# A logo with a deer head  Description automatically generatedElkfield Health Care Ltd.

# Job Application Form (Part 1)

# Before you begin completing this form please ensure

# you have read the ****Application Support Guidance**** section.

|  |  |
| --- | --- |
| Position applied for  |   |

Elkfield Health Care is an equal opportunities employer. Selection for interview will be based on the information you provide about your qualifications, experience, skills, knowledge, and ability to do the job you have applied for.

Personal Details

|  |  |
| --- | --- |
| Surname |   |
| Forename(s) |   |
| Title  |   |

|  |  |
| --- | --- |
| Home address | Address for communication (if different) |
|   |   |
|   |   |
|   |   |
| Postcode |   | Postcode |   |

|  |  |
| --- | --- |
| Telephone landline number, including STD code |   |
| Mobile Telephone Number |   |
| Email Address |   |

|  |  |
| --- | --- |
| How did you hear about this vacancy? |   |

|  |  |
| --- | --- |
| Do you have a full current driving licence? |  |
| Is it free of endorsements? If NO, please give details. |   |
| Does your car insurance cover you for business use? |  |

Referees

If you are successful in your application for employment, we will ask you for details of two referees (one of whom should be your present/last employer and not relatives). Please do not provide these details now. Contact will only be made with your authority.

Pre-Employment Declaration

|  |
| --- |
| In accordance with the Immigration, Asylum & Nationality Act 1996, all applicants (regardless of nationality) will be asked to produce satisfactory original (not photocopied) evidence of his/her right to work in the UK prior to employment commencing. This will usually be a full passport. If you cannot provide a passport, we will tell you which other documents to supply. |
| Do you have the right to work in the UK?  | Yes / No |
| If NO, do have a work permit? | Yes / No / NA |
| If applicable, please state the expiry date of your work permit |   |
| Do you have any unspent criminal convictions?If YES, please provide us with details. As part of our pre-employment checks we may ask to discuss this further with you. (You do not have to declare spent convictions unless the post you are applying for is covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.) | Yes / No |
| Protecting Vulnerable Adults: The following information may be required as the post you are applying for has a requirement for a DBS police check.  |  |
| ****How can we assist with any special needs to enable to you attend an interview?**** |
|   |
| ****Have you previously worked for Elkfield Health Care? If YES, when and in what capacity?**** |
|  |

Tick, sign, and date the declarations below:

* I declare that the information given by me, to the best of my knowledge, is true and complete.
* I acknowledge that dishonesty or the giving of incorrect information on purpose may render this application and any subsequent employment invalid and subject to summary termination.
* I understand that at the relevant time the Company will ask me to provide the details of two referees (one of whom should be my present/last employer and not relatives) and when requested I will be able to do so.
* I have read the Company’s Staff Privacy Notice.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signed |  | Print Name |   | Date |   |

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

# A logo with a deer head  Description automatically generatedJob Application Form (Part 2)

|  |  |
| --- | --- |
| Full Name |   |
| Position applied for |  |

Education & Training

If you are successful in your application for employment, we will ask you to produce your original qualification certificates.

#### Secondary Education

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School | Qualification (e.g., GCSE) | Subject (e.g., English) | Grade/ Result |
|   |   |   |   |

#### Further/Higher Education

|  |  |  |
| --- | --- | --- |
| Name of College/University | Subject | Grade, result or degree |
|   |   |   |

#### Professional Membership and Qualifications

Please provide details of any institution or society of which you are a member which relates to the job role. Please state the class of membership, the date you gained membership and by what method (for example, appointment or examination).

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#### Experience, Learning and Development

Please provide details of any skills development or training you have undertaken which relates to the job role. E.g., Do you have an NVQ in health care or, more than 6 months’ care experience? Experience working with challenging behaviour, dementia, 1-1 clients, or working in a care home setting?

|  |
| --- |
|   |

Employment

#### Present or Last Employer

|  |  |
| --- | --- |
| Position held |   |
| Company |   | Postcode |   |
| Company address |   |
| Type of business and description of work undertaken |  |
| Telephone number |   | Salary |   |
| Name of manager |   | Notice period |   |
| Start date |   | Leave date (if applicable) |   |
| Reason for leaving or intending to leave  |   |

#### If you have previous employment, please give details of your two previous employers, most recent first.

|  |  |
| --- | --- |
| Position held |   |
| Company |   |
| Type of business and description of work undertaken |   |
| Reason for leaving or intending to leave  |   |

|  |  |
| --- | --- |
| Position held |   |
| Company |   |
| Type of business and description of work undertaken |   |
| Reason for leaving or intending to leave  |   |

FURTHER INFORMATION RELEVANT TO YOUR APPLICATION

Please outline the skills and experience you have gained through paid employment and other work activities and interest which are relevant to your application for this job. Please also provide any other information you feel is necessary to support your application, including your reasons for applying to us and what skills or benefits you can offer.

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|   |

Tick, sign and date the declarations below:

* I declare that the information given by me, to the best of my knowledge, is true and complete.
* I acknowledge that dishonesty or the giving of incorrect information on purpose may render this application and any subsequent employment invalid and subject to summary termination.
* I give permission for my data to be processed in accordance with the Company’s Staff Privacy Policy.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signed |  | Print Name |   | Date |   |

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

**Application Support Guidance**

## Your Application Form

We suggest that you avoid focussing on skills and experiences that are not relevant to the job role you are applying for and focus on the ones that are. Please complete all sections on your Application Form thoroughly and clearly, as far as you can. You can fill it in electronically or by hand. You can provide further information on a separate sheet if you wish. Please email your completed application form to **admin@elkfieldhealthcare.co.uk** before the closing date (if stated).

## Shortlisting

If your application is successfully shortlisted, we will invite you to an interview by telephone or email. Due to the high volume of interest expressed in the positions we advertise; we regret we are unable to respond individually to applicants who are not shortlisted for interview. Therefore, if you do not hear from us within a couple of weeks after the closing date, please assume you have not been successful on this occasion.

## Interview

If applicable to the job role, you may be contacted to take part in a telephone interview. This will usually take no more than 15 minutes and will enable us to assess your experience and telephone manner. It’s also a great opportunity for you to ask any questions you may have about the role you have applied for. As well as, or instead of a telephone interview, you may be invited to an in-person interview and/or assessment. We will tell you what to expect in advance of the interview or assessment.

## The Asylum and Immigration Act 1996

If you are invited to an interview, we will ask you to bring your full passport or other identification with you, to confirm your right to work in the UK. We may ask for other documentation in some circumstances. We are unable to progress to a job offer without having seen and verified the original documents.

## Job Applicant privacy

We will use the information you provide to process your application for the position you have applied for. Where it is necessary for the Company to process your personal information, the Company will retain your personal data for the duration of the application process. Thereafter, if you are successfully engaged to work for us, the Company will treat the personal information you have supplied during your application in accordance with the Company’s Privacy Notice.

If your application is unsuccessful, the Company will retain your application form and any other documentation you have supplied in connection with your application for a maximum period of six months for the purposes of responding to any questions you may have regarding your application, after which time all documentation relating to your application will be securely destroyed.

Elkfield Health Care is an equal opportunities employer. During the recruitment process we will not ask you questions about your health or a disability except:

* to establish whether you need any assistance or adjustments in order to attend an interview or to carry out the duties of the post;
* to establish whether you will be able to carry out a function that is intrinsic to the work concerned;
* to establish whether positive action is required where we legitimately apply an occupational requirement for an employee to have a particular disability.

**We will be pleased to answer any questions you may have regarding your job application by emailing admin@elkfieldhealthcare.co.uk.**