

Application for Employment

Position Applied For	
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Personal Details			
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Surname			
First names			
Address			
Postcode			
Email			
Home Phone number		Mobile Phone number	

Most recent employment			
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Employer name			
Post held			
From (month/year)		To (month/year)	
Outline your main duties and responsibilities			

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Previous Employment

Give details of previous posts held. Continue on a separate sheet if necessary.
Please provide an explanation of all breaks in employment i.e. childbirth, unemployment, travelling.

Name and Address of employer	From: To (Month/Year)	Post and Main Duties

Are you currently employed in any other capacity which you may continue to work if successful in this application?	Yes / No	Please state employer: Number of Contracted Hours:
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Registrations

Are you a Registered Nurse?	Yes / No	If Yes, Please note NMC PIN:
Are you Registered with Care Council for Wales	Yes / No	If Yes, Please note PIN:

Qualifications

Qualifications (Academic / Professional)	Establishment	Date received

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Training	
Details of any relevant training	Date received

Relevant Skills, Experience and Additional Information
<p>After reading the Job Specification, please explain why you feel you are suited to the post, giving particular attention to any skills, experience and other information that are relevant to the post. (continue on a separate sheet if necessary)</p>

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Driving	
Do you have a full current driving licence?	
Is the driving licence clean? If not, how many points?	
Do you have the use of a car?	

General	
Are you entitled to work in the United Kingdom? You will be required to provide evidence at interview stage.	Yes / No
Do you have any unspent criminal convictions? If yes, please give details.	Yes / No
When are you available to start work?	
Where did you hear of this vacancy?	

References	
Please give the names and addresses (including email addresses) of two referees – your most recent employer and one who could provide a character reference.	
Employer	
Character (Known in a professional capacity)	

Declaration			
I confirm that the information given on this form is correct.			
Signature		Date	

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Declaration for the Rehabilitation of Offenders Act 1974

The post for which you are applying is covered by the Protection of Vulnerable Adults scheme (POVA). It is a **criminal offence** for a person included on the POVA list to apply for a care position. The post is also exempt from the provisions of Section 4(2) of the Rehabilitations of Offenders Act 1974, by virtue of the Exemptions Order 1975 as amended. This means that **all convictions**, including those 'spent' under the terms of the Rehabilitations of Offenders Act 1974 **must be declared**.

The information provided will be taken into account in deciding whether to make an appointment or not. It will be completely confidential and will be considered only in relation to this application.

If your application is successful you will be required to co-operate with us in obtaining a disclosure of criminal convictions from the Criminal Records Bureau and in checking your details against the POVA List.

Declaration	
Are you included or provisionally included on the POVA list?	<u>Yes / No</u>
Have you ever been convicted in a court of law or accepted a police caution, reprimand or final warning in respect of an offence?	<u>Yes / No</u>
If yes , please give full details	

Surname (Print)	
First names (Print)	

Change of Names: If you have previously had any other surname(s) or forenames(s), you must declare all of them below. and state the date of each change and the reason		
Previous Name(s)	Date of Change	Reason

Declaration: I confirm that the information given on this form is correct.			
Signature		Date	

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APPLICATION DECLARATION - Please read this carefully before signing this application

Recruitment Policy

It is the policy of Serendipity Care and Support Ltd to employ individuals who have the appropriate skills, knowledge and qualifications while providing equal opportunities for the development of employees and not to discriminate against any person because of their gender, age, race, ethnic or national origin, religion, sexual orientation, disability, or marital status.

The information provided and obtained from other relevant sources will be used to assist in the selection process. Any information will be kept for a period of one year from the date of application. The applicant will need to make a formal request if they wish it destroyed before this time.

If the applicant is successful in their application and commences employment, the information will be retained on a secure personnel file.

Information collected may be confirmed with third parties or with other information held by us. It may also be shared with certain third parties to prevent or detect crime, to protect public funds, or in other ways as permitted by law.

By signing the application form it is assumed the applicant agrees to the processing of personal data (including sensitive personal data), in accordance with Serendipity Care and Support Ltd's registration with the Data Protection Commissioner.

Authorisation:

1. I authorise Serendipity Care and Support Ltd to obtain references to support this application and release the organisation and referees from any liability caused by giving or receiving information.
2. I agree that the organisation reserves the right to require me to undergo a medical examination or the obtaining of a medical report should this be needed. The law requires us to inform you of our intention and to obtain your permission prior to contacting your doctor.

Declaration:

I confirm that the above information is complete and correct and that any untrue or misleading information may be sufficient cause for rejection or, if employed, dismissal.

By signing this declaration you are agreeing to the above notice

Signature		Date	
Print Name in Full			

Please complete and return form to:
 Mrs Sian Penpraze, Operational Director
 Bellwave House, 23 Mary Street, Porthcawl, CF36 3YL
 Telephone: 07581182569 / Email: sian.penpraze@serendipitycare.com

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