EROHEALTHCARE LTD
Supporting your care needs at home

Post Applied for: | **Post Number:**

Job Application Form

Closing Date: | **Interview Date:**

Please complete this form fully using black ink. Please ensure that all sections are completed and that any gaps in the employment history are recorded and explained. If you have any queries when completing this application form, please call 07533890925

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

Section 1 Personal details

Last Name: | **First Name:**

Address:

Postcode:

Home Telephone Nº: | **National Insurance Nº:** Letters Numbers Letter

Daytime Telephone Nº:

Mobile Telephone Nº:

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? **Yes** ☐ **No** ☐

If no, please give further details include restrictions to the number of hours you are able to work i.e. Student Visa, 20 hours.

Driving Licence – if relevant to post applied for.
Do you hold a full, clean driving licence valid in the UK? **Yes** ☐ **No** ☐

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

Section 2 Present Employment

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

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment (MONTH / YEAR):

Salary:

Department / Section:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice:

End Date (MONTH/YEAR) (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 10 years and state nature of business. Please ensure that any gaps in the employment history are explained, i.e unfit to work, unemployment, caring for relatives. When completing dates, please include the month as well as the year.

Name of Employer:	
Address:	
	Postcode
Start Date:	**End Date:**
Position Held:	
Summary of duties:	
Reason for leaving:	

Name of Employer:	
Address:	
	Postcode
Start Date:	**End Date:**
Position Held:	
Summary of duties:	
Reason for leaving:	

Name of Employer:	
Address:	
	Postcode
Start Date:	**End Date:**
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, Registered or Management Qualifications

e.g. CQSW, NVQ4, RMA or LMC, RMNH, RMN, RGN, DMS, CMS, MBA

Please give details:

Professional/Registered/ Management Qualifications	Course Details

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 Job Specification. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Continue on a separate sheet if necessary

Section 7 Rehabilitation of Offenders Act (1974)

This post is offered subject to a satisfactory enhanced Criminal Records Bureau (CRB) check and is exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. **Applicants are not entitled to withhold information when asked 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 could result in dismissal or disciplinary action. Information given will be completely confidential.

If you would like to discuss any conviction that you think may affect your application, please give details / dates of offence(s) and sentence:

Section 8 Protecting Children and Vulnerable Adults

Enhanced Checks

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** ☐

Section 9 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application? **Yes** ☐ **No** ☐

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview? **Yes** ☐ **No** ☐

If yes, please give details:

Section 10 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		Reference 2	
Name:			**Name:**	
Position (Job title):			**Position (Job title):**	
Work Relationship:			**Work Relationship:**	
Organisation:			**Organisation:**	
Address:			**Address:**	
	Postcode		Postcode	
Telephone №:			**Telephone №:**	
E-mail:			**E-mail:**	
Are you willing for this referee to be approached prior to the interview?	**Yes** ☐ **No** ☐		Are you willing for this referee to be approached prior to the interview?	**Yes** ☐ **No** ☐

Section 11 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, and 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): ☐

B. Mixed

- White & Black Caribbean ☐
- White & Black African ☐
- White & Asian ☐
- Any other Mixed background (please give details): ☐

C. Asian or Asian British

- Indian ☐
- Pakistani ☐
- Bangladeshi ☐
- Any other Asian background (please give details): ☐

D. Black or Black British

- Black Caribbean ☐
- Black African ☐
- Any other Black background (please give details): ☐

E. Chinese or other ethnic group

- Chinese ☐
- Vietnamese ☐
- Any other ethnic background (please give details): ☐

F. I do not wish to provide this information ☐

Section 11 Recruitment Monitoring Form continued

Gender

Male ☐ Female ☐

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? **Yes** ☐ **No** ☐

If yes, please give details:

Age Group

16-25 ☐	26-35 ☐	36-45 ☐
46-55 ☐	56-65 ☐	66-70 ☐
Over 70 ☐		

Media

Please state where you saw this post advertised

For Office Use Only:

Start Date:		

Section 12 Declaration

A. Relatives/Other Interests

Any candidate who directly or indirectly canvasses an employee of the Company will be disqualified from consideration for the job. The Company does not bind itself to appoint any applicant.

Are you related to or do you have a close personal relationship with an employee(s) of CLASS LTD? **Yes** ☐ **No** ☐

If yes, specify name(s), position(s) and relationship(s)

If appointed, do you have any interests or hold any appointments that may conflict with employment by the Company in the role for which you have applied? **Yes** ☐ **No** ☐
If yes, please detail on a separate sheet.

B. Statement to be Signed by the Applicant

The Company is committed to an anti-fraud culture and participates in statutory anti-fraud initiatives.

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I acknowledge that Erohealthcare Ltd is under a duty to protect the Service Users it supports and to this end I agree it may use information provided on this form for the prevention and detection of crime and it may share this information with other bodies solely for these purposes. I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for data registration purposes.

I hereby certify that:

- **all the information given by me on this form is correct to the best of my knowledge**
- **all questions relating to me have been accurately and fully answered**
- **I possess all the qualifications which I claim to hold**
- **I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.**

Signed: **Date:**

(NB. Candidates selected for interview will normally be notified within four weeks of receipt of the application. Unfortunately, applicants who do not hear from Erohealthcare Ltd must conclude that their application has been unsuccessful on this occasion. Thank you for your interest in this post.

Erohealthcare Ltd undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc.) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

If you are returning this form by email, you will be asked to sign your application at the interview.

RETURNING THIS FORM

By Hand or Post:
Erohealthcare Ltd
88 Gravelly Lane
Birmingham
B23 6LR

By E-Mail: hr@erohealthcare.co.uk

Enquiries:
Telephone: 07709762344