

Application for Employment

IMPORTANT NOTE: You **MUST** read and complete this application thoroughly. Please complete this form in Adobe Acrobat or **BLACK BLOCK CAPITALS** as it will be photocopied. Please complete this application form in full, in order to help us improve the process of our recruitment. Any omitted or inaccurate information is likely to lead to a delay in any employment starting.

Positions Applied For	HEALTHCARE ASSISTANT
Home / Area	SLOUGH, BERKSHIRE

Please return your completed form to:

Imperial Breeze Healthcare South East Ltd
Unit 12 Whittenham Close
Slough Interchange Industrial Estate
Slough
Berkshire
SL2 5EP

A) PERSONAL DETAILS

Title:	Surname:			
Forename/s:		Are you over 18?		
House Number/Road:		Tel No:		
Town:		Mobile:		
County:		Post Code:		
Email Address:				
Work Tel No:		Contactable at wor	k?	
National Insurance No:		Valid Driving Licen	ce:	Yes / No

B) ARE YOU AN OVERSEAS APPLICANT OR CURRENTLY ALREADY IN THE UK? Overseas Applicant What is your country of Residence? Already in the UK on a visa (please tick appropriate box)

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*Limited leave to remain	_	*Working holid	ay∟				
*Student 🗆		*Other (please specify below)					
*Visa Expiry Date:							
*State any Visa restrictions):						
If you are an EU citizen		e Settled or Pr	e-Settled status	? (tick appror	oriate box	x)	
Settled	,	Pre-Settled Pre-S					
Date you entered the UK:							
,							_
C) AVAILABILIT	ΓΥ						
Please indicate any dates	you will not	be available for	interview in the r	next four weeks	:		
Available all the time.							
When would you be free t	to start emp	loyment? (if an o	offer is made)				
							_
D) EDUCATION	AND Q	JALIFICATIO	(Please provide de	tails of the qualificati	ons you have	obtained)	
Schools and Colleges							
Name of School/College		From: To: Examinations Passed – Qualifications		fications G	Gained:		
Further Education and Name of School/College		a. To.	Evaminations	Passed – Quali	fications	Full/Dart Times	
Name of School/College	Fron (MTh/Y		Gained:	Passeu – Quali	lications	Full/Part Time:	
			- Camean				_
							_
Details of 'Work Related'	Qualification	ons/Courses atte	ended				
Course Title:						Date: Certified or Attended	
-1					- 3		
E) EMPLOYME	NT (you	r current or	most recent	employm	ent)		
Company:				Job Title:			
Employment From		То:		Salary:			
(M/Y) Building/Road							
Town:							
Country				Post Code:			_
							_

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County					
Brief description of your re	ole and respor	nsibilities:			
Reason(s) for seeking new	employment:				
F) FULL EMPLO	YMENT HI	STORY (fr	om the	day you left school)	
IMPORTANT NOTE: We re	equire a comp	lete list of ev	ery organis	ation you have worked for since yo	ou left school
(age 16), with an account	of every gap o	or break in yo	ur employm	ent history. We are required to have	e this by law
and would appreciate you	r co-operation.	. Thank you.			
Employers name	From:	To:	Full/Part	Job title and brief details of your	Reason for
and place of work:	(MTh/Yr.)	(MTh/Yr.)	Time:	role:	leaving

Please add lines as required.

G) REFERENCES

IMPORTANT NOTE: This section must be completed in full. Your application cannot be considered if **FULL** and appropriate reference information is not supplied. Any job offer made to you will be dependent on

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satisfactory references being received within four weeks (it is your responsibility to ensure that referees respond to our reference requests). Both types of referees specified below are mandatorily required by law in order to offer employment.

REFERENCE 1: Current or previous employer (whoever is your most recent employer)

Referee's Name:						
Position:						
Company Name:						
Building/Road:						
Town:						
County:						
Post Code:						
Country:						
Landline Tel No:						
Business Fax No:						
Business Email:						
REFERENCE 2: Pre	eferably y	our emplo	oyer before last			
Referee's Name:						
Position:						
Company Name:						
Building/Road:						
Town:						
County:						
Post Code:						
Country:						
Landline Tel No:						
Business Fax No:						
Business Email:						
May we approach	the abov	e referees	s / individuals withou	t further liaisons	with you:	Yes / No
H) MONI	TORIN	G INFO	RMATION			
			uth East Ltd are fully marital status, deper			
enablin	g us to m	onitor the provide h		Equal Opportunit das part of the 's	ies Policy and P	-
			purposes onl	_		
1) Sex	T T		2) Marital St	atus		Group:
Male			Single		16 - 25	
Female			Married		26 – 35	
			Other (specify)		36 – 45	
					34 – 55	

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4) Ethnic Origin (Please Complete Both Parts – A & B):					
Α	В				
Asian	Black				
Caribbean	White				
African	Mixed				
South East Asian	Other (Specify)				
British / European					
Irish					
Other (Specify)					

56+

5) Disability		6) How did you hear about the post?		
I am a disabled person		National Press*		
I am a disabled person but not registered		Local Press*		
I am not disabled		Job Centre		
		Internal		
		Other*		
		*Please specify:		

I) REHABILITATION OF OFFENDERS ACT 1974

IMPORTANT! PLEASE READ CAREFULLY:

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 'Exemptions' Order 1975. Applicants are therefore not entitled to withhold information about convictions or police cautions which for other purposes are 'spent' under the provisions of the Act and in the event of employment; any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential (according to the Data Protection Act 1998) and will only be considered in relation to an application for positions to which the Order applies.

Have you ever been convicted of a: Have y

Have you ever received a:

Please tick as appropriate. If the answer is 'Yes' to any of the above then please provide details of any Conviction(s), Caution(s), Reprimand(s) including date(s) below and sign this sheet to verify the information you have provided is correct. In any case, this section **MUST** be completed.

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Information relating to the above disclosed information (where necessary):
Successful candidates are required by law to apply for an enhanced disclosure from the Disclosure Barring Service.
Further information about the disclosure service can be found at www.gov.uk/dbs or by contacting the DBS information line on 0870 30 30 811 .
POLICY DISCLAIMER/STATEMENT
If I am employed by Choice Care Group prior to the return of my disclosure, I accept the following:
That my probationary period has been estimated on the basis that my DBS certificate will contain no additional information to that shown above.
In the event that other information is provided (including any that may not be disclosed to the applicant) then I understand that my employment may be terminated. I understand that this will be classed as gross misconduct and that, subject to the company's disciplinary procedure, render me liable to summary dismissal. There is a possibility that no notice period will be given or paid.
SIGNED:
PRINT NAME:
DATE:
By signing you do verify that the information you have provided in this application form is accurate to the best of your knowledge and that yo

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understand the statements provided herein.