

Please complete the application form in full and return it to **info@pnhealthcare.com**. Please complete it with black ink and block capitals. This form will be kept in confidence. Please note that no applicant will be unfairly discriminated against. This includes discrimination on account of age, cultural, religious, political beliefs, disability, ethnicity, gender, race, relationship status, sexual orientation, and/or Trade Union membership or stewardship. If you have any special requirements to support completing this form (e.g., the need for large print or additional time), don't hesitate to contact the Registered Manager.

Position Applied For:

Work Preference: ☐ FULL TIME ☐ PART TIME

☐ I understand this role may include Shift work, Unsociable Hours, and Lone working involved.
(Please select your availability below)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NIGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL DETAILS

First Names:

Surname:

Maiden Name:

Previous Names:

Marital Status:

Gender:

Date of Birth:

Place of Birth:

Telephone number:

Mobile Number:

Are you a Driver:

How long have you had a licence?

Address:

Postcode:

Nationality:

NI Number:

Email Address:

Own Transport?

Any Endorsements:

Are you a United Kingdom (UK) National?

*If no, please detail your current immigration status and the relevant visa currently held (*including Visa number*)

Are you related to any of our current members of staff or Individuals?

Equality Act 2010 Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a "substantial" & "long-term adverse effect" on your ability to carry out normal day-to-day activities. Further information regarding the definition of disability can be found at: www.gov.uk/definition-of-disability-under-equality-act-2010.

For this application & interview stage only, is there anything you would like us to be aware of so we can make reasonable adjustments during the process?

EDUCATION *(All qualifications will be subject to a satisfactory check)

School / College / University	Date From:	Date To:	Examinations, Qualifications*

TRAINING COURSES ATTENDED OR COMPLETING (evidence of attending courses is required)

Subject	Location	Date	Details

PROFESSIONAL MEMBERSHIPS / REGISTRATIONS

Name of Organisation	Registration Number	Details

EMPLOYMENT HISTORY

Please record below the details of your full employment history beginning with your current or most recent first. Any gaps must be explained. Use a separate attached sheet if required; please sign the sheet(s).

Start Date:	End Date:	Employer's name & Address	Job Role	Reasons for Leaving

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Explanation of Gaps: Use this section to detail any gaps in employment and why.

EMERGENCY CONTACT DETAILS

Name:	
Address:	
Tel No:	
Relationship:	

Safeguarding / Ex-Offenders Declaration: Please note that this section will only be seen by those involved in the recruitment process and will be treated with the strictest confidence.

The Rehabilitation of Offenders Act 1974 aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender reassignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. undertakes not to discriminate unfairly against applicants based on a criminal conviction or other information declared.

Answering 'yes' to the question below will not necessarily prevent your employment. This will depend on the relevance of the information you provide regarding the nature of the position and the particular circumstances.

Are you currently bound over or do you have any current UNSPENT convictions that have been issued by a Court or Court-Martial in the United Kingdom or any other country?

Do you have any current UNSPENT police cautions, reprimands or final warnings in the United Kingdom or any other country?

PRIVACY STATEMENT

We will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this application form, you consent to holding the information contained within this application form. If successfully shortlisted, data will also include shortlisting scoring and interview records. We will keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position we are considering you). When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles.

We have privacy policies that you can request for further information. Please be assured that your data will be securely stored by the Registered Manager and only used to recruit for this vacant post.

You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time, please get in touch with the Registered Manager to discuss.

PRIVACY STATEMENT

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

Full Name:		Signature:	
Date:			

REFERENCES

Please provide names, addresses and telephone numbers for the referees below whom we may approach for a reference.

You must provide references from your two most recent employers. In line with the regulatory requirements, we require references covering your last five years of employment. We require a further reference if you have not had more than one employer in the last five years. Please provide two-character references if you cannot obtain two professional references, e.g., in the case of an applicant who has been raising children for ten years. All will be contacted; please inform the referees that you have used their names. Please discuss the matter with us if you cannot provide the required references.

REFEREE ONE

Contact Name:	
Business Name:	
Postcode:	
Telephone:	
Email:	
Capacity in which known	

REFEREE TWO

Contact Name:	
Business Name:	
Postcode:	
Telephone:	
Email:	
Capacity in which known	

REFEREE THREE

Contact Name:	
Business Name:	
Postcode:	
Telephone:	
Email:	
Capacity in which known	

P&N Healthcare Services is committed to equality of opportunity and fair treatment in all aspects of employment. We aim to provide a working and learning environment which is free from unfair discrimination and will enable staff to fulfil their personal potential. The Equality Act 2010 protects people from discrimination and promotes equality on the basis of a number of 'protected characteristics'. We ask for information on your 'protected characteristics' in order to help us monitor our performance on equality. In line with Government policy, and in accordance with the provisions of GDPR, the information you provide will be held confidentially and It will help us to comply with the law under the relevant Acts and to ensure that our employment policies and practices are fair and effective.

IMPORTANT - Please Note: You do not have to complete this form. The information is given on a voluntary basis and the information provided will only be used for the monitoring purpose. Please do not enter any identifying marks on this form, so that your information remains confidential. This information will be stored on a computer.

ETHNIC ORIGIN: PLEASE INDICATE YOUR ETHNIC ORIGIN

Asian or Asian British	Mixed	Other Ethnic Background
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Indian	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Any Other Chinese background
<input type="checkbox"/> Pakistani	<input type="checkbox"/> White/Black Caribbean	<input type="checkbox"/> Any other ethnic background
<input type="checkbox"/> Other Asian background	<input type="checkbox"/> Other mix background	

Black or Black British	White	
<input type="checkbox"/> African	<input type="checkbox"/> British	<input type="checkbox"/> I do not wish to disclose my Ethnic background
<input type="checkbox"/> Caribbean	<input type="checkbox"/> Irish	
<input type="checkbox"/> Other Black Background	<input type="checkbox"/> Other White background	

GENDER: PLEASE INDICATE YOUR GENDER

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> I do not wish to disclose my Ethnic background
<input type="checkbox"/> Transgender Female	<input type="checkbox"/> Transgender Male	
<input type="checkbox"/> Other state below: _____		

SEXUAL ORIENTATION: PLEASE INDICATE YOUR SEXUAL ORIENTATION

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Bisexual	<input type="checkbox"/> I do not wish to disclose my Ethnic background
<input type="checkbox"/> Gay	<input type="checkbox"/> Lesbian	
<input type="checkbox"/> Other state below: _____		

RELIGION OR BELIEF: PLEASE INDICATE YOUR RELIGION OR BELIEF

<input type="checkbox"/> Buddhist	<input type="checkbox"/> Jewish	<input type="checkbox"/> Hindu
<input type="checkbox"/> Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh
<input type="checkbox"/> I do not have any Religion or Beliefs	<input type="checkbox"/> I do not wish to disclose my Religion or Belief	<input type="checkbox"/> Other state below

MARITAL STATUS: PLEASE INDICATE YOUR MARITAL STATUS

- ☐ Common Law Partnership
 ☐ Married / Civil Partnership
 ☐ Widowed
☐ Divorced
 ☐ Single
 ☐ Other (State)

As per Equality Act 2010: Do you consider yourself to have a disability? ☐ Yes ☐ No

Under the terms of the Act, a disability is defined as a “physical or mental impairment which has a substantial and long- term effect on a person’s ability to carry out day-to-day activities”.

☐ I do not wish to disclose whether or not I have a disability

Caring Responsibilities: Do you have any care responsibilities for anyone?

☐ Yes ☐ No
 ☐ If yes ☐ Children U16 ☐ Disabled ☐ Sick / Elderly

PLEASE ANSWER THE FOLLOWING QUESTIONS:

		Yes	No
1.	Do you have or have you ever had any significant health problem, impairment / disability (physical or mental) or learning difficulties that may affect your ability to undertake the tasks set out in the job description of the post offered?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have or have you ever had any illness, impairment of disability that may have been caused or made worse by your work?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever left or been denied employment in an organisation on the grounds of ill health or been medically retired on the grounds of ill health?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are you having, or waiting for any medical treatment or investigations at present?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Will you need any special aids or adjustments or assistance to enable you to undertake the tasks set out in the job description of the post offered?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the above questions, please provide details below:

APPLICANTS DECLARATION CIRCLE YES / NO AS APPROPRIATE

		Read and Understood	
		Yes	No
1.	I confirm that the information given above is complete & correct, I understand that any incomplete, untrue or misleading information given to will entitle the employer to reject my application, withdraw any offer of employment, or, if I am employed, dismiss me without notice.	<input type="checkbox"/>	<input type="checkbox"/>
2.	By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems I have declared above.	<input type="checkbox"/>	<input type="checkbox"/>
3.	I agree that P&N Healthcare Services reserves the right to require me to undergo a medical examination to assess my suitability for work.	<input type="checkbox"/>	<input type="checkbox"/>
4.	I do not wish to complete the questionnaire, and I do not wish to have a free health assessment.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Will you need any special aids or adjustments or assistance to enable you to undertake the tasks set out in the job description of the post offered?	<input type="checkbox"/>	<input type="checkbox"/>

Full Name:		Signature:	
Date:			

PLEASE ANSWER THE FOLLOWING QUESTIONS:

		Yes	No
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Full Name:

Date:

Signature: