

 OFFICE USE ONLY

APPLICATION FOR EMPLOYMENT

|  |
| --- |
| Please return completed forms to108, office No 306New Walk Road Leicester  LE1 7EA |

|  |  |
| --- | --- |
| Reference No.           | Closing Date           |

[ ] For a full electronic application to the post for which you are applying, this form may be saved to disk, completed on screen and e-mailed to the address above. This is the most efficient use of this form.  If you are unsure how to carry out this task, please see FULL INSTRUCTIONS box below)

[ ] Alternatively this form may be:

1. [ ] Printed and ALL sections completed in black ink or type and surface mailed to the address below, or

b) [ ]  Completed on screen and then printed and mailed to the address above, by the closing dat stated in the advertisement.

|  |
| --- |
|  FULL INSTRUCTIONS FOR COMPLETION OF ELECTRONIC APPLICATION FORM [ ] Save the form, prior to commencing completion, by clicking on the File menu (at the top of the screen) and then choosing "Save As".  In the Save In box, choose a folder on your hard disk or place a floppy disk in your 3 1/2" disk drive in which to store the form.  Choose a file name by which you will recognise the form and enter this into the file name box.   Then click Save.    [ ]  To commence completion of the form, use the Tab, Mouse or the Up and Down Arrows to quickly move between the text and check boxes.  Text boxes will automatically expand to take your text and a mouse-click will signify your choice of answer in the check boxes.  It is recommended that you use the Save button regularly.   [ ]  Once completed, your form may then be e-mailed to the address above as an attachment.  To do this, click on the e-mail address above, which should automatically open up a new message in you e-mail package. If not, select the e-mail address on the form (click on the e-mail address and by holding the left mouse button down, draw your  selection to end of the address).  With the e-mail address highlighted, copy it into your outgoing e-mail To: box.  (Ctrl + C to copy and Ctrl + V to paste).  [ ] Enter the job reference and job title in the Subject box, click on attach, choose the folder or floppy disk location of your file, double click on the file name to automatically attach the form to your e-mail.  A short covering note may be added to the body of the outgoing e-mail, if required.   [ ] Finally, click Send.  |

NOTES FOR APPLICANTS

[x] Your application form plays an important part in the selection process, both in deciding whether or not you will be short listed for interview, and as a basis for interviewing. These notes are provided to help you complete the application form as effectively as possible.

[x] Data Protection Act 1998

[x] This Act regulates how information, related to individuals, may be obtained, held, used and disclosed. This, therefore, gives rights to individuals who have personal information stored about them by their employer, or a potential employer. Essentially, this means that the Comfort 24 Hrs has a responsibility towards the security and appropriate use of all data that we collect and use.

[x] Google.com Comfort 24 Hrs is committed to protecting the rights of all our employees, or potential employees, and therefore, any information which is provided by candidates will be treated with the utmost confidentiality and will not be disclosed to 3rd parties, unless prior agreement has been given.

Personal Details

[x] Please complete this section fully, this information is important, as it will help us to contact you should you be successful at the short listing stage. Should you not wish to be contacted at work, or if discretion is required, please indicate this underneath your work telephone number. It is also important that you indicate here if you require a work permit, this is due to Asylum and Immigration regulations. Obtaining work permits can be a very lengthy process and therefore, should you be successful, your work permit application could be submitted immediately.

Top of Form

|  |  |
| --- | --- |
| Title Dr [ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other      | Surname       |
| Forename(s)       | Familiar Name         |
| Address           Postcode           |
| Telephone Number Home             | If necessary, may we contact you at work? YES[ ]  NO[ ]  |
| If YES, please state your work contact number [ ]  Telephone Number Work            Ext       |

Bottom of Form

|  |  |  |
| --- | --- | --- |
| Do you hold a current UK driving licence?YES[ ]  NO[ ]  | Are you a car owner?YES[ ]  NO[ ]  | Would you be willing to use this car for business purposes?YES[ ]  NO[ ]  |
| Current Endorsements (Please give details)            |
| Are you an EC national? YES[ ]  NO[ ]  | Do you require a work permit? YES[ ]  NO[ ]  |
| Do you hold professional registration?YES[ ]  NO[ ]  | If yes, please state which.           |
| Professional Membership or Registration No.           | Renewal Date           |

Present/Most Recent Employment

If you are presently unemployed, please provide details of your most recent employment. Should this be your first employment since leaving education, you should provide details of any part time positions. It is important that you give a brief summary of your duties, this will provide information as a basis for interview. Please continue on a separate sheet if necessary

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address of Employer | Job Title & Grade  | Dates | Reasons for Leaving |
| From | To |
|       |         |        |       |       |
| Brief summary of your duties, responsibilities and principal accountabilities      |
| Notice period required from present employerWeeks            Months           |

Employment History

Please list most recent posts first. All previous experience should be included. This should cover the last 10 years or your full employment history. If completing this form by hand, please continue on a separate sheet if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address of Employer | Job Title & Grade  | Dates | Reasons for Leaving |
| From | To |
|        |         |       |          |       |

Education and Training

This section should include your educational qualifications at GCSE level (or equivalent) and above. Also include any training you have received which is relevant to the position. Qualifications, which are being currently undertaken, should also be included.

Secondary Education and Qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School/College | Subject | Grade | Date |
|           |          |           |          |

Further Education

|  |  |  |  |
| --- | --- | --- | --- |
| Name of College/University | Subject | Grade | Date |
|         |      |       |       |

Professional & Management Training (Non-clinical related)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of College/University | Course Title | Qualification | Date |
|         |        |       |        |

Nursing/Midwifery Training, Training Schools

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Establishment | Qualification & Number Obtained | Date | Pin No. | Practice Expiry date |
|       |       |         |         |           |

Post Certificate Clinical Training

|  |  |  |
| --- | --- | --- |
| Course Title | Where Held | Dates |
|         |        |       |

Additional Information

|  |
| --- |
| This section should include any information which you feel will support your application. You may wish to expand on your present position or give details of any relevant work achievements or personal qualities. You should refer to the enclosed job description and provide information on your suitability for the position and analyse how your skills and experience relate to the role. If completing by hand and posting, please continue on a separate sheet, if necessary and ensure that attention is drawn to any enclosures.           |

References

You must provide details of two professional individuals who have consented to act as a referee on your behalf, one of these individuals must be your present or last employer or your tutor/lecturer. Family or personal friends cannot be used.

Your referees will be contacted prior to interview unless you indicate otherwise. Satisfactory references must be received before an offer of employment is made.

|  |  |
| --- | --- |
| Name           | Name             |
| Address          Postcode            | Address            Postcode             |
| Telephone No          | Telephone No            |
| Occupation            | Occupation            |
| Capacity in which known to you             | Capacity in which known to you             |
| If you are invited for interview, may your present employer be approached for a reference? YES[ ]  NO[ ]  |

Rehabilitation of Offenders Act 1974

Due to the nature of the service, the Comfort 24 Hrs is exempt from the main provisions of the Rehabilitation of Offenders Act 1974. You must disclose any convictions you have had, regardless of the nature or time period. Should you fail to disclose this information, this could adversely affect your employment with us and should you be successful, will result in the termination of your employment. Any convictions should be listed on a separate sheet, It will be treated with the strictest confidentiality.

|  |
| --- |
| Have you any previous convictions?       YES[ ]  NO[ ]  |
| If YES, please give brief details of ALL criminal convictions on a separate sheet of paper, which should be returned with the application form. (If returning by e-mail – this may be added as a separate attachment). |

Declaration

You must ensure that all the information given on the form is true, complete and to the best of your knowledge. Should you be appointed, any false statement will result in the termination of your employment

|  |  |
| --- | --- |
| \* Signature:             | Date:          |

 \*IF RETURNING THIS FORM BY E-MAIL, IT MAY BE SIGNED AT INTERVIEW. HOWEVER, RETURNING THIS FORM BY E-MAIL IMPLIES THAT THE INFORMATION ON THIS FORM IS TRUE AND COMPLETE.

Please Note

Due to our commitment to equal opportunities, we ask all applicants to fully complete the application form, in order for all candidates to be assessed equally and consistently. Therefore, if you wish to enclose or attach your CV, you may do so, however, this will only be used to provide additional information.

If you require any further assistance please contact the Recruitment Team on 01163672538

Continue to next page.

Equal Opportunities in Employment

|  |
| --- |
| [x] StatementComfort 24 Hrs is committed to achieving equal opportunities in employment. The Comfort 24 Hrs aims to ensure that there is no direct or indirect discrimination against any person, on any grounds, including race, colour, creed, sex, sexual orientation, marital status, religious beliefs, age or disability, when recruiting, selecting, training, promoting or disciplining its employees.[ ] MonitoringFor our Equal Opportunities policy to be effective, we need to identify those areas where positive action may be required. To identify those areas, we need to monitor our equal opportunities performance. Therefore we need to collect information from applicants concerning their ethnic origin, marital status, disabilities etc.[ ] Please NoteThis information is for monitoring purposes only, and is covered by the Data Protection Act 1998, therefore, any information provided will be treated in strictest confidence. This form will be separated from the application form before shortlisting commences. |
| Please answer the following questions and return with your application form |
| Application for the post of             | Reference No.            |
| Surname            | Forename            |
| Address            |
|  | Date of Birth            |

Please Note: Due to Comfort 24 Hrs Executive regulations, candidates for NURSING positions must be aged between 18 and 65 years

Ethnic Origin

This does not refer to nationality, but normally refers to the people or culture with which you would identify your family. Please read the definitions below and tick the appropriate box

|  |
| --- |
| UK/Irish [x]  White European[ ]  White Other[ ]  Black Caribbean[ ] Black African [ ]  Black Other[ ]  Indian[ ]  Pakistani[ ] Bangladeshi [ ]  Chinese[ ]  Asian Other[ ]  Other (please state)            |
| Nationality       |

Disability

|  |
| --- |
| Do you consider yourself to have a disability? YES[ ]  NO[x]  |
| If yes, please state the nature of your disability.            |

Bottom of Form