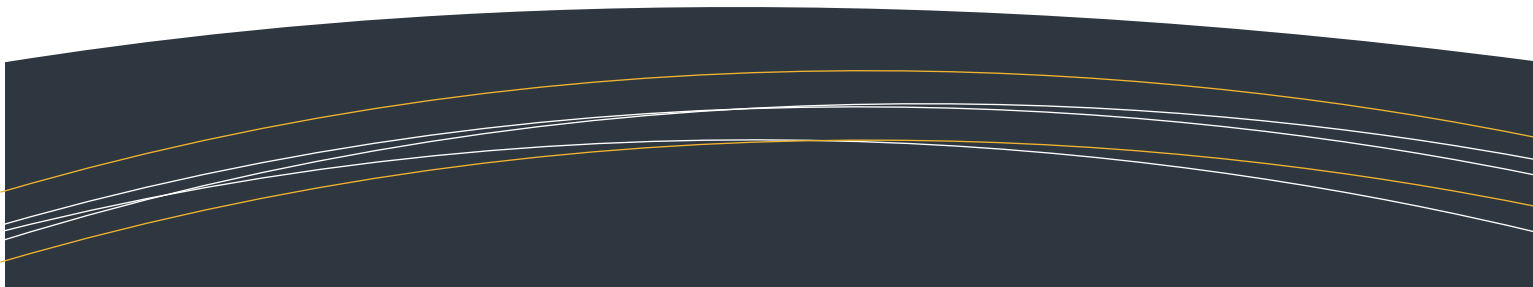




Company Registration Number: - 06595271
29 Tye Road, Ipswich, Suffolk, IP30FJ
Phone: 07912 758 156 or 07908 020 012
e-mail: information@vitalhealthcareservices.co.uk



Post Applied for:

Post Number:

Vital HealthCare Services Ltd Job Application Form

Interview Date:

It is important that you read the guidance notes before completing this application form. Please complete this form fully using black ink or type. C.V.s are acceptable as part of this application form.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal details

Last Name:

First Name:

Address:

Postcode:

Home Telephone N^o:National Insurance N^o:

Letters		Numbers				Letter		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Telephone N^o:Mobile Telephone N^o:

E-mail address:

Can we contact you at work?

Yes

☐

No

☐

Are you free to remain and take up employment in the UK with no current immigration restrictions?

In accordance with Immigration, Asylum and Nationality act 2006, your documents will be checked for authenticity with the IND employer checking service.

Yes

☐

No

☐

Driving Licence

Do you hold a full, clean driving licence valid in the UK?

Yes

☐

No

☐

You will be required to provide relevant evidence of the above details prior to your appointment.

For Office Use Only:

Documents checked

Interviewer: -

Section 2 Present Employment

Present Employment (If now unemployed give details of last employer)

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment:

Salary:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice:

Last day of service
(if no longer employed):

Reason for leaving
(if no longer employed):

Section 3 Previous Employment

Previous Employment (most recent employer first). Please cover the last 5 years.

Name of Employer:

Address:

Postcode

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode

Position Held:

Summary of duties:

Reason for leaving:

Continue on a separate sheet if necessary

Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained

School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

Professional Qualifications

Please give details:

Professional Qualifications	Course Details
Membership of any Professional Associations- Please state level of Membership:	

Continue on a separate sheet if necessary

Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

Continue on a separate sheet if necessary

Section 6

Personal Statement

Abilities, skills, knowledge and experience.
Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Section 7 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the rehabilitation of offenders act 1974?

Yes

☐

No

☐

If yes, please give details / dates of offence(s) and sentence:

Section 8 Disclosure and Barring Service

The following information is required. The post you are applying for has a requirement for a Criminal Records Bureau police check.

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post?

Yes

☐

No

☐

If **Yes**, please make details available at interview.

Section 9 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Reference 1	
Name:	<input type="text"/>
Position (job title):	<input type="text"/>
Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Telephone Nº:	<input type="text"/>
E-mail:	<input type="text"/>

Are you willing for this referee to be approached prior to the interview?

Yes

☐

No

☐

Reference 2	
Name:	<input type="text"/>
Position (job title):	<input type="text"/>
Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Telephone Nº:	<input type="text"/>
E-mail:	<input type="text"/>

Are you willing for this referee to be approached prior to the interview?

Yes

☐

No

☐

Section 10 Recruitment Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM.

What is your Ethnic Group?

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

A. White

White UK

☐

Irish

☐

White non-UK

☐

Any other White background
(please give details):

☐

D. Black or Black British

Black Caribbean

☐

Black African

☐

Any other Black background
(please give details):

☐

B. Mixed

White & Black Caribbean

☐

White & Black African

☐

White & Asian

☐

Any other Mixed background
(please give details):

☐

E. Chinese or other ethnic group

Chinese

☐

Vietnamese

☐

Any other ethnic background
(please give details):

☐

C. Asian or Asian British

Indian

☐

Pakistani

☐

Bangladeshi

☐

Any other Asian background
(please give details):

☐

F. I do not wish to provide this
information

☐

Section 11 Recruitment Monitoring Form continued

Gender

1

1

Disability

Disability is defined as “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”.

Do you consider yourself disabled?

1

7

If yes, please give details:

--

Present Status

7

7

Age Group

1

1

11

7

□

Media

Please state where you saw this post advertised

--

For Office Use Only:

Start Date:

Section 12 Declaration

I confirm that the information provided in this application and within my Curriculum Vitae is both truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place any subsequent employment in jeopardy. I understand that any employment entered into is subject to documentary evidence of my right to work in the UK and satisfactory references. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the post and may form the basis of any subsequent personnel file.

Signed:

Date:

Vital HealthCare Services Limited undertakes that it will treat any personal information that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998. After initial assessment, Vital HealthCare Services Limited may keep your details on file pending suitable opportunities that may arise in the future. Please tick if you do not wish us to hold your details.

☐

RETURNING THIS FORM



By Hand or Post:

Vital HealthCare Services Ltd
29 Tye Road
Ipswich
Suffolk
IP3 0FJ

By E-Mail:

vital.opencare@googlemail.com

Enquiries: 01473212089

Telephone: 07912 758 156 or 07908 020 012