**Job application form**

**Sparkling Healthcare Ltd**

# Job details

|  |  |
| --- | --- |
| Position Applied for |  |
| Date of Application |  |
| Please indicate preferred working arrangements: | Full time [ ]  / part time[ ]  / job share[ ]  |

# Personal details

|  |  |
| --- | --- |
| Surname |       |
| First names |       |
| Title (select as appropriate) | Mr [ ]  / Mrs [ ]  / Miss [ ]  / Ms [ ]  / Other [ ]  |
| Preferred Name |       |
| Address |
| Email address |  |
| Daytime telephone number |       |
| Mobile |       |
| Home |       |
| National Insurance number |       |
| Date of Birth |       |
| Do you require a work permit? | YES ❑ NO ❑ |

# Present employment

|  |  |
| --- | --- |
| Job title |  |
| Name and address of employer |
| Date commenced with employer |       |
| Salary / wage / benefits |       |
| Notice required |       |
| Briefly describe your present job; its main purpose and your responsibilities:      |

# Previous employment

|  |
| --- |
| Please list most recent first. Include permanent and temporary work, service with HM Forces, voluntary work and any work experience from leaving school (continue on a separate sheet as necessary) |
| **Name & Address****(include nature of business)** | **From / To****(exact dates)** | **Position and Salary** | **Reason for leaving** |
|       |  |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

# Time Breaks in Employment

|  |
| --- |
| Please describe all time spent since leaving full-time education. Full details should be given for any period not accounted for by full-time employment, education and training. This would include e.g. unemployment or voluntary work. Please state this information in chronological order. (p*lease continue on a separate sheet if necessary*) |
| **From (exact dates)** | **To(exact dates)** | **Reason for break:** |

# Education and qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School, College, University etc** | **From**  | **To** | **Subjects studied****(with grades and year taken)** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

# Training

|  |
| --- |
| This includes government training schemes, apprenticeships, short courses, projects and secondments. Please also include trade/professional training and give date of completion.(*Please continue on a separate sheet if necessary*) |
| **Course Title** | **Organisation** | **From / To** |
|  |  |  |
|       |       |       |
|       |       |       |
|       |       |       |

|  |
| --- |
| Please indicate whether membership is by examination |
| **Institute** | **Level of membership** | **Year of Award** |
|       |       |       |
|       |       |       |

# Driving Licence

|  |  |
| --- | --- |
| Do you hold a current Driving Licence? (select as applicable) | Yes[ ]  / No[ ]  |
| If YES, please state the type of licence you hold |       |
| Do you have any current endorsements?(select as applicable) | Yes[ ]  / No[ ]  |
| If YES, please specify |       |

#

Areas of Work: tick box that is applicable

|  |  |  |  |
| --- | --- | --- | --- |
| Supported living for adults with Learning disabilities | Supported Living for adults with Mental health | Community Support for adults with learning disabilities | Community support for adults with mental health |
|  |  |  |  |

# Places Availability to work: Tick box that is applicable

|  |  |  |
| --- | --- | --- |
| Manchester |  |  |

# Why are you applying for this job?

Please mention any specific skills or experience that meets the requirements of the job description and person specification. These skills may have been gained in relation to your current or previous employment, education, training, domestic activities, voluntary work or leisure interests. (Please continue on a separate sheet if necessary).

|  |
| --- |
|  |

# References

Please provide TWO out of the three references. One must be your present or last employer (where applicable) and another second employer. If you have not been employed previously, please provide academic and character references.

|  |
| --- |
| **Present/last employer** |
| Name |  |
| Address |  |
| Tel No: |       |
| Occupation |  |
| Email Address |  |
| May we contact this referee prior to interview? (select as applicable) | Yes [ ]  / No [ ]  |
| **Second Employer** |
| Name |       |
| Address |       |
| Tel No: |       |
| Occupation |       |
| Email Address |       |
| May we contact this referee prior to interview? (select as applicable) | Yes [ ]  / No [ ]  |
| **Personal Referee or course tutor (if applicable)** |
| Name |  |
| Address |  |
| Tel No: |  |
| Occupation |  |
| Email Address |       |
| May we contact this referee prior to interview? (select as applicable) | Yes [ ]  / No [ ]  |

# Warnings and Disciplinary Issues

|  |  |
| --- | --- |
| Have you ever been dismissed or have you ever resigned in the face of a dismissal or warning? | Yes [ ]  / No [ ]  |
| Have you ever been the subject of any allegations in relation to the safety and welfare of children, young people and/or vulnerable adults, either substantiated or unsubstantiated? | Yes [ ]  / No [ ]  |
| If you have answered yes to any of the above questions, you must supply details on a separate sheet of paper, place it in a sealed envelope marked confidential and attach it to your application form. |
| I have attached details requested  | Yes [ ]  / No [ ]  |

# Attendance

Please give the number of days and reason for any sickness/absence days taken during the last 12 months.

|  |  |
| --- | --- |
| **Number of days:** | **Reason(s):** |
|  |  |

# Rehabilitation of Offenders Act 1974

You are required to declare any criminal convictions (cautions) in accordance with the Rehabilitation of Offenders Act 1974. The post you have applied for carries exempt status under the provisions of the Act for which you are required to declare any convictions regardless of whether or not the time limit has elapsed. All appointments are subject to an enhanced DBS check. N.B. Declaration of convictions will not necessarily bar you from employment.

|  |  |
| --- | --- |
| Have you ever been convicted of a criminal offence?(select as applicable) | Yes [ ]  / No [ ]  |
| Are there any alleged offences outstanding against you? | Yes [ ] / No[ ]  |
| If YES to any of the above, please give details in a sealed envelope marked 'strictly confidential'. Failure to disclose any information relating to criminal convictions may disqualify your application or result in dismissal without notice.  |

**Declaration of Interests**

|  |  |
| --- | --- |
| Do you have any relationships with any person employed by or connected with **SPARKLING Healthcare?** | Yes [ ] / No[ ]  |
| If YES, please give full details (stating department and job title):      |

# Declaration

|  |
| --- |
| I declare that the information given both on this application form, disclaimer form and the attached equal opportunities monitoring form is true and correct. I understand that any false or misleading information, or omissions of information concerning canvassing or criminal convictions, may disqualify my application or may render my Contract of Employment, if I am appointed, liable to termination. |
| Signed: |  |
| Date |  |
| Print name |  |
| **If form has been completed electronically** please place an ‘x’ in this box to indicate your consent🡪 | [ ]  |
| DPA logo **Data Protection Act 1998****Sparkling Healthcare** will only process the information you have provided in this form for the purpose of recruitment and selection and, if you are successful in securing this position, for purposes relating to your employment. Your details will be kept both electronically and in hard copy. We will not disclose this information about you to outside organisations or third parties unless there is a legal requirement to do so, or for the prevention and detection of fraud. |

# CONFIDENTIAL: Equal Opportunities in Employment – Monitoring Form

**This section will be removed for monitoring purposes before the selection process begins and will not affect the consideration of your application.**

Everyone is unique owing to differences in age, gender, ethnic origin, religion, sexual orientation, ability etc. **Sparkling Healthcare** aims to treat these differences positively, recognising that diversity creates a strong, flexible and creative workforce. The Company’s Equality of Opportunity Policy states that all applicants are to be treated fairly, and selection for appointment is to be based solely on a person’s ability to do the job. As part of this process we monitor our recruitment processes to identify whether minority groups are being treated equitably.

This information will not affect the consideration of your application.

|  |  |
| --- | --- |
| Job applied for |  |
| Job No. or Ref (if applicable) |       |
| Location |  |
| How did you learn of this vacancy? |  |
| Age |  | Date of Birth |  |
| Gender | M [ ]  / F [ ]  |  |  |

## Ethnic Origin

This is the origin of your family rather than your nationality. For example, you could be British and your ethnic (family) origins could be any of the ones listed below, or a combination of them, or something more specific.

Please identify your ethnic origin either by putting an ‘x’ in ONE of the boxes below or by giving your own description in the space provided.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a. White | British ❑ | Irish ❑ | Gypsy/Romany ❑ | Other White background ❑ |
| b. Mixed | White & Black ❑ Caribbean  | White & Black ❑African  | White & Asian ❑ | Other Mixed background ❑ |
| c. Black or  Black British | Caribbean ❑ | African ❑ | Any other Black ❑ background  |  |
| d. Asian or  Asian British | Indian ❑ | Pakistani ❑ | Bangladeshi ❑ | Other Asian background ❑ |
| e. Other ethnic  Groups | Chinese ❑ | Other ❑(Please specify) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

## Disability Guidance

Where an applicant has a disability and they meet the essential criteria of the post they are automatically shortlisted for interview. This positive action helps ensure people with disabilities get their fair share of jobs.

The Disability Discrimination Act 2005 says that a person is disabled if they have a mental or physical impairment or long term health condition which has a substantial adverse effect on their ability to carry out normal day-to-day activities.

If you consider yourself to be disabled please let us know. We would appreciate advice on help we can give to enable you to attend, or participate in the interview. At the interview you will be asked if you have any disability which would affect your ability to do the job, and, in compliance with the Disability Discrimination Act 1995, you will be asked what reasonable adjustments we might arrange to assist you.

|  |  |
| --- | --- |
| Do you require any special assistance in your daily role? | Yes [ ] / No[ ]  |
| If YES, please describe. |
| If you need any assistance to attend or participate in the interview, please give details. |

**Religion**

Please identify your religion by putting an ‘x’ in ONE of the boxes below.

|  |  |
| --- | --- |
| Christian | [ ]  |
| Buddhist | [ ]  |
| Hindu | [ ]  |
| Jewish | [ ]  |
| Muslim | [ ]  |
| Sikh | [ ]  |
| Other religion | [ ]  |
| No religion | [ ]  |
| Prefer not to say | [ ]  |

**Sexual Orientation**

Please identify your sexual orientation by putting an ‘x’ in ONE of the boxes below.

|  |  |
| --- | --- |
| Bisexual | [ ]  |
| Gay man | [ ]  |
| Gay woman / lesbian | [ ]  |
| Heterosexual / straight | [ ]  |
| Other  | [ ]  |
| Prefer not to say | [ ]  |

 Dear Applicant:

Thanks for showing an interest in the above position below are the documents to be handed in upon interview, failure to bring the requested document may result in the interview being postponed.

Current/up to date U K Driving Licence

Passports

Two passport photograph

National Insurance Card/P 45

Two forms of ID. i.e., bank statement. Bills etc

Payment of £--------- is required for DBS checks

Kind Regards