



**Delta Healthcare  
Group Limited**

## JOB APPLICATION FORM

Applications to be returned to [info@delta-healthcare.co.uk](mailto:info@delta-healthcare.co.uk) PDF or word format only

Post applied for : .....

Are you permitted to work in the United Kingdom? Yes  No   
I require a work permit

### PERSONAL DETAILS

<b>Surname :</b> .....
<b>First Name :</b> .....
<b>Home Address :</b> .....
<b>Postcode :</b> .....

<b>Home Tel :</b> .....
<b>Mobile Tel</b> .....
<b>Work Tel :</b> .....

<b>Email :</b>	
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<b>National Insurance No :</b>	
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- \* Do you have a full Driving Licence that allows you to drive in the UK? Yes  No
- \* Do you have access to a car that you can use for work? Yes  No
- \* Have you ever been banned from driving, or do you have any current endorsements on your licence? Yes  No
- \* Does your car insurance include Class 1 business insurance? Yes  No



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**REFERENCES**

Please provide us with two references, one of whom should be your present or most recent employer

Name : .....

Job Title : .....

Organisation : .....

Address : .....

Tel Number : .....

Dates from / to : J .....

Capacity in which they know you (e.g. Line Manager)

May we contact this reference prior to interview?

Line Manager

Name : .....

Job Title : .....

Organisation : .....

Address : .....

Tel Number : .....

Dates from / to : .....

Capacity in which they know you (e.g. Line Manager)

May we contact this reference prior to interview?

Community involvement

**EDUCATION/QUALIFICATIONS/TRAINING**

Please give information about qualifications gained relating to the role you are applying for – please continue on a separate sheet where necessary:

EDUCATION / QUALIFICATIONS		
Qualifications	Date	Grade



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<b>TRAINING (If you have undertaken any relevant training to this post please give details)</b>		
<b>Course details</b>	<b>Date</b>	<b>Training provider</b>

**EMPLOYMENT BACKGROUND (please continue on a separate sheet if necessary)**

<b>CURRENT / MOST RECENT JOB</b>			
<b>Employer's name</b>		<b>Salary</b>	
<b>Job Title</b>		<b>Notice required</b>	
<b>Reason for leaving</b>	Still employed as bank staff.		
<b>Brief Description of Duties :</b>		<b>Dates (month &amp; year)</b>	
		<b>From</b>	<b>To</b>



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**PREVIOUS JOBS (PAID AND VOLUNTARY)**

Please detail the most recent first. Where there are gaps between jobs please indicate why, for example; continuing education, family, child care, unemployment or travelling. ***Continue on a separate sheet if necessary***

<b>Employer's name</b>		<b>Reason for leaving</b>	
<b>Job Title</b>			
<b>Brief Description of Duties :</b>		<b>Dates (month &amp; year)</b>	
		<b>From</b>	<b>To</b>

<b>Employer's name</b>		<b>Reason for leaving</b>	
<b>Job Title</b>			
<b>Brief Description of Duties :</b>		<b>Dates (month &amp; year)</b>	
		<b>From</b>	<b>To</b>



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## **SHORT LISTING INFORMATION**

**Skills and Abilities/ Knowledge & Experience/ Qualities**

**This is an important part of the application.** Tell us why you are applying for this job. You should also show how you meet the requirements of the person specification by providing details of your experience, skills & knowledge gained in employment, voluntary work or elsewhere.

*Please continue on a separate sheet if necessary*

**Previous  
Application :**

If you have previously applied to us for work, when did you apply and what was the vacancy?

No

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Were you interviewed? Yes  No

If yes, what was the outcome?

**Delta Healthcare Group Limited**

**Unit 2 Strata House, 34a Waterloo Road, London NW2 7UH 0203 417 5040 [www.delta-healthcare.co.uk](http://www.delta-healthcare.co.uk)**



**Rehabilitation of Offenders Act 1974**

The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 provides that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any convictions which would otherwise be spent. The Care Home Regulations provide that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any criminal convictions, conditional discharges, bind overs or cautions that they have been subject to at any time in the past.

*Your answer to the following question should include any 'spent' convictions, conditional discharges, bind-overs or cautions. The 'Company' actively promotes equality of opportunity for all as stated in its Equal Opportunities policy, which can be found in your handbook or at your local office.*

**Have you ever been convicted of a criminal offence or received a Police Conditional discharge, bind-over, caution, warning or reprimand?**  Yes  No

**Have you ever been issued with a Penalty Notice for Disorder?**  Yes  No

If so, what was the offence? .....Date .....

Making a false statement or any attempt to conceal information regarding this declaration will lead to the rejection of your application for employment with this company. Any details provided will be treated in the strictest confidence and will not automatically exclude anyone from being considered for any vacancy.

**DECLARATION**

I have completed an Application for a Criminal Disclosure and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults or children.

I also give permission for a copy of the disclosure to which I am subject, being made available to a named Authorised Person upon written request, who acts on behalf of a National Government or Local Government Department for auditing purposes.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## **DECLARATION**

I confirm that I am eligible to work in the UK. I fully accept that I am applying for Employment within **DELTA HEALTHCARE** in the full knowledge and understanding that should DELTA HEALTHCARE offer an introduction to a Service User and I accept such an introduction, any services that I provide, which are not allocated through **DELTA HEALTHCARE**, are provided as a self-employed person. As a self-employed person, I accept that **DELTA HEALTHCARE**'s duty is that of an agent, not employer, and in signing this disclaimer I acknowledge that neither **DELTA HEALTHCARE** nor its employees hold any responsibility or liability whatsoever for the services I provide, nor for the consequences of the provision of such services, including personal accident, damage to Service User's property, etc.

I declare that all the information given is true and I understand that any false or misleading information may result in my removal from **DELTA HEALTHCARE**'s register of applicants. I consent to the processing of sensitive personal data as referred to on the front page of this form.

**Print Name:**

**Signed:**

**Date:**

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## **PLEASE RETURN THE APPLICATION FORM TO:**

**Delta Healthcare Group Limited**

Unit 2 Strata House  
34a Waterloo Road  
London  
NW2 7UH  
0203 417 5040

**Email application form to**

**[info@delta-healthcare.co.uk](mailto:info@delta-healthcare.co.uk)**

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