

APPLICATION FORM

PLEASE COMPLETE IN BLACK INK AND BLOCK CAPITALS

TITLE:		SURNAME:	
FORENAMES:			
CONTACT NUMBER:			
EMAIL ADDRESS:			
NATIONAL INSURANCE NUMBER:			
ADDRESS:			
NATIONALITY:			

QUALIFICATIONS OR TRAINING CERTIFICATES *Please bring with your original certificates of all relevant qualifications and certificates you have obtained.*

LOCATION OF STUDY	QUALIFICATION RECEIVED	DATES (TO & FROM) MM/YYYY

COMMUNITY, VOLUNTARY OR INTERN EXPERIENCE

COMPANY NAME	POSITION HELD	START DATE MM/YYYY	END DATE MM/YYYY	GENERAL DUTIES

CURRENT EMPLOYMENT INFORMATION

NAME & DETAILS OF EMPLOYER: <i>name, address, contact details</i>					
POSITION HELD:					
START DATE: MM/YYYY			END DATE: MM/YYYY		
REASON FOR LEAVING:					

PAST 10 YEARS EMPLOYMENT HISTORY – PLEASE INCLUDE ANY EMPLOYMENT GAPS

COMPANY NAME	POSITION HELD	START DATE		END DATE		REASON FOR LEAVING
		MM	YYYY	MM	YYYY	

PERMISSION TO WORK IN THE UK

Are there any restrictions on your right to work in the UK that may prevent your employment opportunity with Cavell Healthcare?	YES	NO
If your application is successful, you will be required to provide evidence that you have the right to work in the UK. Do you have a passport/VISA/birth certificate? Evidence to be provided and a copy taken.	YES	NO

NMC PIN & INDEMNITY INSURANCE – *Registered Nurses ONLY*

NMC PIN:		EXPIRY DATE:	
INDEMNITY INSURANCE PROVIDER:			

YOUR SKILLS AND EXPERIENCE

In support of your application, please detail your relevant skills, experiences and personal qualities which you believe are relevant to the position you're applying for:

REFERENCES

Please provide full names and details of your references. Your professional reference must be your most recent employer and addressed to your line manager. In the event that you cannot provide 2 professional references, we will need to obtain 1 professional reference and 2 character references. Cavell Healthcare cannot use friends or relatives for employment references.

PROFESSIONAL REFEREE 1

Name		Job Title	
How do you know this person?		Company	
Address			
Telephone Number		Email	

PROFESSIONAL REFEREE 2

Name		Job Title	
How do you know this person?		Company	
Address			
Telephone Number		Email	

CHARACTER REFEREE

Name		How do you know this person?	
Address			
Telephone Number		Email	

CHARACTER REFEREE

Name		How do you know this person?	
Address			
Telephone Number		Email	

Please sign to confirm you are happy for us to approach your references after interview;

Signed.....

EMERGENCY CONTACT DETAILS – *Should be based within the UK*

Title:	Surname:	Address:
Forename:		
Relationship:		
Contact Number:		

DISCLOSURE AND BARRING SERVICE

Do you have any criminal convictions/ cautions or bind overs in the UK or abroad? (whether related to work or not):	Yes	No
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If yes please detail below:

Are you / have you been under / or undergoing any clinical investigation, disciplinary or suspension process pending or otherwise?	Yes	No
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If yes please detail below:

This employment is not exempt from the provisions of the Rehabilitation of Offenders Act 1974, you are not therefore entitled to withhold information requested by the company about any previous convictions in this country or abroad you may have, even if in other circumstances these would appear spent. I confirm that the information I have given is true. I understand that if information given on the application form is found to be false it may result in disciplinary action which could include dismissal. Should I be offered employment, I accept that I will be required to notify the company of any changes to my DBS status.

CONFIDENTIALITY

If you are successful in your application for employment with Cavell Healthcare: All information you see or hear in the course of your duty is confidential. You must not disclose any personal details or information relating to clients, their medical conditions or information which is deemed to be commercially sensitive to the organisation.

DATA PROCESSING

Personal information collected on this declaration will be processed and stored in full accordance with the Data Protection Act 1998 and the General Data Protection Regulation 2018. In line with the legislation Cavell Healthcare files are kept securely in a safe and secure location. You understand that any personal detail held by Cavell Healthcare may be accessed from time to time by inspectors from the care quality commission, other regulatory bodies and designated individuals in line with contractual obligations.

WORKING TIME REGULATIONS

The European Union has laid down guidelines for all workers, governing the length of the maximum working week that is safe to work. The current limit is 48 hours per week. Because you are under no obligation to accept work offered, you will not be compelled to work more than 48 hours per week, however you may choose to do so.

Please tick the appropriate box to confirm that you have read and understood the above information.

(If the candidate does wish to work more than 48 hours per week, the 48 Hour Opt Form must be completed.)

<i>I DO NOT wish to work more than 48 hrs per week*</i>	<i>I DO wish to work more than 48 hours per week*</i>
<i>Delete as appropriate*</i>	

EMPLOYMENT WITH CAVELL HEALTHCARE

It is Cavell Healthcare's policy to employ the most suitably qualified personnel and to ensure equal opportunity for the advancement of employee. This includes promotion and training and to prohibit discrimination against any individual on the basis of race, colour, ethnicity, nationality, sexual orientation, gender, religion, belief, pregnancy, marital or civil partnership status, age or disability.

I confirm that the information given on this form is to the best of my knowledge, true and complete and that the provision of any false statement(s) will be sufficient cause for rejection or if employed, dismissal.

By signing this application form you have confirmed that you have read, understood, and accepted all of the above.

SIGN:	
PRINT:	
DATE:	

HOW DID YOU HEAR OF CAVELL HEALTHCARE?

**Required Field*

- Facebook
 Job Board – Total Jobs
 Google
 Website
 Job Board – Indeed
 Job Board – CV Library
 Referral
 Other, Please State: