

**Application Form**

Thank you for your interest in job opportunities with Britto Healthcare. Please complete **all** sections of the application form in **black ink.**

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| **Personal Details Mr / Miss / Mrs / Ms** | **Please complete all sections** |
| **Surname:** |  |  | **Home Number** | **Mobile Number** |
| **First Names:** |  |  |
| **Address:** |  | **Previous \*****address:** **(If current address****less than 5 years)** |  |
| **Postcode:**  |  | **Email:** |  |
| **Length of time****at address:** |  | **National** **Insurance No.** |  |
| **Date of Birth:** |  | **Drivers Licence:** | Yes / No  |
| **Give details of Work Permits, VISAs, Leave to****Remain etc that allow you to work legally in the UK –****include expiry dates.** | **Give details of how many COVID-19 Vaccinations** **you have had:**  |

 \*Please continue on a separate sheet if necessary

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| **The Job you are applying for:** | **Please complete all sections** |
| **Position/s:** |  | **How did you****hear about the****vacancy?**(Please circle) | Advert Leaflet Job Centre BannerWebsite Friend  |
| **Preferred Shift** | Days Nights EvesF/T P/T |
| **Care Home:** |  | **Do any members(s) of** **your immediate family** **currently work at****Britto Healthcare**(Please circle and if yeslist names) | YES/NO1.2.3. |
| **Education & Training** | **Please complete all sections** |
| **School Attended** | **From** | **To** | **Exams passed - Subject** | **Grades** | **Year** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **University/College** | **From** | **To** | **Exams passed - Subject** | **Grades** | **Year** |
|  |  |  |  |  |  |
| **Relevant NVQ’s****Obtained** |  | **Other relevant qualifications****obtained** |  |

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| **Full Employment History**  | **Please complete all sections** |
| **Current or Most Recent** | **From** | **To** | **Position** | **Notice Period** | **Reason for Leaving** |
| **Name:****Address:****Salary:** |  |  |  |  |  |
| **Previous Employer:** | **From** | **To** | **Position** | **Notice Period** | **Reason for Leaving** |
| **Name:****Address:****Salary:** |  |  |  |  |  |
| **Previous Employer:** | **From** | **To** | **Position** | **Notice Period** | **Reason for Leaving** |
| **Name:****Address:****Salary:**  |  |  |  |  |  |
| **Previous Employer:** | **From** | **To** | **Position** | **Notice Period** | **Reason for Leaving** |
| **Name:****Address:****Salary:** |  |  |  |  |  |
| **Previous Employer:** | **From** | **To** | **Position** | **Notice Period** | **Reason for Leaving** |
| **Name:****Address:****Salary:** |  |  |  |  |  |

**(Please attach extra sheets if you require more space or use the Additional Information page at the back – Britto Healthcare must have a record of your full employment history)**

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| **About You** |  |
| **Why would you like to work for Britto Healthcare?** |  |
| **How can you make a positive****difference to our residents lives?** |  |
| **What will the residents like about you?** |  |

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| **Further Information** | **Please complete all sections** |
| **Are you facing any criminal prosecutions?** | **Yes –** give details | **No** |
| **Do you have any spent/unspent convictions or** **cautions under The Rehabilitation of Offenders Act** **1974?** | **Yes –** give details | **No** |
| **Have you been dismissed from any employment?** | **Yes –** give details | **No** |
| **Have you ever been or are you currently going****through any investigation or disciplinary action?** | **Yes –** give details | **No** |
| **What period of unauthorised absence have you had in the last the last two years?** | Please give detail |
| **Are you currently able to conduct the job****you are applying for?** | **No –** please give details | **Yes** |
| **Can we make any reasonable adjustments to** **avoid you being at a disadvantage in the work** **place?** | **Yes –** please give details | **No** |

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| --- | --- |
| **References \***  |  |
|  | **Current/Most Recent Employer** | **Previous Employer** | **Personal Reference** |
| **Company** |  |  |  |
| **Name** |  |  |  |
| **Position** |  |  |  |
| **Address** |  |  |  |
| **Telephone** |  |  |  |
| **Fax** |  |  |  |
| **Email** |  |  |  |

**Please do not contact**

**until confirmed:**

\*Please provide the names and addresses of three referees, one of whom should be **your current or most recent employer** and one other **previous employer**. The other should be a **personal referee,** someone who knows you well.Please **do not give the name of a relative** as a referee. If you are known to your referee by a former name please supply the name by which you were known. We can not process your application unless you provide this information.

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| **Additional Information** |
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#### Declaration

I confirm that the information provided on this application form is true and complete, and that I am legally entitled to work in the UK.

I understand that any false statements or deliberate misrepresentations will be regarded as grounds for disciplinary action and/or termination of my employment.

I understand that any offer of employment is subject to satisfactory references and CRB/ISA checks, and I authorize Britto Healthcare to obtain references to support this application once an offer has been made and accepted

I understand that any information given in relation to my application will be held by the Company and falls within the provisions of the Data Protection Act 1998. I also give my consent for my personal information being retained and used to process my application for employment.

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| **Signed** |  | **Date**  |
| **Print name** |  |