

[PLEASE ATTACH PHOTO]

Employment Application Form

Post Applied For:	
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Please tick the box:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Days	<input type="checkbox"/> Weekends	<input type="checkbox"/> Nights
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Personal Details (please use BLOCK CAPITAL for this section)										
Title: <small>(Please tick)</small>	<input type="checkbox"/> Mr.	<input type="checkbox"/>	<input type="checkbox"/> Mrs.	<input type="checkbox"/>	<input type="checkbox"/> Miss.	<input type="checkbox"/>	<input type="checkbox"/> Dr.	<input type="checkbox"/>	<input type="checkbox"/> Other.	<input type="checkbox"/>
Forename:					Middle Name:					
Surname:					Maiden Name:					
Date of birth:					Date:					

Address:			
Town:		Post code:	

Tele No.		Mobile No.	
Landline No.		Email	
National Insurance No.			

Do you need a permit to work in the UK?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you have a DBS/CRB (Disclosure Barring Service/Criminal Record Bureau) clearance	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you have a driving licence?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you have your own transport?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Can your transport be used for work?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Please tick as appropriate:

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If 'YES' to DBS/CRB Disclosure, please provide DBS/CRB Reference Number:		Date of DBS/CRB clearance:	
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Do you have any care experience?	YES		NO	
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If yes to 'care experience', please specify length below:

Less than 3 months		6 months		1 year		2 years		More than 2 years	
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Availability for work:

immediately		1 week		2 weeks		3 weeks		More than a month	
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Emergency Contact Next of Kin

Forename:		Surname:	
Relationship:			
Address:		Post Code:	
Work No:		Mobile No.:	
Landline No:		Email:	

Education & Training

*Please give details of your formal and informal Education, Qualification and Training.
We may ask for evidence*

School/College/University	SUBJECT/Course	Qualification/Grades	Date Started	Date completed
Details of registration with professional body (e.g. NMC, GSCC)				

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Registration no:	
Expiry date:	

Employment History

Present or most recent employer– Please ensure that the information provided is chronological order, starting with the most recent and please state why gaps are (if present).

Company name and address	Job title and Main Responsibilities:	Start Date	Leaving Date	Salary	Reason for Leaving:

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NB: If you have worked with children and vulnerable adults in the past can you please state the reason for leaving the post and the dates in full:

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In support of your application, can you tell us what skills, abilities, knowledge and experience you have acquired for the post applied for:

Your career plans/ ideas:	
Communication:	
Planning and organization:	

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Team work	
Working in partnership:	
<u>Declaration</u>	
<p><i>I can confirm that in my current position that I am / am not undergoing any investigation or suspension in any healthcare organization or from any professional bodies.</i></p> <p><i>I can confirm that the information given above is accurate and failure to disclose information of significance importance may result in my application be rejected or if I have been considered successful given a contract Psalmist Focus Care Ltd will have the right to cancel the contract.</i></p>	
<p>Signature: _____ Date: _____</p>	

Please give names and address of two referees, including telephone numbers who will be approached for a reference. Relatives and friends are not acceptable (the)irst one should be present or most employer).

Referee 1

Company name:		Job title:	
Company address:		Reason for leaving	
Post code:			
Contact name of referee:			
Job title of referee:			
Tele no:			
Email:			

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Referee 2

Company name:		Job title:	
Company address:		Reason for leaving	
Post code:			
Contact name of referee:			
Job title of referee:			
Tele no:			
Email:			
<p>Please note: this information will be held in a personal file as a paper record and logged on to an electronic data base, once you are registered with Psalmist's Focus Care Ltd. This information will be kept private and confidential and used for Psalmist's focus care purposes only according to the Data Protection Act</p>			

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(1998). I agree to Psalmist's focus Care allowing my personal file to be viewed by an inspection team from Care Quality Commission (CQC) and any other authorized bodies.

Signature: _____

Date: _____

Bank & Payroll Details			
Name of Bank		Account No.	
Bank address		Sort code No.	

Equal Opportunities Monitoring

The company will take measures to ensure that its Equal Opportunities Policy is observed, and will ensure that all those involved in the selection process (for example) are aware of the obligations and duties imposed by relevant employment legislation (including Equal Opportunities, Discrimination and Data protection). In order to satisfy these obligations and duties and to monitor the effectiveness of this policy, certain personal sensitive data will be collected from Job applicants. This information will not be used in order to select individuals for employment, but verify the safety of proceeding with either an application or a job offer. The following information is requested in order to allow the Company to monitor the effectiveness of its Equal Opportunities Policy. You are requested to complete the form, and sign it. This will indicate your explicit consent to the collection and processing of such data in accordance with the principles of the Data Protection Act. According to the Equality Act 2010, Chapter 1, Section 9, you are under no obligation to provide the information below.

Please tick as appropriate. Thank you for your co-operation.

Ethnic Origin



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White:	Mixed:	Black:	Asian:
English	White and Black Caribbean	British	Indian
Scottish	White and Black African	African	Pakistani
Irish	White and Asian	Caribbean	Bangladeshi
Other: (please state)	Other: (please state)	Other: (please state)	Other: (please state)

Marital Status			
Married	<input type="checkbox"/>	Single	<input type="checkbox"/>
Separated	<input type="checkbox"/>	Divorced	<input type="checkbox"/>

How did you hear about us?			
Agency	<input type="checkbox"/>	online	<input type="checkbox"/>
Job centre	<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>
	<input type="checkbox"/>	Internal advert	<input type="checkbox"/>
	<input type="checkbox"/>	External advert	<input type="checkbox"/>
	<input type="checkbox"/>	Other.	<input type="checkbox"/>

Rehabilitation of Offenders Act 1974 (Exceptions Order 1975)

Because of the nature of the work for which you are applying involves direct contact with people who are receiving a health service we are obliged to ask you, in connection with this application, to disclose any convictions you may have. Under the conditions of the above order you are not entitled to withhold information about convictions, which might be considered "spent". In the event of employment failure to disclose such convictions you may have below.

Thus information will be treated in the strictest confidence and in compliance with the law.

Signed: _____ **Date:** _____

For Office Use Only

Interview Documentation

Interview Conducted by: _____

Signed: _____ Date: _____

Interview procedure followed: _____

Signed: _____ Date: _____

Original documentation verified at interview

These forms of identification as follows: **1) passport, 2) driving license, 3) ONE of the following:** - Utility bill, bank statement, Marriage certificate, birth certificate.

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Identity document one type:	Date:	Sign:
Identity document two type:	Date:	Sign:
Professional qualification:	Date:	Sign:
DBS disclosure documentation:	Date:	Sign:

Staff handbook issued by:	Date:	Sign:
Staff declaration discussed and signed:	Date:	Sign:
Job description discussed and copy given to applicant Y/N :	Date:	Sign:
Terms and condition discussed and signed, copy given to applicant Y/N :	Date:	Sign: