Confidential - Application Form

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POST APPLIED FOR:		BRANCH / DEPARTMENT:	

1. PERSONAL DETAILS

SURNAME:		**FORENAME:**	
HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME(S)?		**DATES USED:**	
PREVIOUS NAME DETAILS:			
HOME ADDRESS:		**TEL NO (HOME):**	
		TEL NO (MOBILE):	
		DATE OF BIRTH: ***(DD/MM/YYYY)***	
UK NATIONAL INSURANCE NO:		**EMAIL ADDRESS:**	
WHERE DID YOU LEARN ABOUT THIS POST? *(E.g. indeed, linkedin, job centre)*			
WERE YOU REFERRED BY A TEAM MEMBER? *(If so, provide their full name)*			
DO YOU HAVE A FULL UK DRIVING LICENSE?		**DO YOU HAVE ACCESS TO A CAR?**	
DRIVING LICENSE NUMBER:			

2. EDUCATION AND PROFESSIONAL QUALIFICATIONS

(Original documents as proof of qualification will be required prior to commencement o

SECONDARY SCHOOL / COLLEGE / UNIVERSITY	EXAMINATIONS TAKEN	RESULT

3. TRAINING COURSES ATTENDED

COURSE TITLE	PROVIDER	DURATION *(indicate hours or days)*	YEAR OBTAINED

4 . MEMBERSHIP OF PROFESSIONAL BODIES – UK

(Any relevant professional registrations or memberships. If you are registered, then please enter the relevant details below, this information will be subject to a satisfactory check).

PROFESSIONAL REGISTRATION STATUS:
I DO NOT HOLD A RELEVANT UK REGISTRATION ☐ **I HAVE A CURRENT UK PROFESSIONAL REGISTRATION** **APPLIED AND AWAITING A UK PROFESSIONAL REGISTRATION** **I AM A STUDENT REGISTERED WITH A PROFESSIONAL BODY**

PROFESSIONAL REGISTRATION DETAILS:			
PROFESSIONAL BODY *(e.g. nmc)*	**MEMBERSHIP TYPE** *(e.g. rmn)*	**REGISTRATION NUMBER**	**EXPIRY DATE**

HAVE YOU EVER BEEN THE SUBJECT OF A FITNESS TO PRACTICE PROCEEDING BY A LICENSED OR REGULATORY BODY IN THE UK OR ANY OTHER COUNTRY?	
HAVE YOU EVER BEEN REMOVED FROM YOUR PROFESSIONAL MEMBERSHIP / REGISTRATION OR HAVE HAD CONDITIONS PLACED ON YOUR PRACTICE IN THE UK OR ANY OTHER COUNTRY?	
WHERE APPLICABLE: **PLEASE PROVIDE DETAILS OF ANY CONDITIONS OR RESTRICTIONS ON PRACTICE.**	

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JOB TITLE:		**SALARY** *(annual or hourly):*	
NAME OF EMPLOYER:		**NOTICE PERIOD:**	
FULL ADDRESS: **Email** **Tel**		**DATE COMMENCED:** *(dd/mm/yyyy)* **DATE ENDED** (if applicable): *(dd/mm/yyyy)* **LINE MANAGER'S NAME:** *(Full name)*	
MAIN DUTIES AND RESPONSIBILITIES:			
REASON FOR LEAVING OR WISHING TO LEAVE:			

5. PRESENT OR MOST RECENT EMPLOYMENT

6. REFERENCES

REFEREE 1 (previous employer)			**REFEREE 2**		
FULL NAME:			**FULL NAME:**		
JOB TITLE:			**JOB TITLE:**		
RELATIONSHIP:			**RELATIONSHIP:**		
ORGANISATION:			**ORGANISATION:**		
Address:			*Address:*		
TEL NO:			**TEL NO:**		
E-MAIL ADDRESS:			**E-MAIL ADDRESS:**		
Please state if we may obtain this reference prior to interview.		**YES** **NO**	*Please state if we may obtain this reference prior to interview.*		**YES** **NO**

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7. PREVIOUS EMPLOYMENT

(Please record below the details of all your previous employment within the last 3 years, beginni ... o to 10 previous employments can be entered here. If required, please provide additional information ... ory within the supporting statement).

EMPLOYER NAME & ADDRESS:	DATES EMPLOYED TO & FROM: *(dd/mm/yyyy)*	POSITION(S) HELD:	REASON FOR LEAVING:
EMPLOYER NAME & ADDRESS:	**DATES EMPLOYED TO & FROM:** *(dd/mm/yyyy)*	**POSITION(S) HELD:**	**REASON FOR LEAVING:**
EMPLOYER NAME & ADDRESS:	**DATES EMPLOYED TO & FROM:** *(dd/mm/yyyy)*	**POSITION(S) HELD:**	**REASON FOR LEAVING:**
EMPLOYER NAME & ADDRESS:	**DATES EMPLOYED TO & FROM:** *(dd/mm/yyyy)*	**POSITION(S) HELD:**	**REASON FOR LEAVING:**
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EMPLOYER NAME & ADDRESS:	**DATES EMPLOYED TO & FROM:** *(dd/mm/yyyy)*	**POSITION(S) HELD:**	**REASON FOR LEAVING:**
EMPLOYER NAME & ADDRESS:	**DATES EMPLOYED TO & FROM:** *(dd/mm/yyyy)*	**POSITION(S) HELD:**	**REASON FOR LEAVING:**

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EMPLOYER NAME & ADDRESS:	**DATES EMPLOYED TO & FROM:** *(dd/mm/yyyy)*	**POSITION(S) HELD:**	**RE**
EMPLOYER NAME & ADDRESS:	**DATES EMPLOYED TO & FROM:** *(dd/mm/yyyy)*	**POSITION(S) HELD:**	**REASON FOR LEAVING:**
EMPLOYER NAME & ADDRESS:	**DATES EMPLOYED TO & FROM:** *(dd/mm/yyyy)*	**POSITION(S) HELD:**	**REASON FOR LEAVING:**

GAPS IN EMPLOYMENT *(If applicable, please provide information regarding any gaps in employment within the last 10 years).*

8. SUPPORTING STATEMENT *(In this box please give your reasons for applying for this post and additional information which shows how you match the person specification for the job. This can include relevant skills, knowledge, experience, voluntary activities and training etc).*

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9. ELIGIBILITY TO WORK IN THE UK

ARE YOU A UK OR EEA NATIONAL?	☐ **YES**	**NO**

IF YOU HAVE ANSWERED NO TO THE ABOVE, PLEASE DECLARE YOUR CURRENT IMMIGRATION STATUS:
(Please select the category that relates to your status. This status will be checked at interview and/or upon commencement of employment).

TIER 1 VISA
TIER 2 (GENERAL) VISA – SPONSORED
TIER 4 STUDENT
TIER 5
REGISTRATION CERTIFICATE
DEPENDENT / SPOUSE VISA
INDEFINITE LEAVE TO REMAIN/ENTER
REFUGEE
OTHER *(please detail below)*

_____

_____

DOES YOUR VISA HAVE A CONDITION RESTRICTING EMPLOYMENT OR BUSINESS ACTIVITY?

YES

☐ **NO**

If yes, please provide details: _____

_____

PLEASE PROVIDE DETAILS OF ANY VISA'S HELD:

VISA REFERENCE NO: _____

START DATE / ISSUE DATE: _____ / _____ / _____ *(dd/mm/yyyy)*

EXPIRY DATE: _____ / _____ / _____ *(dd/mm/yyyy)*

10. DISCLOSURE & BARRING SERVICE / DISCLOSURE SCOTLAND / JVB (JERSEY)

DO YOU HAVE A CRIMINAL RECORDS DISCLOSURE CHECK? IF YES, AT WHAT LEVEL? *(also known as dbs, pvg)*	
☐ **YES** **NO**	**STANDARD** **ENHANCED**
IF YES, PLEASE PROVIDE DETAILS BELOW:	
DISCLOSURE NO: _____ **ISSUE DATE:** _____ / _____ / _____ *(dd/mm/yyyy)*	**IS THE DISCLOSURE PORTABLE?** **YES** **NO** **UNSURE / UNKNOWN**

11. DISABILITIES

IF SELECTED FOR INTERVIEW, DO YOU REQUIRE ANY SPECIAL ARRANGEMENTS TO BE MADE ON THE BASIS OF A DISABILITY?	☐ **YES** **NO** **PREFER NOT TO SAY**
If "yes", please give details of the effects of your disability and information that you feel would help us to accommodate your needs during your interview:	

12. REHABILITATION OF OFFENDERS ACT 1974

All individuals applying for positions which involve 'regulated activity' are required to have an enhanced criminal record check and, where appropriate to the role, this check will also include any information which may be held against the barred lists for working with children and/or adults. Failure to declare any criminal convictions, cautions or reprimands may result in any offer of employment being revoked.

HAVE YOU EVER BEEN CONVICTED, CAUTIONED OR REPRIMANDED IN THE UK OR ANOTHER COUNTRY?
YES **NO**
If answered yes above, please give full details:
Are you currently bound by any barring decisions made by any registered body in any country? If yes, please give details.

13. RELATIONSHIPS / AFFILIATION

If you are knowingly related or affiliated in any manner to a team member, Customer or relative of a Customer of Excel Care Group Ltd, please provide full details including name of individual and the nature of the relationship.

14. DECLARATION

The information in this form is true and complete. I agree that any omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional registration details and eligibility to work in the UK.

SIGNATURE :		**DATE:**	
NAME:			

The information provided by you on this form as an applicant will be stored either on paper records or a computer system in accordance with GDPR and will be processed solely in connection with recruitment. We may, where required share information contained on this form with registered / legal bodies and authorities.