|  |  |  |  |
| --- | --- | --- | --- |
| Position Applying for: |  | **Location of position applying for**  |  |

|  |
| --- |
| Job Application Form |

|  |
| --- |
| Please ensure that you read this document carefully and that you complete all sections in capital letters, as comprehensively as possible and in **BLACK INK**.**Please email completed form to:** **admin.fcc@opuscare.co.uk** **or post to: Folkestone Care Centre, 50-52 SHORNCLIFFE ROAD, Folkestone, CT20 2NB**We would advise you that in accordance with the General Data Protection Regulation you have the right to access personal data held about you on request. The details of our processing activities in relation to your personal data within this form are contained within our recruitment privacy notice that can be located at www.opuscare.co.ukOpus Care Ltd is committed to its Equal Opportunities Policy with all applicants and endeavours to prevent discrimination, or other unfair treatment, against its employees, potential employees or service users regardless of Age, Disability, Race, Religion or belief, Sex, Pregnancy, Maternity Sexual Orientation, Gender Reassignment, or offending background that does not create risk to vulnerable adults. |
| Section 1 Personal details |

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | **Forename:** |  |
| Surname: |  | **Previous Surname(s):** |  |
| Maiden Name(s): |  | **Other Names Used:** |  |

|  |  |
| --- | --- |
| Present Address: |  |
|  |  |
|  |  |
|  | **Postcode:** |

|  |  |
| --- | --- |
| ContactNumbers: | Home: Mobile: |

|  |  |
| --- | --- |
| **E-mail address:** |  |
|  |  |  |  |  |
| Do you have a full driving license?  |

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

 |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you require a work permit for permanent employment in the UK?** | Yes | [ ]  | No | [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have a work visa and the right to work in the UK including expiry date ………………………………..**(This is subject to UK Border Agency Approval) | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| **If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.** |

**MANUAL HANDLING TRAINING**

Please state the date and venue of the last manual-handling course that you attended. Please note that proof of attendance will be required at interview.

It is a requirement of the Commission for Social Care Inspection that you have manual handling updates on an annual basis.

**Have you attended manual handling training with the last 12 months:**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

**If Yes please supply details:**

**Date** ……………………………. **Venue** ………………………………………………..

**Can you produce an up to date certificate?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

(**For admin purposes only)**

 Sign to confirm sight of said certificate ……………………………………..Date ………

Manual Handling

**THIS SECTION TO BE COMPLETED BY QUALIFIED NURSES ONLY**

**Please note that you will be asked to produce your NMC card at the INTERVIEW stage**

Nursing Qualifications ……………………………………………………………………………….....

Nursing School/College (Name & Address) ………………………………………………………….

…………………………………………………………………………………………………………......

NMC PIN Number ………………………………. Registration expiry date ………………………….

\*Brabourne Care Centre \* Folkestone Care Centre

209 Hythe Road 50-56 Shorncliffe Road

Ashford, Kent Folkestone, Kent

TN24 8PL CT20 2WH

|  |
| --- |
| Section 2 Present Employment |
| **Present Employment** (If now unemployed give details of last employer) |

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Postcode: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date: |  | **Salary:** |  |

|  |  |
| --- | --- |
| Department / Section: |  |

|  |
| --- |
| **Brief description of duties:** |
|       |
| Continue on a separate sheet if necessary |

|  |  |  |  |
| --- | --- | --- | --- |
| Period of Notice: |  | **Last day of service**(if no longer employed)**:** |  |

|  |  |
| --- | --- |
| **Reason for leaving**(if no longer employed)**:** |  |

|  |
| --- |
| Section 3 Previous Employment |
| **Previous Employment** (most recent employer first). Please cover the last 10 years and state nature of business. Please leave **NO GAPS** in your previous employment. |
|  |

|  |  |
| --- | --- |
| Name of Employer: |       |

|  |  |
| --- | --- |
| Address: |       |
|  |       |
|  |       | Postcode |       |

|  |  |
| --- | --- |
| Position Held: |  |

|  |
| --- |
| **Summary of duties:** |
|       |

|  |  |
| --- | --- |
| **Reason for leaving:** |  |
| **Employment Dates:** | From: To: |
|  |

|  |  |
| --- | --- |
| Name of Employer: |       |

|  |  |
| --- | --- |
| Address: |       |
|  |       |
|  |       | Postcode |       |

|  |  |
| --- | --- |
| Position Held: |  |

|  |
| --- |
| **Summary of duties:** |
|       |

|  |  |
| --- | --- |
| **Reason for leaving:** |       |
| **Employment Dates:** | From: To: |
|  |

|  |  |
| --- | --- |
| Name of Employer: |       |

|  |  |
| --- | --- |
| Address: |       |
|  |       |
|  |       | Postcode |       |

|  |  |
| --- | --- |
| Position Held: |  |

|  |
| --- |
| **Summary of duties:** |
|       |

|  |  |
| --- | --- |
| **Reason for leaving:** |       |
| **Employment Dates** | From: To: |
| Continue on a separate sheet if necessary |

|  |
| --- |
| Section 4 Education |
| Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first: |

|  |  |  |  |
| --- | --- | --- | --- |
| **College or University**  | **Dates** | **Course**  | **Qualifications and grades obtained** |
|  |  |  |  |
| **School** | **Dates** | **Subjects** | **Qualifications and grades obtained** |
|  |  |  |  |
| Continue on a separate sheet if necessary |

|  |
| --- |
| Further Qualifications (If applicable) |
| Please give details: |

|  |  |  |
| --- | --- | --- |
| **Further Qualifications** | **Dates** | **Course Details** |
|  |  |  |
| **Membership of any Professional / Technical Associations - Please state level of Membership:** |
| Continue on a separate sheet if necessary |

|  |
| --- |
| Section 5 Training and Development (If applicable) |
| Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses. |

|  |  |  |
| --- | --- | --- |
| **Title of Training Program or Course** | **Dates** | **Duration of Course** |
|  |  |  |
| Continue on a separate sheet if necessary |

|  |
| --- |
| Section 6 Personal Statement |
| **Abilities, skills, knowledge and experience.**Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used. |

|  |
| --- |
|  |
| Continue on a separate sheet if necessary |

|  |
| --- |
| **Section 7 Rehabilitation of Offenders Act (1974)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have any convictions that are unspent under the rehabilitation of offender’s act 1974? | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| If yes, please give details / dates of offence(s) and sentence: |
|  |

|  |
| --- |
| **Section 8 Protecting Children and Vulnerable Adults** |

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| --- |
| The following information is required as the post you are applying for has a requirement for an enhanced DBS police check.  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Enhanced Checks Only** Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post? | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| **Section 9 Equality Act** |

|  |
| --- |
| This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Equality Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long-term effect on his or her ability to carry out normal day to day activities.  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do we need to make any specific arrangements in order for you to attend the interview?** | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| If yes, please give details: |
|  |

|  |
| --- |
| **Section 10 References** |

|  |
| --- |
| Please give the names and addresses of two people we can contact by post and telephone (**NOT** friends or relatives) that would be able to give you a reference. If recently employed, one must be your current/most recent employer. |

|  |  |  |
| --- | --- | --- |
| **Reference 1** (Current/Most recent employer) |  | **Reference 2** (MustNOT be friend or relative) |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | **Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Position: |  | **Position:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Work Relationship: |  | **Work Relationship:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation: |  | **Organisation:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | **Address:** |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Postcode |  |  | Postcode |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone number: |  | **Telephone number:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| E-mail: |  | **E-mail:** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do we have your consent to contact this employer for a reference?Are you willing for this referee to be approached prior to the interview? | [ ]  YesYes | [ ]  | [ ] NoNo | [ ]  | Do we have your consent to contact this employer for a reference?Are you willing for this referee to be approached prior to the interview? | Yes [ ]  **Yes** | [ ] [ ]  | NoNo | [ ]  |
|  |  |  |  |  |  |  |  |  |  |

**Religion or strongly held belief**

**I would describe my religion or belief as: .................................................**

**I have no religion or belief []**

**Prefer not to say []**

**I hereby give my consent for processing the data supplied in this form for the purpose of recruitment and selection**

|  |
| --- |
|  |
|  |

**Signed:**

**Date:**

|  |
| --- |
| **Section 11 Declaration** |

If your application is successful you will be required to undergo an enhanced disclosure and Barring Service check *after* job offer but *before* appointment can be confirmed; your identity will also need to be ascertained. You will be asked to complete a DBS form and to provide the necessary documents and proof of ID, such as passport or ID card, along with an immediate payment to the value of £54.00; this being representative of the fee payable to the DBS unit for the investigation. Please note: Failure to do this will result in a delay in your successful appointment to the post.

Data Protection – I hereby give my consent to Opus Care Ltd to process the data supplied in this

 application form for recruitment and selection of the role in the ‘position applied for’ section of this application form.

Applicants signature: ……………………………………………………………………..

Date: ………………………………………………………………………………………..

Subject to your consent, we would like to retain your details if you are unsuccessful in your current application, for the purposes of recruiting for any future roles within the organisation. We would like to retain your details for a period of 6 months from the date of this application form. We would not share this information with any third-party organisations. I [do / don’t] [\*\*delete one\*\*] give my consent to be contacted in the future regarding similar or other positions within the organisation that are relevant to the skills outlined in my application.

Applicant’s signature: …………………………………………………………………….

Date: ………………………………………………………………………………………..

|  |
| --- |
| DeclarationI confirm that the information that I have given herein is correct and complete to the best of my knowledge.I accept that any false, incomplete or misleading statements may lead to my dismissal.I understand that because of the sensitive nature of the duties that the post holder will be expected to undertake the declaration that I have given above will be subject to an Enhanced Disclosure and that, if successful, I will not be able to commence employment until the return of a satisfactory outcome.**Full Name ………………………………………….………..****Signature…………………………………………………….****Date ………………………………………………………….** |

|  |
| --- |
| R E T U R N I N G T H I S F O R M |
| **By Hand or Post:****Folkestone Care Centre**50-52 Shorncliffe Road,Folkestone,CT20 2NB | **By E-Mail:****admin.fcc@opuscare.co.uk****Enquiries:**Telephone: 01303 765 700 |
|  |  |

|  |
| --- |
| **Recruitment Monitoring Form** |

|  |
| --- |
| This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by Opus Care Ltd purely for monitoring purposes.All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence. It will not be placed on your personnel file. |

|  |  |
| --- | --- |
| Position applying for: |  |

|  |
| --- |
| To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please **COMPLETE THIS SECTION OF THE APPLICATION FORM.** |

|  |
| --- |
| How would you describe your nationality and/or ethnicity (please tick)? |
| Choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background. |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. White
 |  | D. Black or Black British |  |
| White UK | [ ]  | Black Caribbean | [ ]  |
| Irish | [ ]  | Black African | [ ]  |
| White non-UK | [ ]  | Any other Black background(please give details): | [ ]  |
| Any other White background(please give details): | [ ]  |       |  |
|       |
| B. Mixed |  | **E. Chinese or other ethnic group** |  |
| White & Black Caribbean | [ ]  | Chinese | [ ]  |
| White & Black African | [ ]  | Vietnamese | [ ]  |
| White & Asian | [ ]  | Any other ethnic background(please give details): | [ ]  |
| Any other Mixed background(please give details): | [ ]  |       |  |
|       |
| C. Asian or Asian British |  | **F. I do not wish to provide this information** | [ ]  |
| Indian | [ ]  |
| Pakistani | [ ]  |
| Bangladeshi | [ ]  |
| Any other Asian background(please give details): | [ ]  |

|  |
| --- |
| **Recruitment Monitoring Form continued** |

|  |
| --- |
| Gender |
| Male | [ ]  | Female | [ ]  |

|  |  |
| --- | --- |
| Prefer not to say  | [ ]  |

(If you are undergoing gender reassignment, please use the gender you identify with)

**GENDER IDENTITY**

Do you identify as transgender/transsexual?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  | Prefer not to say | [ ]  |  |  |

|  |
| --- |
| Disability |
| Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”. An effect is long-term if it has lasted, or is likely to last, more than 12 months |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider that you have a disability under the Equality Act | Yes | [ ]  | No | [ ]  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Don’t Know | [ ]  | Prefer not to say | [ ]  |

 |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| If yes, please give details: |
|  |

|  |
| --- |
| Age Group |
| 16-25 | [ ]  | 26-35 | [ ]  | 36-45 | [ ]  |
| 46-55 | [ ]  | 56-65 | [ ]  | 66-70 | [ ]  |
| Over 70 | [ ]  |