**NATVEE LIMITED: Care Solutions**

**APPLICATION FORM**

**PLEASE COMPLETE THIS FORM IN FULL IN CAPITALS**

|  |  |
| --- | --- |
| **Position applied for** |  |
| **Location** |  |
| **Where did you see this position advertised?** |

|  |  |
| --- | --- |
| **Your surname**  |  |
| **Your surname at birth** *(if different)*:*(please give dates you used this name)* |  |
| **Any other surname used.***(please give dates you used this name(s)* |  |
| **Your forename(s)** |  |
| **Any other forename(s) used.***(please give date you used this name(s)* |  |
| **Your National Insurance Number** |  |
| **Your NMC Pin Number** *(if applicable)* |  |
| **Current Address** *(please enter in full including post code)* |  |
| **At current address since *(month/year)*** |  |
| **Previous address(es) over the last 5 years***(please enter in full including post code & the month/year you lived there; continue a separate sheet if necessary)* |  |
| **Your home telephone number** |  |
| **Your mobile telephone number** |  |
| **Your email address** |  |
| **If you have access to Skype for interviewing purposes, please enter your contact details** |  |

**YOUR RIGHT TO WORK IN UK**: (*If successful in your application, you will be required to submit original documentation to support this)*

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| **Do you have valid authorisation which allows you to legally work in the UK?**  |   |

**On what basis are you entitled to work in the UK?**

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**YOUR CURRENT EMPLOYMENT**:

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| --- | --- |
| **Full name & address of current employer** |  |
| **Tel number/Email address** |  |
| **Dates you were employed from/to** |  |
| **Position held** |  |
| **Salary** |  |
| **Your reason for leaving.** |  |
| **Who can we contact for a reference?** *(please give name, job title & contact details if different to above)* |  |

**YOUR PREVIOUS EMPLOYMENT HISTORY**:

|  |  |
| --- | --- |
| **Full name and address of previous employer**  |  |
| **Tel number/Email address** |  |
| **Dates you were employed from/to** |  |
| **Position held.** |  |
| **Salary** |  |
| **Your reason for leaving.** |  |
| **Who can we contact for a reference?** *(please give name, job title & contact details if different to above)* |  |
|  |
| **Full name and address of previous employer**  |  |
| **Tel number/Email address** |  |
| **Dates you were employed from/to** |  |
| **Position held.** |  |
| **Salary** |  |
| **Your reason for leaving.** |  |
| **Who can we contact for a reference?** *(please give name, job title & contact details if different to above)* |  |

*(please continue a separate sheet if necessary)*

|  |  |
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| **Please explain any gaps in your employment history** |  |

**REFERENCES**:

**Please note that we will contact your two most recent employers for a reference and, where applicable, any previous employer within a Health & Social Care environment.**

**Please give details below of anyone else we can contact for a character reference.**

|  |  |
| --- | --- |
| **Full name and address**  |  |
| **Tel number/Email address** |  |
| **Dates known from/to** |  |
| **How do you know this person?** |  |

**PLEASE EXPLAIN WHY YOU HAVE APPLIED FOR THIS POSITION AND OUTLINE YOUR RELEVANT SKILLS**:

*(please continue on a separate sheet if necessary)*

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| **Please indicate your flexibility to work shifts and how many hours you can work each week**  | **Hours per week:**  |

**YOUR EDUCATION/QUALIFICATIONS**:

**Please detail all relevant educational and/or professional qualifications in date order:**

***(****If successful in your application, you will be required to submit original documentation to support*

*this)*

|  |  |
| --- | --- |
| **Educational and/or Professional Qualifications** | **Date Achieved** |
|  |  |
| **Do you have an NVQ in Health and Social Care?****If yes, at which level?** |   |

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| **Do you have a full, clean UK driving licence**? **Please give details of any points on your licence** |   |
| **Do you own or have the use of a car for work?** |   |

**REHABILITATION OF OFFENDERS ACT 1974**:

**By virtue of the Rehabilitation of Offenders Act (exemptions) (amendments) order 1986, the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to the persons in receipt of such services in the course of his/her normal duties. Your answer to the following question should include any “unspent” convictions. Any such information given will be completely confidential and will be considered only in relation to your application for this post.**

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| **Do you have any unspent convictions, cautions, reprimands or warnings?****If yes, please give details** *(continue on a separate sheet if necessary)* |  |

**HEALTH AND SOCIAL CARE ACT 2008 (Regulated Activities) Regulations 2010**:

**Under the above Act we are required to collect relevant medical information from you. Should an offer of employment be made to you, you will also be asked to complete an Occupational Health Questionnaire.**

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| --- | --- |
| **Do you have any physical or mental health conditions which are relevant to your ability to carry out duties, manage or work for the purposes of this position?** **If yes, please give details** *(continue on a separate sheet if necessary)***Have you been or are you currently under investigation from any professional or regulatory body, eg NMC?****If yes, please give details** *(continue on a separate sheet if necessary)* |    |

**DECLARATION**:

I confirm that all of the above information is true and correct and that any misleading or inaccurate statements may be sufficient for cancelling any agreements made.

I understand that, in the event of being offered employment, I will be required to complete a confidential declaration in respect of my health.

I understand that any offer of employment is subject to a satisfactory enhanced DBS check, payable by the applicant.

I consent to my personal data being processed and kept for the purpose described above in accordance with the Data Protection Act 1998.

|  |  |
| --- | --- |
| **Signed** |  |
| **Please print name** |  |
| **Date** |  |

**Please ensure that all sections have been completed in full and return this form asap to**:

 **NATVEE Limited: Care Solutions**

**38 Kingswood Avenue, Leicester**

 **LE3 0UN**

 **Email:** **Info@natveelimited.co.uk** **phone number 07456991947**

Registered in England No.

## CONFIDENTIAL DECLARATION FORM:

This forms part of your application and must be signed and returned with your completed application form prior to commencing any work with NATVEE Limited: Care Solutions.

We are aware of the potentially sensitive and confidential nature of the information contained in this document and wish to assure you that it will be treated in the utmost confidence and handled strictly according to our Policy on Secure Storage, Handling, Use, Retention & Disposal of Disclosures and Disclosure Information.

United Kingdom legislation and guidance relating to the protection of vulnerable adults or children has at its core, the principle that their welfare must be the paramount consideration.

PNATVEE Limited: Care Solutions fully support this principle and therefore, we require that everyone connected with us, who will come into contact with vulnerable adults or children complete and sign this declaration.

If, for any reason, you answer yes to a question, it will not automatically rule you out of the selection process. You will have the opportunity of fully discussing the circumstances with us at a face-to-face meeting.

|  |  |
| --- | --- |
| **Have you ever been subject to any enquiry or investigation about any allegations or concerns that you may pose an actual or potential risk to vulnerable adults or children?** |   |
| **Do you have any unspent convictions, cautions, reprimands or warnings?** |   |
| **Have you ever been the subject of disciplinary procedures or been asked to leave employment or voluntary activity due to inappropriate behaviour towards vulnerable adults or children?** |   |

I confirm that all of the above information is true and correct and that any misleading or inaccurate statements may be sufficient for cancelling any agreements made.

I understand that, in the event of being offered employment, I will be required to complete a confidential declaration in respect of my health.

I understand that any offer of employment is subject to a satisfactory enhanced DBS check, payable by the applicant.

I consent to my personal data being processed and kept for the purpose described above in accordance with the Data Protection Act 1998.

|  |  |
| --- | --- |
| **Signed** |  |
| **Please print name** |  |
| **Date** |  |

**EQUAL OPPORTUNITIES MONITORING FORM**:

NATVEE Limited: Care is committed to equality, and we monitor the effectiveness of this through the completion of this form. All information provided is treated as private and confidential.

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| **Position applied for** |  |
| **Where did you see this post advertised?** |  |

|  |  |
| --- | --- |
| **Title** |  |
| **Current Marital Status** |  |
| **Gender** |  |
| **Date of Birth** |  |
| **Do you have a disability?** |   |

**Ethnic Origin**: Please tick

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