insurance:

Do you require a work permit to work in the UK? Yes No

If applicable, please provide a "Right to Work Share Code":

Qualified Nurse Only, Pin Number:

Disability

ASHA Healthcare believes that people are disabled by barriers society places in their way and not by their own impairments. We believe that everybody has a role to play in society and we want ASHA Healthcare to benefit from the widest range of talent available. Our recruitment policy aims to reflect these beliefs. ASHA Healthcare will offer interviews to any person who classifies themselves as having an impairment.

Do you consider yourself to have an impairment? Yes No

Disability Cont.

If yes, please describe the type of impairment you consider yourself to have:

EDUCATION

School attended:

Please give details of qualifications gained (including grade and year obtained):

PROFESSIONAL QUALIFICATIONS

College/University attended

Please give details of qualifications gained (including grade and year obtained):

Care qualifications:

Any other qualifications:

EXPERIENCE

What experience have you had in caring for either frail elderly persons, people with mental health conditions or people with learning disabilities? (Delete as applicable). Please include when and where.

EMPLOYMENT

Please give the name and address of your present (or most recent) employer:

Address:

Postcode:

Telephone number:

Please give your job title:

Please give a brief description of your role:

Dates of employment:

Reason for leaving:

Length of notice required:

PREVIOUS EMPLOYMENT HISTORY (continue a separate sheet if necessary)

Employer	Position held	Dates from/to	Reasons for leaving

GENERAL

Community/volunteer experience:

Hobbies and Interests (pastimes, sports etc):

PLEASE GIVE ANY FURTHER INFORMATION THAT YOU THINK MAY BE HELPFUL TO YOUR APPLICATION:

REFERENCES

Please give names and contact details of two people willing to give you a reference. One reference must be your current or last employer and referees must not be related to you. Where you have not been working for a period of time it is helpful if referees can be given from voluntary work/school groups or committees. Your current employer will not be contacted without your permission.

Name: _____ Job title: _____

Address: _____

Postcode: _____

Telephone number: _____

Email: _____

Capacity in which known: _____

Contact before interview: Yes/No

Name: _____ Job title: _____

Address: _____

Postcode: _____

Telephone number: _____

Email: _____

Capacity in which known: _____

Contact before interview: Yes/No

REHABILITATION OF OFFENDERS ACT 1974 – EXEMPTION FROM SECTION 4(2)

This vacancy is exempted from the above and staff are therefore not entitled to withhold information about “spent” convictions.

Do you have any convictions, cautions, reprimands, or final warnings that are not “protected” as defined in the by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013? If your name is on the adults barred list (formerly POVA list) this must be declared.

Yes/No (circle as applicable)

If yes, please give details of the offences below including the dates.

Signed:

Dated:

For further information please refer to either of the following:

<https://www.gov.uk/government/news/disclosure-and-barring-service-filtering> or <https://www.nacro.org>

PERMISSION TO UNDERTAKE A DISCLOSURE AND BARRING (DBS) CHECK

I hereby give my permission for ASHA Healthcare to undertake a search via the Disclosure and Barring Service to see whether I have a record, criminal or otherwise that would preclude them from employing me.

I understand that I am responsible for paying the current applicable charge for this search.

Signed:

Dated:

DECLARATION

In accordance with the General Data Protection Regulation 2018 the information contained within this form will be treated in the strictest confidence and will not be disclosed to any third party without your permission. However, information may be shared to comply with our statutory obligations for example with the Care Quality Commission (CQC) who have the right to scrutinise all recruitment documentation.

I declare that the information provided on this application form is true and complete to the best of my knowledge. I give consent to ASHA Healthcare to process personal data included in this form for the purpose of their equal opportunities monitoring policy and for the purpose of the recruitment process and, if applicable my future employment with them.

I understand that any false statements could result in my dismissal if appointed. I confirm that I am legally eligible to work in the United Kingdom.

Signed:

Dated: