**APPLICATION FORM**

**Privacy** **Notice** **–** **How** **we** **use** **your** **information**

The General Data Protection Regulation (GDPR) 2018 (replaced the Data Protection Act 1998) requires us to obtain your consent before processing personal and sensitive information about you. You have certain Rights under the GDPR.

Paradise Hope takes your privacy seriously and in keeping your information safe. We retain applications either in paper format which are kept in secure, locked filling cabinets and/or they may be held on our electronic systems which are password protected.

The information that you provide in your application form (personal information) and about your criminal history (personal sensitive information), if applicable, will only be used for the purpose of determining your application for the position you are applying for.

Once a decision has been made concerning your appointment, we will destroy your criminal history if you are unsuccessful. If you are successfully appointed to post, your criminal history will be retained only for as long as needed and until a DBS certificate or portable verification check has been undertaken. Paradise Hope use the on-line DBS update service. We will only retain your criminal history in exceptional circumstances should this be relevant to the on-going employment relationship.

As part of the application process, you are requested to complete an Equality information form. This is not kept with your application form and is used for monitoring purposes only to support Paradise Hope’s anti-discriminatory practices and to help achieve a balanced workforce.

We will not hold your application information for longer than is needed in line with our Recruitment and Selection process including retention of records. Unsuccessful applications are held on file for no longer than12 months and then destroyed.

Should you be successful in your appointment to post, we will retain your application information on an Employee Personnel File, and/or on our electronic systems. We will then provide you with an Employee Privacy Notice on how we process your information.

We may share your information with other organisations who need to look at our records in respect of legal, statutory, contractual or governing purposes.

If you wish to withdraw your consent at any time after completing this application form, please contact the local branch where you have sent your application to.

I agree to my information being processed in accordance with this Privacy Notice.

…………………………………………………………………… PRINT NAME

…………………………………………………………………… **SIGNATURE** **(please** **sign)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname: | | | Forenames: | | |
| Maiden Name:(if applicable) | | | Date of Birth: | | |
| Nationality: | | | NI Number: | | |
| Home Address:  Postcode:  Home Tel:  Mobile:  Email: | | | Next of Kin:  Relationship:  Address:  Postcode:  Telephone Number: | | |
| Enhanced DBS Disclosure Number:  (if applicable) | | | Please confirm your immunisation status against the following:  Hepatitis B Yes / No Varicella Yes / No  Measles Yes / No Rubella Yes / No  Tuberculosis Yes / No  COVID-19 (Both Doses) Yes / No | |
| Are you eligible to work in the UK:  Yes/No | Expiry Date:  (If applicable) | |
| Own Transport / Do you drive:  Yes/No Yes/No | | |
| Preferred Shifts:  (circle as appropriate)  Early/ Late / Long Days/ Nights | | | Do you have an NVQ qualification in Health and Social Care: Yes / No  If yes, at what level: 2 3 4  If no, are you currently studying towards one: Yes / No | | |
| Moving & Handling certificate: Yes / No | | If Yes, Expiry Date: | First Aid certificate: Yes/No | If Yes, Expiry Date: | |

Please indicate which client groups you have experience of working with:(circle as appropriate)

Elderly Young Adults Mental Health Learning Disabilities Autism

Do you have a minimum of 6 months work experience within healthcare? Yes/No

**Qualifications** (Relevant to Healthcare / Nursing only)

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification** | **Where completed** | **Date from: (MM/YY)** | **To: (MM/YY)** |
|  |  |  |  |
|  |  |  |  |

Any other certificates held:

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **Where completed** | **Date completed (DD/MM/YY)** | **Expiry date**  **(DD/MM/YY)** |
| Medication |  |  |  |
| Safeguarding Adults |  |  |  |
| Mental Capacity Act & DOLS |  |  |  |
| Food Hygiene |  |  |  |
|  |  |  |  |

**Employment History**

(10 year work history, starting with the most recent )

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name & Address of Employer** | **Dates DD/MM/YY** | **Position/Job Title** | **Reason for Leaving** | **Pay** |
| Name:  Address: | From:  \_\_\_/\_\_\_/\_\_\_ |  |  |  |
| To:  \_\_\_/\_\_\_/\_\_\_ |
| Name:  Address: | From:  \_\_\_/\_\_\_/\_\_\_ |  |  |  |
| To:  \_\_\_/\_\_\_/\_\_\_ |
| Name:  Address: | From:  \_\_\_/\_\_\_/\_\_\_ |  |  |  |
| To:  \_\_\_/\_\_\_/\_\_\_ |
| Name:  Address: | From:  \_\_\_/\_\_\_/\_\_\_ |  |  |  |
| To:  \_\_\_/\_\_\_/\_\_\_ |
| Name:  Address: | From:  \_\_\_/\_\_\_/\_\_\_ |  |  |  |
| To:  \_\_\_/\_\_\_/\_\_\_ |

|  |
| --- |
| Do you have any health issues or disabilities that will be prevent you from carrying out your duties as a Healthcare Professional to a satisfactory standard?  Yes / No  If yes, what are your needs in terms of reasonable adjustments to enable you to carry out your duties to a satisfactory standard?  Please specify: |

|  |
| --- |
| Have you been dismissed or had disciplinary action taken against you in the last 10 years?  Yes/No  Details: |

**References**

(We can only accept work references from your Direct Line Manager not work colleagues. Please use work contact details only ensuring one reference is from your current or most recent employer. We do not accept personal references)

|  |  |
| --- | --- |
| Name:  Position:  Company Name:  Address:  Telephone No:  Email: | Name:  Position:  Company Name:  Address:  Telephone No:  Email: |

###### Rehabilitation Of Offenders Act 1974

In view of the nature of the work for which you are applying, this post is exempt from the provision of 2.4(2) of the Rehabilitation of Offender Act 1974 by virtue of the Rehabilitation of Offenders Act (Exceptions) Order 1975. Applicants are therefore, not entitled to withhold information about convictions, which for other purposes are “spent” under the provision of the Act. In the event of employment, any failure to disclose such convictions would result in dismissal. Any information given will be completely confidential and will be considered only in relation to this application.

Have you ever been convicted of a criminal offence by a Court of Law? Yes/No

**Equal Opportunities**

PARADISE HOPE is fully committed to the principle of Equal Opportunities in recruitment irrespective of colour, race, sex, marital status, sexual orientation, ethnic origin, nationality, religion, disability or age.

**Declaration**

By signing this application, I declare that all information given by me is accurate and in no way misleading or false.

## SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_