

**SPDNS House, 449 London Road, Westcliff on Sea, Essex SS0 9LG**

**Telephone 01702 431300 email: info@spdnshomecare.com**

**Application for Employment**

|  |  |
| --- | --- |
| Surname: | Date of Birth: |
| Forenames: | National Insurance Number: |
| Address:  Postcode: | |
| Telephone: | |
| Email: | |
| Do you consent to us using your personal email address to send you work related communications? **Yes/No** | |
| Do you have a valid driving licence for the UK? **Yes/No** | |
| Do you have access to a vehicle which can be used for work purposes? **Yes/No** | |
| Are you legally eligible for employment in the UK? **Yes/No** | |
| Do you require a work permit? **Yes/No** | |
| **Nurses only:** Pin No:Date of registration:Expiry date: | |
| Professional qualifications & levels held: | |
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|  | |
| **All applicants:** **Please detail any other professional qualifications/awards held (e.g. NVQ)** | |
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**Certificates / further training:**  detail any current training you have attended in the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Date attended** | **Training from** |
| **Manual Handling** |  |  |  |  |
| **First Aid** |  |  |  |  |
| **Health & Safety** |  |  |  |  |
| **Infection Control** |  |  |  |  |
| **Food Hygiene** |  |  |  |  |
| **Safeguarding/Adults Children** |  |  |  |  |

**Full work record (since leaving school)**

List your previous employment, starting with present or most recent, include any unemployment gaps, e.g. maternity break or break to care for dependents or period of unemployment.

Use a continuation sheet if required. CV’s can be sent in as an addition to this section.

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| --- | --- | --- | --- |
| **Date to / from** | **Employer Name & Address** | **Job Title /**  **responsibilities** | **Reason for leaving** |
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| **Reasons for applying:** After reading the job description please tell us why you are applying for this post and how you feel you meet the requirements listed in the person specification.Give as much information as necessary to demonstrate the skills, experience and knowledge you have gained in employment and/or through domestic / family experience. |
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**References -** please give the names of the people who have agreed to supply your references. One reference must be from your present / most recent employer, of not less than 3 months duration. Relatives or friends are not acceptable as referees. Additional referees may be requested if necessary. **References will not be taken up prior to an offer of employment.**

|  |  |
| --- | --- |
| 1. Name: | 1. Name: |
| Address: | Address: |
|  |  |
| Post Code: | Post Code: |
| Job Title: | Job Title: |
| Telephone Number: | Telephone Number: |
| Capacity in which known: | Capacity in which known: |
| **Notice required from present employer:** | |
| If successful and given a provisional job offer, do you consent to us contacting the  listed referees: **Yes / No** | |

**How many hours a week are you able to work?**

|  |  |
| --- | --- |
| **Times available for work** | |
| Saturday |  |
| Sunday |  |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |

**Equality Act 2010**

Under the terms of the Act a disability is defined as a “physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities” SPDNS welcome applications from disabled people.

Do you consider yourself disabled? **Yes** / **No** or Do not wish to disclose:

If yes, do you need special arrangements to enable you to attend for interview? **Yes / No**

**Disclosure and Barring Service (DBS)**

All applicants who are offered employment with SPDNS Nurse Care will be required to seek a Disclosure and Barring Service check and on receipt of the check must present this to SPDNS. Failure to provide your DBS check will prevent your application being considered. Enhanced DBS checks with Adults and/or Children’s Barred list check will be required for positions which meet the definition of Regulated Activity. SPDNS complies with the DBS Code of Practice, a copy of which is available on request.

**Do you have any unspent convictions, cautions, reprimands or warnings? Yes / No**

If so, please attach this information on a separate sheet put into an envelope (marked private and confidential) for the attention of Pat Brand, HR Administrator and enclose with your application.

**Declaration**

The enclosed is, to the best of my knowledge, complete and accurate in every respect.

I confirm that I am 18 years of age or over, and that I am eligible to live and work in the UK.

I understand that giving false information knowingly will disqualify me from employment by SPDNS

**Signed: Dated:**