Enhanced Care Group Application of Employment – Nurse Role

Please ensure that **all parts** of this application form are **completed in full** – failure to provide all requested information will result in your application form being returned.

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| 1. **SERVICE AND ROLE** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Service applying to (please tick):** | | | | | | | | | | Byker Hall Care Home | | | | | Fellingate Care Centre | | | | | | | | Wardley Gate Care Centre | | | |
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| **Nursing PIN Registration details:** | | | | | | | | | | Pin no: | | | | | | | | | | | | | Expiry date: | | | |
|  | | | | | | | | | | | | |  | | | |
| **Hours applying for (please tick):** | | | | | | | | | | Full-time | | | | | Part-time | | | | | | | | Bank | | | |
|  | | | | |  | | | | | | | |  | | | |
| Days | | | | | Nights | | | | | | | | Both | | | |
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| 1. **PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title:** | | | | |  | | | | | | | | **First name(s):** | | | | | | |  | | | | | | |
| **Surname:** | | | | |  | | | | | | | | **Date of birth:** | | | | | | |  | | | | | | |
| **Address:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Postcode:** | | | | |  | | | | | | | | **Length of time at this address:** | | | | | | |  | | | | | | |
| **Previous full addresses (if length of stay at current address is less than 5 years):** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Home telephone number:** | | | | | |  | | | | | | | **Email address:** | | | | | | |  | | | | | | |
| **Mobile telephone number:** | | | | |  | | | | | | | | **Previous names:** | | | | | | |  | | | | | | |
| **Work telephone number:** | | | | |  | | | | | | | | **National Insurance no:** | | | | | | |  | | | | | | |
| **Name of next of kin (if required in an emergency):** | | | | |  | | | | | | | | **Telephone number(s) of next of kin:** | | | | | | |  | | | | | | |
| **Do you hold a current driving licence?** | | | | | Yes | | | No | | | | | **Do you have regular use of a vehicle?** | | | | | | | Yes | | | | | No | |
|  | | |  | | | | |  | | | | |  | |
| **Do you hold any current driving convictions / endorsements?** | | | | | Yes | | | No | | | | | **If yes, please give details of convictions / endorsements:** | | | | | | |  | | | | | | |
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| 1. **PRESENT EMPLOYER** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of employer:** | | | | |  | | | | | | | | **Address of employer:** | | | | | | |  | | | | | | |
| **Telephone number:** | | | | |  | | | | | | | | **Nature of business:** | | | | | | |  | | | | | | |
| **Job title:** | | | | |  | | | | | | | | **Responsible to:** | | | | | | |  | | | | | | |
| **Present grade / salary:** | | | | |  | | | | | | | | **Other benefits enhanced:** | | | | | | |  | | | | | | |
| **Date of appointment:** | | | | |  | | | | | | | | **Notice period required:** | | | | | | |  | | | | | | |
| **Reason for seeking other employment:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Brief description of duties:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 1. **PREVIOUS EMPLOYMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please detail below your full employment history from leaving school to your most recent employer; please provide full start and end dates for each job held: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name and address of employer:** | | | **Job title:** | | | | | | **Start date:** | | | **End date:** | | | | **Salary / grade** | | | | | | **Reason for leaving** | | | | |
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| **Please provide dates and explanations for any gaps in employment below***:* | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **If you have previously worked with vulnerable adults or children, please state why this employment ended:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **EMPLOYMENT POLICIES** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you currently in other paid employment, e.g. consultancy work, seasonal or part-time work, self-employment?** | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No |
|  | | | |  |
| **Do you intend to continue with this employment if appointed to this position?** | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No |
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| **Where did you hear about this post?** (e.g. Name of website, personal recommendation (please state person’s name): | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Do you know anyone who works, or has worked, for Enhanced Care?** | | | | | | Yes | No | | | | | **Please give details:** | | | | | | | | | |  | | | | |
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| 1. **EDUCATION (to be completed from secondary school)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of school / college / university and address:** | | | | **Dates:** | | | | | | | | | **Qualifications gained:** | | | | | | | | | **Grades:** | | | | |
| **From:** | | | | | **To:** | | | |
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| 1. **PROFESSIONAL QUALIFICATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please give details of any current professional qualifications you hold or are in the process of obtaining, including level of membership of professional bodies: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of institute / professional body:** | | | | | | | | | **Exams: date and level** | | | | | | | | | **Current class of membership:** | | | | | | | | |
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| 1. **OTHER TRAINING AND QUALIFICATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please give brief details of other qualifications or training courses attended relevant to your application: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of qualification or training:** | | | | | | | | | | | | | | | | | | | | | **Date achieved:** | | | | | |
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| 1. **SUPPORTING INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please provide details of relevant experience and why you consider yourself suitable for the post:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **HEALTH / MEDICAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please note all new employees to Enhanced Care are required to complete a medical questionnaire. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you been absent from work through ill health for more than 5 days in total during the last 12 months?** | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No |
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| **If you have answered yes, please give reasons for your absences and the length of each one:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **REHABILITATION OF OFFENDERS ACT 1974 (Exceptions Order 1975)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As Enhanced Care Group meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974, all applicants offered employment will be subject to a criminal records check by the Disclosure and Barring Service (DBS) before the appointment is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions.  The post for which you are applying will be subject to an Enhanced Disclosure from the DBS; you should give full details below of all matters, including convictions, “spent convictions”, cautions, reprimands and final warnings. You should also include details of any relevant non-conviction information including police enquiries and pending prosecutions of which you are aware. By providing this information you are giving the opportunity to discuss these matters openly with us, which enables us to give your application full and fair consideration.  **Possession of a criminal record will not necessarily bar any suitable, appropriately qualified person from working with us; this will depend on the nature of the position, and the date, circumstances and background of any offences. These checks are necessary because Enhanced Care Group is responsible for providing personal care to vulnerable people.**  Enhanced Care Group will abide by the DBS Code of Practice when dealing with disclosures; any information relating to a disclosure from the DBS will be strictly confidential and will only be considered in relation to your application. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you ever been convicted of any criminal offence, received a caution or been bound over, even as a juvenile?** | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No |
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| **If you have answered yes, please supply full details:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Failure to disclose on this application form, any conviction or information subsequently revealed by the DBS check will be taken into account when offering a post to applicants.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **REFEREES** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| You must include your current / most recent employer and one previous employer who can provide information on your competence and suitability to work in a care home of this type. If under the age of 25 you may use the head of your previous educational establishment as one referee. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | |  | | | | | | | | | **Name:** | | | | | |  | | | | | | | | | |
| **Position held by referee:** | |  | | | | | | | | | **Position held by referee:** | | | | | |  | | | | | | | | | |
| **Organisation:** | |  | | | | | | | | | **Organisation:** | | | | | |  | | | | | | | | | |
| **Full address:** | |  | | | | | | | | | **Full address:** | | | | | |  | | | | | | | | | |
| **Telephone number:** | |  | | | | | | | | | **Telephone number:** | | | | | |  | | | | | | | | | |
| **Email address:** | |  | | | | | | | | | **Email address:** | | | | | |  | | | | | | | | | |
| **Please provide a reason if neither of the professional referees above are your current employer:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **May references be taken up without further approval?** | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | |
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| 1. **DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If appointed, when could you start work?** | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **Please read carefully before signing and submitting this application:**   * I confirm that the above information is complete and correct and that any untrue information will give Enhanced Care Group the right to terminate any employment contract offered. * I agree that Enhanced Care Group reserves the right to require me to undergo a medical examination (should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). * I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with General Data Protection Regulations (GDPR). * I understand and agree that any of offer of this post will be subject to:  1. A satisfactory enhanced DBS check from the Disclosure and Barring Service 2. A satisfactory outcome to enquiries including references, identity checks and verification of qualifications  * I consent to Enhanced Care Group making all of the necessary enquiries. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature:** |  | | | | | | | | | | | | | **Date:** | | | | |  | | | | | | | |
| We process personal data relating to those who apply for job vacancies with us or who send speculative job applications to us. We do this for employment purposes, to assist us in the selection of candidates for employment, and to assist in the running of the business. The personal data may include identifiers such as name, date of birth, personal characteristics such as gender, qualifications and previous employment history.  We will not share any identifiable information about you with third parties without your consent unless the law allows or requires us to do so. The personal data provided during an application process will be retained for a period of at least six months or, if required by law, for as long as is required.  This privacy notice does not form part of an employment offer or contract between us. If we make an employment offer to you, we will provide further information about our handling of your personal information in an employment context separately.  If you would like to find out more about our data retention policy and how we use your personal data, you want to see a copy of the information about you that we hold or have any questions or issues regarding data protection, please email info@enhancedcare.co.uk with the Subject “Data Protection Request”. | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Please return this completed application form to the relevant service:**   * The Manager, Byker Hall Care Home, Allendale Road, Newcastle Upon Tyne NE6 2SB * The Manager, Fellingate Care Centre, Fox Street, Gateshead NE10 0BD * The Manager, Wardley Gate Care Centre, Lingey Lane, Wardley, Gateshead NE10 8EU   **or via email: info@enhancedcare.co.uk** |

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| **OFFICE USE ONLY** | |
| **Date application received:** |  |
| **All information verified and passed to Service Manager** |  |
| **If no, state actions:** |  |