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**Kernow Health CIC**

**Application for Employment Form**

**The contents of this form will be treated as confidential**

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| **POSITION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **PERSONAL DETAILS** | | | | | | | |
| **Surname/ Family Name** | | | **First Names** | | | | |
| **Title:** | **Address (including Country)** | | | | | | |
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| **DOB:** | | | | | | | |
| **Post Code** | | | **NI number** | | | | |
| **Home telephone:** | | | **Mobile:** | | | | |
| **Do you have a current driving licence? YES** 🞏  **NO** 🞏 | | | | | | | |
| **If there any endorsements on your driving licence, please give details below:** | | | | | | | |
| **Work Telephone** | | | |  | | | |
| **Date of Birth** | | | |  | | | |
| **May we contact you at work?** | | | | **Yes 🞎 No 🞎** | | | |
| **Email Address** | | | | **Work:**  **Home:** | | | |
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| **MEMBERSHIP OF PROFESSIONAL BODIES** | | | | | | | |
| **If you are registered then please enter the relevant details below. If professional registration is not required, then go to** | | | | | | | |
| **Professional Body** | | **Membership or Registration Type** | | | **Membership/ Registration PIN** | | **Expiry/ Renewal Date** |
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| **If you are applying for a post that requires professional registration you are required to provide the following information:** | | | | | | | |
| **Are you currently the subject of a fitness to practise investigation or proceedings by a licencing or regulatory body in the UK or in any other Country?** | | | | | | * **Yes** * **No** | |
| **Have you been removed from the register or have conditions been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other Country?** | | | | | | * **Yes** * **No** | |
| **If applicable, please provide details of any condition/ restrictions you may have:** | | | | | | | |

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| **CURRENT STATUS** | |
| **Are you a United Kingdom (UK),European Community (EC or European Economic Area (EEA) National?** | **Yes 🞎 No 🞎** |
| **Please select the category that relates to your current immigration status. This status will be subject to checking before interview** | * **HSMP/Tier 1** * **Indefinite Leave to remain/enter** * **Post Graduate Doctors and Dentists** * **Work Permit/Tier 2** * **Tier 5 Temporary Workers** * **Dependant / Spouse visa** * **Working Holiday Visa/Tier 5 Youth Mobility** * **Clinical attachment visa** * **Refugee** * **Student** * **Visitor** * **Other, please specify below** |
| **Please supply details of any visa currently held, including number, start/expiry dates and details of any restrictions.** | **Visa No:**  **Start Date: (DD/MM/YY)**  **Expiry Date: (DD/MM/YY)**  **Details of Restriction:** |
| **Does your visa have a condition restricting employment or occupation in the UK?** |  |
| **If you have a disability, do you wish to be considered under the Guaranteed Interview Scheme if you meet the minimum criteria as specified in the Person Specification?** | * **Yes** * **No** |
| **If you have a disability, do you require any reasonable adjustments to be made during the recruitment process, including interview?** | * **Yes** * **No** |

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| **Education & Professional qualifications** | | | |
| **Include in this section all the relevant qualifications. Please also indicate subjects currently being studied. All qualifications disclosed will be subject to a satisfactory check.** | | | |
| **Subject/Qualification** | **Place of Study** | **Grade/ Result** | **Year** |
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| **TRAINING COURSES ATTENDED** | | | |
| **Include in this section any relevant training courses that you have attended or details of courses that you are currently undertaking.** | | | |
| **Course Title** | **Training Provider** | **Duration** | **Date Completed** |
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**EMPLOYMENT HISTORY (beginning with your most recent Employer)**

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| **Dates of Employment** | **Name & address of Employer** | **Job Title** | **Duties** | **Salary** | **Reason(s) for Leaving** |
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| **Length of Employment** | **Name & address of Employer** | **Job Title** | **Duties** | **Rate of Pay** | **Reason(s) for Leaving** |
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| **Notice period required with current Employer:** | | | | | |
| **If you have any gaps in your employment history please give dates and reasons below:** | | | | | |

**SUPPORTING INFORMATION**

**Please detail here your reasons for applying for this position, your main achievements to date and the strengths you would bring to this post.**

**This is the part of the application form where you can bring to our attention any qualities you believe we should be aware of.**

**Do not feel under any obligation to complete this section if you believe the rest of this form has brought out these qualities in sufficient detail.**

**If you find there is insufficient space, please continue on a separate sheet.**

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| **Leisure**  **Please give details of your leisure interests, sports and hobbies and other pastimes.** |
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| **REFERENCES** |
| **Please give the name and address of two people from whom we may obtain a character and/or work experience reference – one of these should be your last employer or work experience.** |

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**Criminal record**

**Please give details of any criminal convictions and cautions, except those spent under the Rehabilitation of Offenders Act 1974 and the amendments to the Exception Order 1975 (2013). During the rehabilitation period, convictions are referred to as ‘unspent’ convictions and must be declared to employers.**

**For the purpose of this post you are required to provide this information.**

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| **Are you currently bound over, or do you have any unspent convictions issued by a Court or Court Martial in the UK or any other Country?** | * Yes * No |
| **If yes, please supply details below:** | |

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| **DISCLOSURE & BARRING SERVICE (DBS) - Disclosure Certificate & Registration** | |
| **Any position which requires, as part of normal duties, caring for, training, supervising or being in sole charge of children or vulnerable adults will require Disclosure & Barring (DBS) checks to be undertaken, including provision of a suitable Disclosure Certificate and Disclosure and Barring (DBS) Registration**  **The Protection of Children Act, the Protection of Vulnerable Adults Act and the**  **Safeguarding Vulnerable Groups Act, as amended, will apply in this case.**  **The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found at the Disclosure and Barring Service website.**  **Please confirm your acceptance of this by signing below.**  **For the purpose of this post you are required/not required *(employer to delete as appropriate)***  **to undertake a DBS check.**  ***If you are not required to undertake a DBS check you need not sign below*.**  **Signed: ………………………………………………………………………..……………………..… Date: ………………………………………** | |
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| **DECLARATION**  **(Please read this carefully before signing the Application Form)** | |
| **I confirm the above information is complete and correct.**  ***Any offer of appointment may be withdrawn if you knowingly withhold information, or provide false or misleading information.***  ***If your application is successful, your employment may be terminated should any subsequent information come to light once you have been appointed.*** | |
| **If my Application for Employment is successful, I authorise you to contact my doctor for further details and confirmation of my state of health.** | |
| **If my Application for Employment is successful, I agree to undergo a medical examination if this is required to ensure my suitability to carry out my duties and for provision of medical information as part of an occupational health scheme or private medical insurance scheme. I have given my explicit consent freely.** | |
| **I authorise you to contact the above two stated referees.** | |
| **Signed:** | **Dated:** |