**TRIPLE CARE HEALTHCARE SERVICES**

**JOB APPLICATION FORM**



**Triple care healthcare services**

**Application guide**

This guide is designed to help you with application process. This application form plays an important role in determining whether you qualify for the next stage of the recruitment process. Please read the following information carefully before proceeding further.

**The Person Specification**

* The person specification contains the experience, knowledge, skills and qualifications that are required. It is important to include these on your application form
* Think of any experience that you have acquired through volunteer work, community activities, or any informal experience (looked after family, friend)

**The Job Description**

* The job description explains the duties that you will be involved in and expected to carry out on daily basis
* Check if this is the role you are interested in and will you want to pursue as a career

**Employment History**

* List your work history, start from your most recent employment and write in chronological order.
* Make sure that any gaps in employment are explained with reasons
* Ensure you write the correct dates of your employment (include both start and finish)

**Additional Information Sheet**

* Write about your experience that is relevant to the post you are applying for
* Refer to the person specification and job description- you should relate your experience to those. You can refer to formal or informal experience
* Write in a positive manner, show your experience, skills and suitability for the post

**Ensure that you:**

* Type or hand write your application form clearly using black ink remembering to sign the form
* Email your form to info@triplecarehealthcareservices.com or post it back to the address indicated on the form/letter

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| **POST APPLIED FOR:** |  |

|  |  |
| --- | --- |
| **Title:** |  |
| **Surname:** |  | **First Name(s):** |  |
| **Age:** |  | **Date of birth:** |  |
| **Address:** |  |
|  |
| **Home tel. number:** |  | **Mobile tel.****Number:** |  |

|  |  |
| --- | --- |
| **Email address:** |  |
| **National Insurance number:** |  |  |  |  |  |  |  |  |  | **Work permit** **Required:** | YES |  | NO |  |
| **Full UK driving license:** |  | **Business Insurance:** | YES |  | NO |  |
| **Endorsements:** **Please give details** |  | **Access to car****For work:** | YES |  | NO |  |

|  |  |
| --- | --- |
| **What areas/distance are you willing to travel:** |  |
| **Membership of Professional****Body (give details)** |  |
| **Languages spoken:** |  |
| **How did you hear about the Vacancy?** |  |
| **Next of kin name:** |  | **Tel number:** |  |
| **Email:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Availability** | **Morning** | **Lunch** | **Teatime** | **Evening** | How many hours are you  |  |
| Monday |  |  |  |  | looking to work per week? |  |
| Tuesday |  |  |  |  | Is there anything else we should |  |
| Wednesday |  |  |  |  | know about your availability? |  |
| Thursday |  |  |  |  | Are there any other restrictions or |  |
| Friday |  |  |  |  | Activities that will limit your availability? |  |
| Saturday |  |  |  |  | Do you have any holidays |  |
| Sunday |  |  |  |  | pre-booked? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever been a subject to disciplinary process by your previous employer? | YES |  | NO |  |
| If YES, please give details and outcome: |  |

**EDUCATION/QUALIFICATIONS/TRAINING**

Please give details about qualifications gained - continue a separate sheet where necessary:

|  |  |
| --- | --- |
| **EDUCATION / QUALIFICATIONS** |  |
| **School’s attended**  | **Date** | **Qualification and Grade** |
|  |  |  |

|  |
| --- |
| **TRAINING (If you have completed any relevant training to this post please give details)** |
| **Training Body and Course details** | **Date** | **Qualification achieved** |
|  |  |  |

**EMPLOYMENT BACKGROUND (please continue a separate sheet if necessary)**

|  |  |  |  |
| --- | --- | --- | --- |
| **CURRENT / MOST RECENT JOB** |  |  |  |
| **Employer’s name and address** |  |  |
| **Job Title** |  | **Notice required** |  |
| **Reason for leaving** |  |  |
| **Brief Description of Duties**  | **Dates (month & year)** |
|  | From | To |
|  |  |

**PREVIOUS EMPLOYMENT (PAID AND VOLUNTARY)**
Please detail the most recent first. Where there are gaps between jobs please indicate why, for example; continuing education, family, child care, unemployment or travelling. ***Continue on a separate sheet if necessary***

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer’s name and address** |  | Reason for leaving | FOR OFFICE USE ONLY |
| **Job Title** |  |  | **Gap in Employment?****Yes No**  |
| **Brief Description of Duties:** | **Dates (month & year)** | **If Yes, give reason** |
|  | From | **To** |  |
|  |  |  |

##

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer’s name and address** |  | Reason for leaving | FOR OFFICE USE ONLY |
| **Job Title** |  |  | **Gap in Employment?****Yes No**  |
| **Brief Description of Duties:** | **Dates (month & year)** | **If Yes, give reason** |
|  | From | **To** |  |
|  |  |  |
| **Employer’s name and address** |  | Reason for leaving | FOR OFFICE USE ONLY |
| **Job Title** |  |  | **Gap in Employment?****Yes No**  |
| **Brief Description of Duties:** | **Dates (month & year)** | **If Yes, give reason** |
|  | From | **To** |  |
|  |  |  |
| **Employer’s name and address** |  | Reason for leaving | FOR OFFICE USE ONLY |
| **Job Title** |  |  | **Gap in Employment?****Yes No**  |
| **Brief Description of Duties:** | **Dates (month & year)** | **If Yes, give reason** |
|  | From | **To** |  |
|  |  |  |

**REFERENCES:**

Please provide us with details of three references, one of which **must** be your present or most recent employer. The other referee will ideally be your most recent previous employer.

If you cannot provide us details of your previous employer, you may substitute it from the person of professional standing (e.g. a lawyer, accountant, doctor, teacher, recognised religious leader) who knows you, either professionally or personally.

**You must not give the names of friends or relatives or colleagues that were not senior to you as referees. All referees will be verified.**

|  |  |  |
| --- | --- | --- |
| **Name:** |  | **FOR OFFICE USE, ONLY** |
| **Position:** |  | **Date refs sent:** |
| **Organisation:** |  | **…. /…. /201..** |
| **Address:** |  | **Date refs received:****…. /…. /201..** |
| **Tel Number:** |  | **Email:** |  | **Verified by:****…………………….** |
| **Capacity in which they know you:** |  | **Date refs verified:** |
| **May we contact this reference prior to interview?** |  | **…. /…. /201..** |

|  |  |  |
| --- | --- | --- |
| **Name:** |  | **FOR OFFICE** **USE ONLY** |
| **Position:** |  | **Date refs sent:** |
| **Organisation:** |  |  **…. /…. /201..** |
| **Address:** |  | **Date refs received:****…. /…. /201..** |
| **Tel Number:** |  | **Email:** |  | **Verified by:****…………………** |
| **Capacity in which they know you:** |  | **Date refs verified:** |
| **May we contact this reference prior to interview?** |  | **…. /…./201..** |

##

## SHORT LISTING INFORMATION Skills and Abilities/ Knowledge & Experience/ Qualities

**This is an important part of the application.**

**Please provide a brief description of how did you overcome a challenge that you handled in work environment or in your personal experience.**

|  |
| --- |
|  |

*Please continue on a separate sheet if necessary*

Tell us why you are applying for this job. You should also show how you meet the requirements of the person specification by providing details of your experience, skills & knowledge gained in employment, voluntary work or elsewhere.

|  |
| --- |
|  |

*Please continue a separate sheet if necessary*

Please indicate if you have suffered from any of the following ailments and give details of any current medication or treatment and date of last related condition.

|  |  |  |  |
| --- | --- | --- | --- |
| Ailment | Yes | No | Description |
| Headaches |  |  |  |
| Blackouts |  |  |  |
| Backache |  |  |  |
| Heart/Blood Pressure |  |  |  |
| Rheumatism/Arthritis |  |  |  |
| Allergies |  |  |  |
| Infectious Disease |  |  |  |
| Respiratory Problems |  |  |  |
| Visionary Problem |  |  |  |
| Hearing Loss |  |  |  |
| Mental Illness |  |  |  |
| Stress Related Illness |  |  |  |
| Recurring Chronic Illness |  |  |  |
| Any Other Condition |  |  |  |
| Do you suffer from any injury, illness, medical condition or allergy that might affect your ability to perform your duties? If Yes, please give further details.  |  |  |  |
| Are you currently on medication (excluding contraceptives)? If YES, please give further details. |  |  |  |
| Have you been off sick in the last 12 months of your employment? If Yes, you must give details on how many days and how many times you were off sick. |  |  |  |

## Rehabilitation of Offenders Act 1974

As an organisation assessing applicants’ suitability for the roles that are included in Rehabilitation of Offenders Act 1974 (Exceptions) Order using criminal records checks processed through the Disclosure and Barring Service (DBS), we comply fully with the Code of Practice and undertake to treat all the applicants for positions fairly.

The position that you have applied for involves working with vulnerable people and we take the responsibility to protect them very seriously. Any details provided will be treated with confidentially and will not automatically exclude you from being considered for the vacancy.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you ever been convicted of a criminal offence or received a Police conditional discharge, bind-over, caution, warning or reprimand?**  | Yes |  | No |  |
| **Have you ever been issued with a Penalty Notice for Disorder?** | Yes |  | No |  |
| **If so, what was the offence?** | Date: |  |

**You must write a statement on a separate sheet with full explanation of any offence(s).**

Making a false statement or any attempt to conceal information regarding this declaration will lead to the rejection of your application for employment with this company. Any details provided will be treated in the strictest confidence and will not automatically exclude anyone from being considered for any vacancy.

### DECLARATION

I have completed an Application for a Criminal Disclosure and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults or children.

I also give permission for a copy of the disclosure to which I am subject, being made available to a named Authorised Person upon written request, who acts on behalf of a National Government or Local Government Department for auditing purposes.

|  |  |
| --- | --- |
| **Print Name:** |  |
| **Signature:** |  |
| **Date:** |  |

##### DECLARATION

**Please read the following statements carefully and tick as you have read them. If you don’t understand anything, please ask the team before signing this form.**

**I understand and agree that:**

* All the information given is true and I understand that any false or misleading information may result in my removal from triple care healthcare services’ register of applicants;
* I confirm that I am eligible to work in the UK;
* The company may make checks to verify the information I have provided;
* The information I have provided in this application form is confidential and will be handled in line with the Data Protection Act 1998;
* I consent to processing of sensitive personal data in accordance with Data Protection Act 1998:
* The company will use the personal information I have provided to decide if I am suitable for the vacancy I have applied for;
* Until I am employed, Triple care healthcare services will not use my personal information for any purpose other than monitoring its own recruitment processes
* Providing misleading or false information in this form or at any other time during the application process may disqualify me from appointment or, if I have already been appointed, may result in my dismissal;
* If my application is unsuccessful, the company will keep only basic information about me and destroy the rest;
* If my application is successful, my personal information will be used for legitimate purposes in relation to my work (my contract of employment, which I will sign before I start work, will include further detail on how my information may be used);
* Any offer of employment will depend on the satisfactory completion of a Disclosure and Barring Service (DBS);
* I will be required to complete a pre-employment induction training programme prior to my starting work with the company;
* My attendance on the induction training programme will not indicate any offer (on the part of the company) or acceptance (on my part) of employment;
* I consent to the processing of sensitive personal data as referred to on the front page of this form.

|  |  |
| --- | --- |
| Print Name: |  |
| Signature: |  |
| Date: |  |

**OFFICE USE ONLY:**

**Application form assessed by:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Signature:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Based on the completed application form, is the person successful to proceed with the interview?** | Yes |  | No |  |
| **If ‘No’, please explain the reason why:** |  |

|  |
| --- |
| **Make sure a rejection letter is issued and sent to any unsuccessful applicant.****Successful candidates should be invited to the interview and invitation letter needs to be sent out.** |
| **Signed:** |
| **Date:** |
| **Notes:** |