Please note: Woodrowe Healthcare meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974. All applicants who are offered employment will be subject to a criminal record check (Enhanced Disclosure) from the Disclosure & Barring Service before a final recruitment decision is confirmed. This will include details of cautions, reprimands or final warnings, as well as current and spent convictions, police enquiries and any pending prosecutions not withstanding cautions and convictions which are ‘protected’ as defined in Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013). Woodrowe Healthcare is an equal opportunities employer and operates in accordance with the section 122 of the Police Act 1997 to treat applicants who have a criminal record fairly and not discriminate automatically because of a conviction or other information revealed. In accordance with the Data Protection Act 1998 information given on this form will be treated as confidential and will not be disclosed to a third party unless required by law to do so. It will be used only for our recruitment process, statutory requirements and the monitoring of personnel policies.

**POSITION APPLIED FOR:**……………………………………………………………………………………………………………………………………

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Surname / Family Name |  |
| First Name |  |
| Middle Name (where applicable) |  |
| Title |  |
| Address |  |
| Postcode |  |
| Home telephone number |  |
| Mobile telephone number |  |
| Email address |  |

|  |
| --- |
| Please explain why you have applied for this position with Woodrowe Healthcare  |
|  |

**EDUCATION & PROFESSIONAL QUALIFICATIONS**

|  |
| --- |
| Please state all educational qualifications. Please also indicate subjects currently being studied |
| Subject/Qualification  | Place of Study  | Grade/result | Year obtained  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**TRAINING COURSES ATTENDED**

|  |
| --- |
| Training courses that you have attended or details of courses that you are currently undertaking, together with the date completed or to be completed.  |
| Course Title  | Training Provider  | Grade/result | Year obtained  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PERSONAL INTERESTS**

|  |
| --- |
| **Personal Interests & Achievements:** Hobbies, interests, specific achievements outside of work  |
|  |

**EMPLOYMENT HISTORY** (Continue on a separate sheet if necessary)

1. **Current/Most recent employer**

|  |  |
| --- | --- |
| Employer Name  |  |
| Address |  |
| Telephone  |  |
| Job title  |  |
| Start Date (MM/YYYY) |  | End Date (MM/YYYY) |  |
| Notice Period  |  |
| Reason for leaving |
|  |
| Brief description of duties and responsibilities  |
|  |

1. **Previous Employer (#1)**

|  |  |
| --- | --- |
| Employer Name  |  |
| Address |  |
| Telephone  |  |
| Job title  |  |
| Start Date (MM/YYYY) |  | End Date (MM/YYYY) |  |
| Reason for leaving |
|  |
| Brief description of duties and responsibilities  |
|  |

1. **Previous Employer (#2)**

|  |  |
| --- | --- |
| Employer Name  |  |
| Address |  |
| Telephone  |  |
| Job title  |  |
| Start Date (MM/YYYY) |  | End Date (MM/YYYY) |  |
| Reason for leaving |
|  |
| Brief description of duties and responsibilities  |
|  |

**ADDITIONAL EMPLOYMENT**

|  |
| --- |
| **Please list all previous employers and posts below** |
| Date (From – To) | Employer | Post  | Reason for leaving  |
|  |  |  |  |
| Please explain any gaps in your employment history (if applicable) |
|  |

|  |
| --- |
| **Permission To Work In The UK** |
| Are you free from immigration control and able to remain indefinitely in the UK? *(If ‘No’ please answer questions below)* | Yes | No |
| Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK? | Yes | No |
| If you are successful in your application would you require a work permit to work in the UK? | Yes | No |

|  |
| --- |
| **Enhanced Disclosure Information – A DBS check is required before a final recruitment decision can be made** |
| Do you have any convictions, cautions, reprimands and final warnings that are not ‘protected’ as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) | Yes | No |
| *You do not need to tell us about convictions or cautions which are ‘protected’. If you require further information as to the definition of ‘protected’ sanctions this is available on request. If you answer ‘yes’ to the question above, or you are unsure, please do not provide any further details within this form. Please contact Woodrowe Healthcare and speak to the Registered Homes Manager to arrange for a confidential conversation.*  |
| Do you currently have an enhanced DBS certificate? | Yes  | No | If yes; are you signed up to the update service? | Yes | No |

|  |
| --- |
| **Equality & Accessibility** |
| If you are invited for interview, do you have any specific requirements, special arrangements or adjustments we should make to enable you to attend  | Yes | No |

# DECLARATION

**Please read the following declaration carefully and sign below only if you understand and agree to all points. Your signature will be considered as your explicit consent and agreement to the following and as such if this declaration is not signed, Woodrowe Healthcare will be unable to process your application.**

* I declare that the information given in this form and in any accompanying documentation is true to the best of my knowledge and belief
* I give my permission for enquiries to be made to confirm qualifications, experience, dates of employment, right to work in the UK and for the release by other people or organisations of necessary information to verify the content, including social media.
* I understand that I will be subject to a DBS check (Standard or Enhanced) and that the outcome of this will be viewed and form part of the final recruitment decision
* I give permission for Woodrowe Healthcare to request a DBS application on my behalf in the event that I am offered this position or any other and I give my consent for the DBS service to use my personal information for the purposes of the DBS check.
* I consent to Woodrowe Healthcare processing the information supplied - including personal information relating to and resulting from a DBS check; for the purposes of recruitment, selection and monitoring.
* I consent to this DBS information being shared with the designated individuals with authority within Woodrowe Healthcare in order that final recruitment decisions can be made.
* I understand that I can expect Woodrowe Healthcare to maintain my information and data confidentially and in accordance with all relevant data protection legislation and that I can expect Woodrowe Healthcare not to share my information with any other person who does not have authority or right to view this.
* I understand that my application may be disqualified and / or I may be dismissed following appointment, if I have given any false or misleading information or have withheld any relevant details
* I accept that if my application is successful, this application form and subsequent information resulting from the recruitment process, will form part of my personnel file and, in that case, I consent to the data on it being processed for all purposes in connection with my employment.

My signature below confirms my understanding, consent and commitment to the points detailed within this declaration.

**Signed**……………………………………………………………………………………………………………………….. **Date** ……………………………………..

**References**

Please provide the names and full contact details for two referees; one of which MUST be your current or most recent employer. Your referees must NOT be related to you. Referees will be required to comment on your competence, personal qualities and suitability for the post and references may be verified by the recruitment team.

Referees may be approached prior to interview, unless you indicate otherwise below.

**Referee 1** (current / most recent employer)

|  |  |
| --- | --- |
| Title  |  |
| Surname /Family Name |  |
| First Name  |  |
| Relationship to you |  |
| Company Name |  |
| Address |  |
| Postcode  |  |
| Telephone  |  |
| Email address  |  |

|  |  |  |
| --- | --- | --- |
| **Can the referee be contacted prior to interview?** | **Yes** | **No** |

**Referee 2**

|  |  |
| --- | --- |
| Title  |  |
| Surname /Family Name |  |
| First Name  |  |
| Relationship to you |  |
| Company Name |  |
| Address |  |
| Postcode  |  |
| Telephone  |  |
| Email address  |  |

|  |  |  |
| --- | --- | --- |
| **Can the referee be contacted prior to interview?** | **Yes** | **No** |