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| A blue and green logo  Description automatically generated with low confidence  | BLOOMS HEALTHCARE LTD.**Address**: Room 2.17 Universal Square Business Centre, Ardwick, Manchester. M12 6JH.**Tel:** 01619745782 Mobile: 07869718157**Email:** info@bloomshealthcare.com |

#  Employment Application Form

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| **Completing your application form** |

It is important that you include all relevant information in your application form. If certain sections of the application form does not apply to you, then write N/A in the section provided for your answer. Please ensure you have completed all sections fully before returning the application form.

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| **Data Protection Act** |

The information provided within this application form may be used for statistical analysis and to obtain references from past and present employers. For applicants joining Blooms Healthcare, the information provided will be used to administer Blooms Healthcare operations in connection with their employment. Unsuccessful applications will be destroyed after six months.

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| **Equality and Diversity** |

Blooms Healthcare is committed to treating all individuals equally in all aspects of its work, and will endeavor to promote Equal Opportunities with all organisations and individuals with whom it works. Blooms Healthcare therefore welcomes applications from all sections of the community regardless of their racial, ethnic or national origin, religion or beliefs, disability, sexuality, age or responsibilities for dependents.

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| **Interviews** |

Applicants will be asked to provide the following at an interview:

* Relevant qualification certificates or appropriate documentary evidence of training course attended
* Driving license (if applicable)
* Evidence of professional membership

**Proof of identity and current address by providing:**

* Passport or Photo driving license, including counterpart
* Birth certificate
* Two recent utility bills from different providers e.g. gas, electric, telephone, or bank or credit card statement
* Ordinary driving license and two passport sized photograph

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| **Personal Details** |
| Title |  |
| Applicant's full name |  |
| Address |  | Telephone (day) |  |
| Telephone (evening) |  |
| Postcode |  | Mobile number |  |
| Email address |  |
| How did you hear about the vacancy? |  |
| Are you a current driver with a full licence and access to a vehicle? |  Yes No |
| Are you on the DBS update service? If yes, please provide your DBS number here |  |
| Dates NOT available for interview |  |
| Position Applied for |  |
| Nationality |  |
| Are you authorized to work in the United Kingdom? | Yes No  |
| National Insurance Number |  |

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| **Present or Past Employer** |
|  | Name and address of present or last employer, nature of business and your reason for leaving | Position held | Salary on leaving |
| From (MM/YY) | To (MM/YY ) |
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| Notice required |  |
| Professional membership e.g. Teachers/GSCC/NMC etc. registration number (if applicable) |  |

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| **Employment history since leaving full-time education** |
| **Dates** | Name and address of last employer,nature of business and your reason for leaving | Position held | Salary on leaving |
| From (MM/YY) | To (MM/YY) |
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| **Education** |
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| **Secondary/higher education**Short-listed candidates will be asked to provide original qualification certificates where relevant, including secondary school qualifications in Maths and English where applicable. |
| **Dates** | School/College | Certificates/qualifications awarded |
| From (MM/YY) | To (MM/YY) |
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| **Other qualifications/professional membership/relevant courses and dates**Please provide details of any language(s) and degree of fluency you may have, including sign language |
| Date achieved ordate attended | Qualification/professional membership/ relevant course |
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| **Personal statement**Please give details of your experience, skills or knowledge which you consider support your application, including your ability to meet the essential requirements of this post as detailed in the job description/person specification. |
| Continue on a separate sheet if necessary (max two A4 sheets) |
| **Other experience in support of your application** |
| Continue on a separate sheet if necessary |
| **Personal interests and hobbies** |
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| **References**Please provide three references, one of which must be your present/last employer. You should also provide details of someone, such as your supervisor or line manager who is able to comment on your suitability for the post for which you are applying. **Please note that references from your spouse or partner, or members of your family, are not acceptable,** and that we may also take up reference in respect of any previous employers from those provided without further notification to you. |
| **1.Present/last employer** I do not wish my present/last employer to be approached at this stage |
| Name |  | Job title |  |
| Company nameand address |  | Relationship |  |
| Telephone no. |  |
| Postcode |  | Email |  |
| **2.** |
| Name |  | Job title |  |
| Company nameand address |  | Relationship |  |
| Telephone no. |  |
| Postcode |  | Email |  |
| **3.** |
| Name |  | Job title |  |
| Company nameand address |  | Relationship |  |
| Telephone no. |  |
| Postcode |  | Email |  |
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| **Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975** |
| Blooms Healthcare is committed to safeguarding and promoting the welfare of all children and vulnerable adults who use our services and as such, expects all staff and volunteers to share this commitment. If selected you will be required to apply for a disclosure from the Disclosure and Barring Service. |
| Applicants for general posts need to disclose details of unspent convictions.Do you have any unspent convictions?Please tick the appropriate answer below:YES NOIf yes, please provide details below. |
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| **Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 Continued**If you have any Court convictions or police record of any description, you should include details of these with this application form. Please note that a criminal record will not necessarily be a bar to obtaining employment with Blooms Healthcare. |
| Applicants for positions in which they may come into contact with children or vulnerable adults must declare both unspent and spent convictions: You must disclose all convictions, pending prosecutions, cautions, reprimands, bind overs, driving convictions, warnings- including those that are considered spent.Do you have any unspent / spent convictions, pending prosecutions, cautions, reprimands, bind overs, driving convictions or warnings?Please tick the appropriate answer below:YES NOIf yes, please provide details below. |
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| Are you subject to any sanctions imposed by a regulatory body? YES NOAre you disqualified from working with children or vulnerable adults? YES NOIf Yes please provide details below. |
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| **Please note:**Failure to disclose information were asked for could result in subsequent dismissal or disciplinary action if you were appointed. |
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| **Further information** |
| Are you related to any person employed by, or connected with Blooms Healthcare including children or adults in receipt of a service from Blooms Healthcare, and if so in what capacity? |
| Name |  | Job title |
| Relationship |  |
| **Declaration** |
| I declare that the information given on this form is complete and current to the best of my knowledge and I understand that any deception will invalidate any contract of employment which may be offered to me by Blooms Healthcare and render me liable to instant dismissal if discovered after my appointment. |
| Signature of applicant |  | Date  |
| Name of Applicant (Please print) |  |  |

**If you return by email without a signature you will be assumed to have accepted the above declaration.**