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| **Post applied for** |  | **Where did you hear about this post?** |
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| **Personal Details** |

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| --- | --- | --- | --- | --- | --- | --- |
| Surname: |  | | Title: | |  | |
|  |  | |  | |  | |
| Forename(s): |  | | Known as: | |  | |
|  |  | |  | |  | |
| Address: |  | | | | | |
|  |  | | | | | |
|  |  | | | | | |
| Postcode: |  |  | | | |  |
|  |  |  | | | |  |
| Home telephone No.: |  | Mobile No.: | |  | | |  |  |
|  |  |  | | | |  |
| Email address: |  |  | | | |  |
|  |  |  | | | |  |
| NI Number: |  |  | | | |  |

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| Do you have the right to work in the UK? Yes / No |

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| Disclosure and Barring Service |

All Applicants

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| Are you currently the subject of any police investigation and/or prosecution, in the UK or any other country, or have any unspent convictions?  If Yes, please provide details: | Yes / No |

If you are offered a position with the Charity, a Basic or Enhanced Disclosure (as determined by the Charity) will be requested from the Disclosure & Barring Service. A criminal record will not necessarily be a bar to obtaining a position within the Charity; this will depend on the nature of the position and the circumstances and background of your offences.

The Charity complies fully with the DBS Code of Practice, a copy of which is available to all Disclosure applicants upon request.

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| Disclosure and Barring Service continued ….. |

ONLY TO BE COMPLETED BY APPLICANTS FOR ROLES WITHIN CARE OR RETAIL MANAGEMENT

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| Because of the nature of the work for which you are applying, this post is exempted from the provisions of the Rehabilitation of Offenders legislation. Applicants are therefore not entitled to withhold information about ‘spent’ or ‘unspent’ criminal convictions, or where applicable also about conditional discharges, bindovers or cautions. In view of this requirement, please provide preliminary details, including all relevant dates.  Have you ever been convicted of a criminal offence?  Have you ever been convicted of any criminal offence required by law to be disclosed, received a police caution in the UK or a criminal conviction in any other country?  Are you currently the subject of any investigation or proceedings by anybody having regulatory functions in relation to health/social care professionals including such a Regulatory body in another country?  Have you ever been disqualified from the practice of a profession or required to practice it subject to specific limitations following a fitness to practice investigation by a regulatory body in the UK or another country?  ***If you have answered YES to any of the above, please give details***(continue on a separate sheet if necessary) : | **Yes / No**  **Yes / No**  **Yes / No**  **Yes / No** |
| **Education / Qualifications** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School (age 11 onwards)** | **Date**  **From** | **To** | **Subject** | **Qualification** |
|  |  |  |  |  |
| **College / University / Institute** | **Date**  **From** | **To** | **Subject / Course** | **Qualification** |
|  |  |  |  |  |
| **Ongoing Professional Development** | **Date**  **From** | **To** | **Subject / Course** | **Qualification** |
|  |  |  |  |  |

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| **PROFESSIONAL ASSOCIATIONS:**  **Please state whether you are a member of any technical or professional association, and if so, which.** |
|  |

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| --- |
| **NMC PIN (where applicable):** |
|  |

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| --- |
| **FOREIGN LANGUAGES: Please list any foreign languages you speak and your level of competence, both oral and written:** |
|  |

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| --- |
| **Employment History** |

**Previous Employment**: please start with current / most recent and then provide details for all previous roles.

This **MUST** be a **COMPLETE AND CONTINUOUS** history of employment or otherwise**, from leaving full time education** to now **(including the month and year in all cases). Any gaps must be explained.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name(s) and Address(es)**  **of Employer(s)**  ***Most recent first*** | **Dates** | | | | **Position Held/**  **Main Duties** | **Starting/**  **Leaving Salary** | **Reason for**  **Leaving** |
| **FROM** | | **TO** | |
| **Month** | **Year** | **Month** | **Year** |
|  |  |  |  |  |  |  |  |

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| **Supporting Statement** |

**Skills, Abilities and experience**

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|  |

Please use this section to tell us why you are interested in this position and why you think you would be suitable for the post giving details of any experience, skills or achievements which you feel may be relevant in your application for employment.

|  |
| --- |
| **References** |

Please give the full contact details of two referees who have known you in a work context. One referee must be your line manager at your current/last employer.

We will not contact your referees unless you are conditionally offered the post.

We ask for a minimum of 2 references, but you should supply additional referee details where your first 2 references don’t cover the last 3 years, including your current (or most recent) line manager. You can add details of additional referees overleaf under Additional Information.

If you have no employer references, please give details of named individuals at colleges where you have studied or people who know you in a professional capacity. This should not include family members or people you live with.

|  |  |  |
| --- | --- | --- |
| Name |  | Name |
|  |  |  |
| Position held and relationship to you |  | Position held and relationship to you |
|  |  |  |
| Organisation and address |  | Organisation and address |
|  |  |  |
| Telephone number |  | Telephone number |
|  |  |  |
| Email address |  | Email address |
|  |  |  |

I confirm that, should I be successful and am given a conditional offer of employment, I give consent for the individuals / organisations that I have named as my referees to share the relevant information for the purposes of an employment reference with Julia’s House.

Signed …………………………………………………………………………………….. Date ……………………………………………

Name ………………………………………………………………………………………

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| **General Information** |

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| How much notice are you required to give your current employer? |

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| --- |
| Do you have any commitments which might limit your working hours? Yes / No  If Yes please give details: |

|  |
| --- |
| Are you willing to work overtime and weekends when required? Yes / No |

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| --- |
| Have you ever been subject to any disciplinary proceedings? Yes / No  If Yes, please give details: |

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| --- |
| Please give dates of any holidays arranged: |

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| --- |
| Have you worked for us before? Yes / No  If Yes please give the date and reason for leaving: |

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| --- |
| Do you have a current full driving licence? Yes / No  Does your licence have any current endorsements? Yes / No  If Yes please give further information: |

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| --- |
| If you are offered this position, would you intend to continue with any other paid or voluntary employment? Yes / No  If yes, please specify: |

|  |  |
| --- | --- |
| **Additional Information** | |
|  | |
| **Declaration of Applicant** |

I certify that all information provided on this application form is correct. I understand that my application may be rejected or that I may be dismissed for withholding relevant details or giving false information.

I understand that any employment offer will be subject to evidence of professional and educational qualifications detailed in your application form or at interview, a health review (if necessary), a NMC PIN check (if necessary), satisfactory references and a satisfactory Disclosure & Barring Service (DBS) check.

I consent to the Organisation using and keeping information I have provided on this application or elsewhere as part of the recruitment process and/or personal information supplied by third parties such as referees, relating to my application or future employment.

I understand that the information provided will be used to make a decision regarding my suitability for employment and if successful the information will be used to form my personnel record and will be retained for the duration of my employment and as long as is deemed necessary thereafter.

If I am not successful, I understand that the Organisation will retain the information provided for as long as it is deemed necessary for the purpose of recruitment.

The Julia’s House Recruitment Privacy Notice can be found on the Julia’s House Website [www.juliashouse.org](http://www.juliashouse.org) .

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| Signed: |  | Dated: |  |
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**If you complete this form electronically and submit it to Human Resources via email please type your name into the signature box to indicate that you have read the declaration.**

**Return completed form to** [**recruitment@juliashouse.org**](mailto:recruitment@juliashouse.org) **or post to**

**HR Department, Julia’s House, Barclays House, 1 Wimborne Road, Poole BH15 2BB**

**Equality and diversity monitoring form**

**Julia’s House** wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity. To ensure that our equal opportunity policy is effective, we carry out monitoring of job applicants and we would like you to answer the questions below. Please send the form back to us with your completed application form. The selection process for our positions focuses only on your ability and potential for the job. This information will be kept completely separate from your recruitment application form and will be used to compile anonymous statistical information only.

The Charity will keep personal information on you and provide such information only on a need to know basis as and when required. You have the right to inspect such information and, if necessary, to require corrections should such records be faulty. By completing and returning this form you give your express authority for the Charity to process the sensitive personal data it contains.

**Vacancy:**

**Gender** Male 🗆 Female 🗆 Prefer not to say 🗆

**Are you married or in a civil partnership?** Yes 🗆 No 🗆 Prefer not to say 🗆

**Age** 16-24🗆 25-29 🗆 30-34 🗆 35-39🗆 40-44 🗆 45-49 🗆 50-54 🗆55-59 🗆 60-64 🗆 65+ 🗆 Prefer not to say 🗆

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆

British 🗆 Gypsy or Irish Traveller 🗆 Prefer not to say 🗆

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆 Prefer not to say 🗆 Any other mixed background, please write in:

***Asian/Asian British***

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African 🗆 Caribbean 🗆 Prefer not to say 🗆

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab 🗆 Prefer not to say 🗆 Any other ethnic group, please write in:

**Do you consider yourself to have a disability or a long-term health condition?**

Yes🗆 No 🗆 Prefer not to say 🗆

*I.e. do you have a physical or mental impairment, which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities? This does not mean you have to be registered as a disabled person.*

If yes, please state briefly the nature of your disability.

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’ please discuss this with your manager, or Human Resources if you are a job applicant.

Would the Charity need to make any special provisions to enable you to attend for interview? If so, please give details:

**What is your sexual orientation?**

Heterosexual 🗆 Gay woman/lesbian 🗆 Gay man 🗆 Bisexual 🗆

Prefer not to say 🗆 If other, please write in:

**What is your religion or belief?**

No religion or belief 🗆 Buddhist 🗆 Christian 🗆 Hindu 🗆 Jewish 🗆

Muslim 🗆 Sikh 🗆 Prefer not to say 🗆 If other religion or belief, please write in:

**What is your current working pattern?**

Full-time 🗆 Part-time 🗆 Prefer not to say 🗆

**What is your flexible working arrangement?**

None 🗆 Flexi-time 🗆 Staggered hours 🗆 Term-time hours 🗆

Annualised hours 🗆 Job-share 🗆 Flexible shifts 🗆 Compressed hours 🗆

Homeworking 🗆 Prefer not to say 🗆 If other, please write in:

**Do you have caring responsibilities? If yes, please tick all that apply**

None 🗆 Primary carer of a child/children (under 18) 🗆

Primary carer of disabled child/children 🗆

Primary carer of disabled adult (18 and over) 🗆 Primary carer of older person 🗆

Secondary carer (another person carries out the main caring role) 🗆

Prefer not to say 🗆

Carer / Nurse Application – 2020 – Availability Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate your regular availability for work by ticking the appropriate boxes

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |
| Overnight |  |  |  |  |  |  |  |

The community service is open from 08.00 – 24.00 seven days a week. In order to cover this:

* All staff must be available to work evenings ideally 16.00 onwards.
* You will be expected to work part of 4 weekends out of 6.

As routine night shifts occur 1 weekend a month and all staff are expected to be available for these.

In addition night shifts are available when we are providing end of life care at the Hospice and staff are expected to make themselves available for these as required.

**Bank work   - we do not guarantee work.** However all staff are expected to make themselves available for **24 clinical sessions** a year and we will endeavour to identify work for these sessions.

Signed: (applicant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_