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| **APPLICATION FORM** |
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| **APPLICATION FORM**  **PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS**  This form should be returned to: [recruitment@regishealthcare.co.uk](mailto:recruitment@regishealthcare.co.uk)  or to the HR Department, Hillview Hospital, Ebbw Vale, NP23 5YA | | | | | | | | | | | | | |  | | |
| **Post Applied for:** | | |  | | | | | | | | | | | | |
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| **PERSONAL DETAILS** | | | | | | | | | | | | | | | |
| **Surname:** | | |  | | | | | | | **First Name:** |  | | | | |
| **Address** | | |  | | | | | | | | | | | | |
| **Email Address:** | | |  | | | | | | | | | | | | |
| **Mobile Telephone Number:** | | |  | | | | | | | **Home Telephone Number:** |  | | | | |
| Do you have the Right to Work in the UK **Yes** ☐  **No** ☐  Do you require a Work Permit to Work in the UK **Yes** ☐  **No** ☐ | | | | | | | | | | | | | | | |
| **CURRENT OR LAST EMPLOYMENT:** | | | | | | | | | | | | | | | |
| **Name and address of Employer** | | | **Job held and brief details of duties** | | | | | | | **Salary and Reason for Leaving** | | | | **Start Date** | **End Date** |
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| **Period of Notice Required by Employer** | | | | | | | | | |  | | | | | |
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| **PREVIOUS EMPLOYMENT:** Please start with the most recent and work backwards – continue on an extra sheet if necessary – we may check this information with your previous employer | | | | | | | | | | | | | | | |
| **Name and address of Employer** | | | **Job held and brief details of duties** | | | | | | | **Salary and Reason for Leaving** | | | | **Start Date** | **End Date** |
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| **GAPS IN EMPLOYMENT HISTORY:** It is critical that you explain fully any gaps in your employment history | | | | | | | | | | | | | | | |
| **Date From** | **Date To** | | **Reason** | | | | | | | | | | | | |
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| **SECONDARY / COLLEGE / UNIVERSITY EDUCATION:**  Please enter details of all qualifications obtained. Please note that you will be required to bring original documents as proof of qualification if successful at interview and we may check with the relevant awarding bodies/institution. | | | | | | | | | | | | | | | |
| **Name and Address of Secondary School/ College / University** | | | | **Form** | | **To** | | | **Qualification** | | **Grade** | | | | |
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| **TRAINING:** Please give details of other course which you have attended in the last 5 years which you consider relevant to this post. If none then please state “none”. | | | | | | | | | | | | | | | |
| **Name of Provider** | | | | **Dates Attended** | | **Name of Course** | | | | | | | | | |
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| **MEMBERSHIP OF PROFESSIONAL BODY:** | | | | | | | | | | | | | | | |
| **Professional Body** | | | | | **Grade/Type of Membership** | | | **Membership Registration Number** | | | | **Date Obtained and Expiry Date** | | | |
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| **REFERENCES:** Your 1st referee must be your current or last employer (if you have one). Please note that references are not accepted from relatives or friends. If you are a school/college leaver give the details of your Headteacher or Tutor. We will only contact your referees if you are successful at interview. | | | | | | | | | | | | | | | |
|  | | | | | | | **Reference 1** | | | **Reference 2** | | | | | |
| **Name:** | |  | | | | | | | |  | | | | | |
| **Position:** | |  | | | | | | | |  | | | | | |
| **Please state your relationship:** | |  | | | | | | | |  | | | | | |
| **Address:** | |  | | | | | | | |  | | | | | |
| **Email:** | |  | | | | | | | |  | | | | | |
| **Telephone:** | |  | | | | | | | |  | | | | | |
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| **SUPPORTING INFORMATION: Please pay particular attention to this section.** This is the most important part of your application, as it is where you tell us what makes you suitable for this job. Your application will be judged against the **Person Specification**, which is the list of requirements for the job.  **You must address each point of the Person Specification**, giving **evidence** of what skills, experience and knowledge you have in each of these areas and/ or from other relevant situations such as extra-curricular interests or responsibilities, or activities outside work. Simply stating that “I have excellent communication skills” and providing no evidence to support this statement is not sufficient. You must also indicate your motivation for applying for a post with Regis Healthcare Limited.  **IF THIS SECTION IS NOT COMPLETED YOUR APPLICATION WILL NOT BE CONSIDERED** | | | | | | | | | | | | | | | |
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| **SUPPORTING INFORMATION:** - Please continue on a separate sheet of page if necessary | | | | | | | | | | | | | | | |
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| **GENERAL:** | | | | | | | | | | | | | | | |
| **Please give any dates in the near future when you will not be available for interview. No guarantee is given that interviews will be rescheduled to accommodate your non-availability** | | | | | | | | | |  | | | | | |
| **Where did you find out about this vacancy?** | | | | | | | | | |  | | | | | |
| **Do you hold a current full driving licence?** | | | | | | | | | | ☐ Yes ☐ No | | | | | |
| **Do you have sole use of a car?** | | | | | | | | | | ☐ Yes ☐ No | | | | | |
| **Do you have any endorsements or points on your licence?**  **If Yes, please specify** | | | | | | | | | | ☐ Yes ☐ No | | | | | |
| **Convictions:** | | Have you ever been convicted of a criminal offence?  Yes ☐ No ☐ | | | | | | | | Have you ever been the subject of an investigation or enquiry by the police of local authority in relation to a child or children?  Yes ☐ No ☐ | | | | | |
| **If you have ticked yes to either of the questions regarding convictions, please provide details on a separate sheet of paper** | | | | | | | | | | | | | |
| **Criminal Convictions- Rehabilitation of Offenders Act 1974** | | | | | | | | | | | | | | | |
| **Disclosure of Criminal Convictions** | | Regis Healthcare Limited is committed to safeguarding and promoting the welfare of children and young people and all employees are expected to share this commitment.  All applicants who are offered employment will be subject to an Enhanced Check for Regulated Activity from the Disclosure and Barring Service before the appointment is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions.  **This means that you are required to declare any convictions or cautions which you may have, even if they would otherwise be regarded as ‘spent’ under this Act, and any cautions or bind-overs and any prosecutions pending against you. Failure to disclose this information could result in disciplinary action or dismissal.**  Any information will be treated in complete confidence. Details of any convictions or cautions should be provided in a sealed envelope addressed to the Human Resource Department, marked CONFIDENTIAL, and enclosed with this application.  I have read the above notes on criminal convictions and agree to an Enhanced Check for Regulated Activity from the DBS being made if I am offered the job for which I am applying. I understand that the job is covered by the Rehabilitation of Offenders Act 1974 (Exceptions Order 1975) and, consequently, no criminal conviction may be considered ‘spent’.  I confirm that:  ☐ I do not have any criminal convictions or cautions.  ☐ I am not on a Barred List (List 99) or disqualified from working with children.  ☐ I am not subject to sanctions imposed by a regulatory body | | | | | | | | | | | | | |
| **DISABILITY** | | | | | | | | | | | | | | | |
| Regis Healthcare Limited wishes to give every encouragement to disabled job applicants and will offer an interview to all disabled candidates who meet the essential requirements of the person specification. If you are invited to interview, we will ask you if you require any particular arrangements to be made, for example an accessible venue or a sign language interpreter.  Do you identify as a disabled person? ☐ Yes ☐ No | | | | | | | | | | | | | | | |
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| **DATA PROCESSING** | | | | | | | | | | | | | | | |
| I agree that any offer of employment by Regis Healthcare Limited is subject to satisfactory evidence of the right to work in the UK, verification of identity and qualifications, satisfactory references and health questionnaire, and medical and police clearance (where appropriate). In accordance with the General Data Protection Regulations, it is agreed that Regis Healthcare Limited may hold and use personal information about me for personal reasons and to enable the organisation to keep in touch with me. This information can be stored in both manual and computer form in accordance with the Privacy Policy on the website. | | | | | | | | | | | | | | | |
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| **DECLARATION** | | | | | | | | | | | | | | | |
| I certify that to the best of my knowledge, the information given on this form is correct and true. I understand that my application may be rejected or that I may be dismissed for withholding relevant details or giving false information. I also understand that the information I have provided may be subject to checking by the HR department.  Signature: . Date: . | | | | | | | | | | | | | | | |

This form should be returned to: [recruitment@regishealthcare.co.uk](mailto:recruitment@regishealthcare.co.uk)

or to the HR Department, Hillview Hospital, Ebbw Vale, NP23 5YA

**MONITORING INFORMATION**

This section of the application form will be detached from your application and will not be used as part of the selection process nor will it be seen by anybody who is interviewing you.

Regis Healthcare Limited recognise the benefits of a diverse workforce which reflects the wider population and welcome applications from all sections of the community. Also, under the Equality Act 2010, the Company must demonstrate that their recruitment processes are fair and that they are not discriminating against or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation. We need to ask applicants some questions to make sure that no one is being unfairly discriminated against or disadvantaged.

The information collected is only used for anonymised monitoring purposes to help the Company look at the profile of individuals who apply, are shortlisted for and appointed to each vacancy. In this way, we can check that they are complying with the Equality Act 2010.

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| \* Please state your date of birth | | | |  | | |
| \* Please indicate your gender | | | | 🞎 Male  🞎 Female  🞎 Gender Neutral | | |
| \* Please indicate the option which best describes your marital status | | | | | | |
| 🞎 Married  🞎 Single  🞎 Civil partnership  🞎 Legally separated | | 🞎 Divorced  🞎 Widowed  🞎 I do not wish to disclose this | | | | |
| \* Which of the following options best describes how you think of yourself? | | | | | | |
| 🞎 Heterosexual or Straight  🞎 Gay or Lesbian  🞎 Bisexual | | 🞎 Other sexual orientation not listed  🞎 Undecided  🞎 Not stated (person asked but declined to provide a response) | | | | |
| \* Please indicate your ethnic origin | | | | | | |
| **Asian or Asian British**  🞎 Bangladeshi  🞎 Indian  🞎 Pakistani  🞎 Any other Asian background  **Black or Black British**  🞎 African  🞎 Caribbean  🞎 Any other Black background | | | **Mixed**  🞎 White & Asian  🞎 White & Black African  🞎 White & Black Caribbean  🞎 Any other mixed background  **White**  🞎 British  🞎 Irish  🞎 Any other White background | | | **Other Ethnic Group**  🞎 Chinese  🞎 Any other ethnic group  🞎 I do not wish to disclose this |
| \* Please indicate your religion or belief | | | | | | |
| 🞎 Atheism  🞎 Buddhism  🞎 Christianity  🞎 Hinduism | 🞎 Islam  🞎 Jainism  🞎 Judaism  🞎 Sikhism | | | | 🞎 Other  🞎 I do not wish to disclose this | |
| Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ adverse effect on your ability to carry out normal day to day activities.  Do you identify as a disabled person? 🞎 Yes 🞎 No | | | | | | |
| Please identify the category which applies to you or other type of disability. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'Other'. | | | | | | |
| 🞎 Physical impairment 🞎 Learning disability/difficulty  🞎 Sensory impairment 🞎 Long-standing illness  🞎 Mental health condition 🞎 Other | | | | | | |