

Insert pictures here

<i>Applicant's Name</i>	
<i>Position Applied:</i>	
<i>Date of Application</i>	

<i>Authorised By</i>	
<i>Management Signature</i>	
<i>Start Date:</i>	

## *Application Form- Confidential*

The information supplied on this application form will be used to evaluate your suitability for employment at Hornet Livings Limited. Please read the guidance notes before completing the forms. Once completed, please return the forms to us. If applying by email, please remember to quote the relevant job reference in the subject line of your email.

**Position applied for:** \_\_\_\_\_ **Post reference no.:** \_\_\_\_\_

### *Personal information*

Last name: \_\_\_\_\_ Title (*Please specify*) eg Ms/Mr \_\_\_\_\_

First name(s): \_\_\_\_\_ National Insurance number: \_\_\_\_\_

Previous Surname(s) (if applicable): \_\_\_\_\_ Do you require a work permit to enable you to work in the UK? (*Yes or No*) \_\_\_\_\_

Address for correspondence: \_\_\_\_\_ Daytime telephone number: \_\_\_\_\_

\_\_\_\_\_ Evening telephone number: \_\_\_\_\_

\_\_\_\_\_ Mobile number: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_ Email: \_\_\_\_\_

**Please answer the following question if the job/person profile for the job requires this.**

Do you hold a current full driving license?  Yes  No  Not applicable for this role

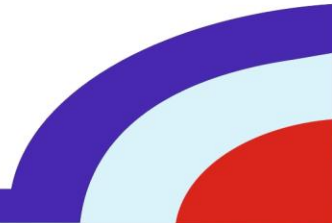
If yes is it a clean driving license?  Yes  No If no please give details \_\_\_\_\_



<i>Qualifications and Training</i>					
Date From	Date to	Secondary school/college/university/ training organization	Qualifications	Subject	Grade obtained

<b>Next of Kin:</b>	<b>Relationship to the Applicant</b>	<b>Day Phone:</b>	<b>Evening Phone:</b>

<i>Membership of Professional Bodies (Nursing and Midwifery Council, General Social Care Council or Other)</i>	
Name: _____	Membership/Status _____
Renewal date _____	Number _____



**Employment Experience**

Please give details of your present or most recent employment/voluntary work first and work backwards. Include all periods of unemployment; travel etc, in the space provided so there are no gaps in the record. (If you have additional previous employment, please give details on a separate sheet using the same format).

Date: from (month/year)	Dates to (month/year)	Employer's name and address and nature of business	Job titles and brief description of duties	Current salary or final salary (for last post only) and reason for leaving

**Gaps in your employment-** Please provide information of any gaps in employment  
(Verification of employment gaps will be required if an offer of employment is made)

From (month/year)	To (month/year)	Reason

**References**

Please ensure that you give a minimum of two references, which cover **at least the last five years of your employment**. The **first** of your references must be your **present employer and your relevant line manager**. If you are unemployed, this should be your last employer, or if this is your first job, your head-teacher or college tutor. Please note that Hornet Livings Ltd reserves the right to take up references in respect of **any** previous employment paid or unpaid, without further notification to you. \* You may also provide the name of a personal referee as well as your employment references if you wish.

Current employer	Previous employer/Character Reference
Name: _____	Name: _____
Job title: _____	Job title: _____
Organization address (in full): _____ _____	Organization address (in full): _____ _____
_____ Postcode _____	_____ Postcode _____
Tel No.: _____ Fax No.: _____	Tel No.: _____ Fax No.: _____
Email: _____	Email: _____
In what capacity do you know them? _____	In what capacity do you know them? _____

Can we contact your current employer prior to any conditional offer of employment?    Yes    No       

**\*\*\* Please note that it is Hornet Livings Limited’s policy to obtain references prior to interview for any post in a residential establishment. For all posts, we will ask your referees for comments on your suitability for the post and for employment referees request details on attendance, sickness levels and salary.**

**Notice Period** If appointed how soon you could join us: \_\_\_\_\_

**Disability** Hornet Livings Limited has a policy of interviewing applicants who have a disability and who meet the essential short-listing criteria. To ensure that this happens, please complete the following:

a) The Disability Discrimination Act 1995 defines disability as 'a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities'. Do you consider yourself to have or have had a disability?

Yes     No    If yes please give details: \_\_\_\_\_

b) If the answer to the above is yes, are there any reasonable adjustments that need to be made, should you progress beyond this stage?

Yes     No    If yes please give details: \_\_\_\_\_

**Relevant Experience**

Please tell us how your experience, skills and qualifications meet the requirements of the person and job profiles. Please focus your response on the abilities and/or competencies required for the role giving evidence of your experience to date (maximum of 2 A4 sheets). The information you provide will be the basis for shortlisting and you may find it useful to refer to the guidance notes attached before completing this section. *(Please use continuation sheet)*

*Bank/ Building Society Details*

Surname:	
Forenames:	
Branch:	
Payroll no:	Private/Domestic Payroll No:
<b>TO BE COMPLETED BY EMPLOYEE</b>	
I authorized Hornet Livings Limited to pay my weekly/ Monthly earnings direct into the Bank/Building society Account whose details follow. I will notify Hornet Livings Limited in writing of any change to these details	
Building Society Roll No: (if applicable)	
Bank Name: (if a Building Society Account please give the Society's Bank details)	
Bank Branch:	
Sort Code:	
Account Holder's Name:	
*Account No: *if your accounts is with Lloyds TSB Bank please add a leading zero to your account number	
Signed:	Date:
Name Printed:	

**REHABILITATION OF OFFENDERS**

**Applicant Declaration**

Because of the nature of the work for which you are applying, the provisions of Section 4(2) of the Rehabilitation of Offenders Act (1974) do not apply by virtue of the Rehabilitation of Offenders Act (1974) (exceptions) Order 1975. Applicants are therefore required to give information about convictions, which for other purposes are 'pent' under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation for positions to which the Order applies.

**HAVE YOU AT ANY TIME BEEN CONVICTED OF AN OFFENCE? (Y/N)**

**IF YES, PLEASE GIVE DETAILS BELOW: -**

I declare that the information given above is, to the best of my knowledge, true, I am permitted to work in the UK. I have read, understood and agree to the conditions of work for temporary nurses and carers, of which I have been given a copy. I understand that my registration is subject to the receipt of at least two satisfactory references and a satisfactory result after checking with the Department of Health and/or Police records.

I undertake to inform Hornet Livings Ltd should I be convicted of an offence in the future. I undertake to inform Hornet Livings, a Division of Hornet Livings Limited immediately if I am engaged through introduction, including the offer of permanent employment following a temporary assignment. I also acknowledge that this information may form the basis of a computerized personnel system to which I will have access as determined by the Data Protection Act 1984. I agree to respect the confidentiality of Patients and any other information I may have access to all times.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## *Criminal Records, Disqualification & Declaration*

**Please refer to covering letter before completing section B, C or D below**

### Section A- All applicants

Are you subject to any current outstanding disciplinary action or legal proceedings?  Yes  No

If yes, please give details: \_\_\_\_\_

### Section B-General posts

#### **Criminal convictions**

Have you ever been convicted of a criminal offence ('unspent' only)?  Yes  No

If yes, please give us details of all offences, penalties and dates on the page marked Criminal Record/Disqualification/Other in this application form.

### Section C-Posts **working with children or vulnerable adults**

#### **Criminal record**

Have you ever been convicted of a criminal offence or cautioned?  Yes  No  
reprimanded or given a final warning by the police ('spent' or 'unspent')?

If yes, please give details of all offences, penalties and dates on the page marked Criminal Record/Disqualification/Other in this application form.

#### **Regulatory body sanctions**

Are you subject to any sanctions imposed by a regulatory body  Yes  No  
e.g. GSCC, NISCC, SCCC, CCW, GTC?

If yes, please give details on the page marked Criminal Record/Disqualification/Other in this application form.

#### **Disqualification from working with children or vulnerable adults**

Are you disqualified from working with children or vulnerable adults?  Yes  No

### Section D- **Enhanced Disclosures only**

Are you aware of any police enquiries undertaken following allegations made against you that may have a bearing on your suitability for the post?  Yes  No

If yes, please give details on the page marked Criminal Record/ Disqualification/Other in this application form.

## **Declaration- To be completed by all applicants**

I confirm that the information I have given is correct and complete and that any false statements or omissions may render me liable to dismissal without notice or in some instances, referral to the police.

I understand and agree that data contained in the application form will be used and processed for recruitment purposes.  
I also understand and agree that should I become an employee; the information will also be used for employment related purposes.  
I agree to Hornet Livings Limited holding and processing this information.

Signed: .....

Date: .....





**Please give details of last immunization or vaccination for:**

Tuberculosis (We will require a statement of evidence regarding TB immunity i.e. Heaf / Mantoux status)	
Rubella (German Measles) / Anti-body level:	
Poliomyelitis / Anti-body level:	
Varicella / Anti- body level:	
Tetanus / Anti-body level:	
Hepatitis B / Anti-body level:	
Any Other	
Additional Information	<b>General Practitioner's</b>  <b>Name:</b>  <b>Address or Occupational Health Department:</b>
<p>I declare that all the foregoing statements are true and complete to the best of my knowledge and belief.          I hereby give Hornet Livings Limited permission to contact my General Practitioner to obtain further information should it be required.</p> <p><b>Signed:</b> _____ <b>Date:</b> _____</p>	

**Availability Form**

**Type of work**

Home care [ ] Hospital [ ] Residential [ ]  
 Domestic [ ] Cook [ ] Kitchen Assistant [ ]

**Hours of Work**

FULL TIME [ ] PART TIME [ ]

**Hours Available (please tick as applicable)**

Morning (7am – 2.30pm) Afternoon (2pm – 9.30pm) Night/Sleep-In (9.30pm – 7am)  
 Monday to Sunday [ ] Monday to Sunday [ ] Monday to Friday [ ]