



*Service of Love Rowina  
Healthcare Services*

# Application Form

Title:

Name:

Surname:

Home Address:

Postcode:

Contact Number:

Email Address:

D.O.B

NI number

**Bank Details : Bank Name:**

Name:

Account:

Sort code:

Position applying for:

Do you hold a full UK driving license?

**Yes**

Please provide details of any driving endorsements on your license:

Do you have any holidays booked? (please give details)

**When do you prefer to work?**

	Morning	Afternoon	Overnight
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

**Your education**

Where did you study?	From (mm/yy)	To (mm/yy)	What grades did you achieve?

**Please give details of professional training, qualifications and updates you have undertaken**

Qualifications/Training	Date of qualification/training/update	Expiry Date (if relevant)
NVQ lvl 2		
NVQ lvl 3		

Do you hold any professional memberships? If so, please give details:

## PREVIOUS EMPLOYMENT

Tell us your **work history** (including voluntary work and service within the Armed Forces). We require 5 years of work history, detailing full address of your employer. If you were **out of work** for any period of time, please give details including; reason, dates and the full address of the Employment Benefits Agency if you were registered unemployed.

Start with your **present or last employer** and work backward

Who did you work for? (name and address of employer or unemployment details)	When? (mm/yy)	What did you do? (job title)	Reason for Leaving
Present			
Previous employer	From  to		
Previous employer	From:  To:		

## References:

**Reference 1 most recent employer, school, college or university**

Organisation Name:	
Person to Contact:	
Position:	
Telephone Number:	
Email Address:	
Address:	
Postcode:	

## Reference 2 previous employer, school, college or university

Organisation Name:	
Person to Contact:	
Position:	
Telephone Number:	
Email Address:	
Address:	
Postcode:	

## REHABILITATION OF OFFENDERS ACT 1974

Working in health and social care means care means we need to pass enhanced checks. Because of this you are required to disclose all spent and unspent convictions, cautions, reprimands and warnings under the Rehabilitation of Offenders Act 1974 exemption. Please be aware that some convictions although spent may still appear on your DBS.

Please answer this section honestly. If you are in any doubt whatsoever about making a declaration, then please discuss with the local Branch Manager. You are required under the act, to inform us if you are convicted of a criminal offence, cautioned or have a hearing pending in the future. A **conviction does not automatically prevent you from working for us**, however failure to declare or providing inaccurate information will be taken into consideration when reviewing your disclosure. If you are successful in your application, you have a responsibility to update us with your disclosure status.

We actively promote equality of opportunity for us all, as stated in our Equal Opportunities policy below.

**Are you aware of any recent/outstanding allegations/investigations that have been made against you that relate to any safeguarding issues/referrals including any referrals to the Nursing Medical Council, Disclosure & Barring Service (DBS) or Protection of Vulnerable Groups Scheme (PVG)?**

No

**Do you have any spent or unspent convictions, cautions, reprimands or warnings?**

No

**Do you have any pending or unresolved disciplinary action taken against you, either in employment or care related activity?**

No

**If you have answered YES to any of the above, please provide details:**

If necessary, please continue on a separate page and attach to the application form.

## Passport and work permits

People with an automatic right to work are citizens of the UK, Europeans Union and E.E.A. and certain Commonwealth citizens.

Do you need permission to work in the UK?

If **Yes** please, state the type of visa required for work in the UK.

## The official part

What we need you to do here is read everything carefully and sign at the bottom to confirm your understanding and agreement. If you would rather us talk you through this bit – no problem, let us know.

## Qualifications

It is the company's policy to verify the qualifications of all successful job applicants and you may be asked at a later stage to evidence training and qualifications declared on this form.

**Please indicate that you confirm understanding:**

## Working time regulations

The European Union has regulations in place for all workers, governing the number of hours during the working week that it is safe to work. The current limit is 48 hours per week. We would never compel you to work more than 48 hours per week, but you may choose to do so. You will find further information on the Health and Safety Executives website. **Please indicate your preference:**

**I DO wish to work more than 48 hours per week.**

## Data protection act 1998 and inspection

We are required to hold personal information on staff such as National Insurance Number, address, qualifications, a mechanism for checking health and fitness including records of immunisations, record of training, annual leave and sickness, written references and Rehabilitation of Offenders information, from time to time we may be required to release elements of this information in placing you in assignments; please be assured that we would only disclose information that is necessary. If you have any concerns about this or want to discuss it further, please contact your branch manager. **Please indicate your preference:**

**I consent to the disclosure of information required to place me on assignments:**

**Sign.....**

### Application declaration

I confirm that the information given on this application form is correct to the best of my knowledge. I understand that any false statement may disqualify me from employment, or render me liable to dismissal. I authorise the Company (Rowina HCS) to approach the employers listed on my application, and carry out all other necessary enquiries to confirm that the employment and educational information is correct. I also authorise the Company (or any company authorised to act on their behalf), to approach any other former employer or educational establishment named on my CV or application form. This information will only be used following either verbal or written acceptance of employment.

I understand that any agreement entered into is subject to a probationary period, satisfactory references and enhanced DBS check, successful completion of Selection Training and any other checks, documentary evidence of my National Insurance Number, my right to work in the UK, proof of current address and, if necessary, a medical examination.

1 All of the above declarations, as indicated with 'yes'

2 The company approaching any Government Agency (including the Department of Works and Pensions (DWP), former employers, places of education and personal referees to verify the information given (please note that your present employer will not be approached until we have issued a conditional offer of employment).

3 My ID being passed to the relevant authority for checking should be necessary.

4 Any concerns regarding the authenticity of my ID and proof of residence being reported to the relevant authority.

5 Rowina Healthcare or nominated third party contacting me after the term of my employment.

**NEXT OF KIN**

Contact Person:.....Relationship to you.....

Address.....Post Code.....

Tel: .....Emails .....

I agree that by signing this form I consent to Rowina accessing my information

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After completing this application form return to

[infor@rowinahealthcare.co.uk](mailto:infor@rowinahealthcare.co.uk) Or call Tina @ 07767973770/07414216658 for further information.

Sign	
Print Name	Date

**Equality Opportunities**

This section of the application form will be used for monitoring purposes only, and will not be seen by employment decision makers. Rowina HCS operates a policy of equal opportunity for all, recognises and promotes the benefits of a diverse workforce. We are committed to treating all employees fairly regardless of age, disability, gender assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

**Gender?**

Male			
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**WHAT IS YOUR AGE GROUP?**

18-30							
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**WHAT IS YOUR ETHNIC GROUP?**

Ethnicity	
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**DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY**

no

If yes, state the nature of disability.

Would you need any adjustment?

During interviews?

**FOR OFFICE USE ONLY**

**CHECK LIST**

Application	
Proof of address	
Proof of identity	
Eligibility to work in UK	
NMC pin	

DBS application	
48 hrs opt out	
2 passport photos	
2 professional references	

**Certification**

**The applicant has been interviewed and documents submitted are legit for purpose of this application at Rowina HCS.**

**Signed by:**

**Print Name:**

**Date:**