**JOB APPLICATION FORM**

Please complete all sections and email to info@fervidhealthcare.co.uk or return to Fervid Healthcare Ltd, 1 Langley Close, Boulton Moor, Derby, DE24 5AY

**VACANCY DETAILS**

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| **Which job are you applying for?** |  |
| **Where did you hear about the job?** |  |

**PERSONAL DETAILS**

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| --- | --- |
| **Title** |  |
| **First Name** |  |
| **Surname**  |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone** |  |
| **Mobile** |  |
| **Email Address** |  |

**ELIGIBILITY TO WORK**

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| **Are you a UK National?**  |  **YES / N0** |
| **If not, do you have the right to work in the UK and have a current permit?** |  **YES / N0**  |
| **If yes, please state the expiry date of your right to work in the UK and/or your permit?** |  |

**CRIMINAL RECORD**

*Having a criminal conviction will not necessarily preclude you from working with us. We will generally only take account of previous convictions if nature of the offence is relevant to the type of work you will be doing with us. Generally, you will only be asked to disclose any unspent convictions as defined by the Rehabilitation of Offenders Act 1974. However, certain posts are exempt from the Act and require that you disclose any conviction, caution, or binding over including those that are considered “spent” under the Act. If the post you are applying for requires such a disclosure this will be indicated in the job description.*

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| **Have you ever been convicted, cautioned or bound over, or are you waiting to hear about a criminal conviction which is not considered spent?** |  **YES / N0** |
| **If yes, please give details of any UNSPENT convictions or cautions you may have:**  |

**DISCLOSURE AND BARRING SERVICES (DBS) CHECK**

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| **Are you applying for a job that requires a DBS check or is exempt from the Rehabilitation of Offenders Act 1974?** *This information can be found in the job description.*  |  **YES / N0** |
| **If yes, please give details of any SPENT convictions or cautions you may have:**  |

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| **HOW IS YOUR HEALTH** |
| **Regulation 21, Health and Social Care Act 2008 (Regulated Activities) Regulations 2008 requires that all employees who work in care homes are both physically and mentally fit to undertake their duties.** **Please answer the following questions:** |
| 1. How many days were you absent from work due to sickness in the  last year? | **No. of**  **Days: ........** |
| 2. Have you ever suffered from:  Allergies, eczema, dermatitis or other skin troubles? | **YES / NO** |
| 3. Do you suffer from:  Epilepsy, migraine, asthma, angina, heart trouble or any condition requiring long-term medical help or an ongoing programme of  medication  | **YES / NO** |
| 4. Have you ever suffered from: Mental illness including anxiety, stress, depression or nervous  debility? | **YES / NO** |
| 5. Have you ever required treatment for: Hernia or rupture, rheumatism, back problems, slipped disc,  sciatica or Repetitive Strain Injury (RSI)? | **YES / NO** |
| 6. Do you suffer from:  Diabetes, ulcers, stomach or other intestinal disorders? | **YES / NO** |
| If you have answered yes to any of the health questions on the previous page, please provide further details below.**Declaration:**I confirm that I know of no reason, in relation to my physical and /or mental health why I would not be able to undertake the duties required for the post applied for.**Signed:** …………………………………………………………….. **Date:** ………………………………….. |

**EDUCATION AND QUALIFICATIONS**

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| **About Your Education:**Tell us about your education and the schools that you attended from the age of 13 |
| **Name of School or College** | **Dates from** **And To** | **Exams passed, results or qualifications including grades** |
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**CURRENT OR MOST RECENT EMPLOYMENT**

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| **Name and address of employer:** |  |
| **Job Title:** |  |
| **Brief Description of Duties:** |  |
| **Dates of Employment:** |  |
| **Notice Period:** |  |
| **Reason of leaving? (if applicable)** |  |

**PREVIOUS EMPLOYMENT**

*Please give details of all your previous employers. Do not forget to include work experience or voluntary/unpaid work.*

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| **Name of Employer**  | **Job Title**  | **Dates of Employment**  |
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**DRIVING LICENCE**

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| **Do you have a current valid UK driving licence?**  |  **YES / N0** |
| *We only need to know this information if the job requires you to hold a driving licence. You will find this information in the job description.*  |

**REFERENCES**

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| *Please give the name and contact details of two referees. By signing this form, you are giving Fervid Healthcare Ltd permission to request personal information about you from your referees, which may include confirmation of your previous salary, attendance record and work history. References will only be taken up if your application is successful.*  |
| **REFERENCE 1** |
| **Full Name** |  | **Job Title:** |  |
| **Company Name and Address** |  |
| **Email Address** |  | **Contact Number** |  |

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| **REFERENCE 2** |
| **Full Name** |  | **Job Title:** |  |
| **Company Name and Address** |  |
| **Email Address** |  | **Contact Number** |  |

**FURTHER NOTES AND DECLARATION**

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| *The Asylum and Immigration Act 1996 requires us to seek proof of your right to work in the UK. You will be asked to provide original and any supporting documentation during the recruitment process.* *The information you provide on this form and obtained from other relevant sources will be used to process your application for work. The personal information you give will also be used in a confidential manner to help us monitor our recruitment process.* *If you succeed with your application and are offered a contract of employment with us, the information will be used in the administration of your employment and to provide you with information about us or third party via your payslip. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process.* *We may check the information collected with third parties or with other information held by us. We may also use your information or pass to certain third parties to prevent or detect crime, to protect public funds or in other ways as permitted by law.* *By signing the application form, you agree to the processing of sensitive personal data in accordance with the Data Protection Act 1998 and the General Data Protection Regulation (GDPR).*  |
| **I confirm that all the information given in this application is correct to the best of my knowledge, and that all questions have been answered fully and accurately.** **I understand that my misrepresentation, falsification or omission of relevant factual information requested on this application form could result in my application being rejected, any offer of employment being withdrawn, or dismissed from employment.**  |
| **Signed:** |  |
| **Print Name:** |  |
| **Date:**  |  |