**Application Form**

Caring for your future

Our purpose is to create communities that enhance the quality of life, and give rise to new beginnings, new futures.

Our vision is to be recognised as the leading provider of high quality, relationship-centred care for all residents.

For the opportunity to be part of our future and make a positive difference to the lives of our residents, please complete this application form.

**PLEASE BE ADVISED THAT THIS APPLICATION FORM SHOULD BE COMPLETED BY ALL CANDIDATES.**

Hallmark Care Homes is committed to safeguarding and promoting the welfare of vulnerable adults and expects all team members to share this commitment. If the post you apply for involves working with or having access to vulnerable adults and/or their records, we will require an Enhanced Disclosure from the Disclosure and Barring Service for successful candidates.

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| Position applied for: |  |
| At which Care Home/Department: |  |

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| **PERSONAL DETAILS** |  |
|  Surname: |  |
|  Forenames: |  |
|  Title (Mr, Mrs, Miss, Ms): |  |
|  Postal address: |  |
|  Telephone number: |  | E-mail: |  |

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| **ELIGIBILITY TO WORK IN THE UK** |
| Please complete if applicable  United Kingdom citizen □ Bulgarian/Romanian with Blue Card □Bulgarian/Romanian with Yellow Card □Family member of EEA National □Indefinite Leave to Remain □Visa spouse □HSMP □Work permit □Student □Working Holiday Maker □UK Ancestry Visa □Other (please state) □ |  | Please complete if applicableWork permit number:Date permit expires:Name of employer on permit:Residence permit document number:Date UK entry clearance/leave to remain expires:Blue/Yellow card number & date of expiry if applicable: |

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| **EMPLOYMENT** |
| Company name of current or most recent employer: |
| Full postal address of present (or most recent) employer: |
| Manager’s name & job title: |
| Telephone number: |  | Email address: |  |
| Job title: |  |
| Employment Date from: \_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_ to: \_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Please give a brief description of your job role: |
| Notice period: |  | Reason for leaving: |  |
| Please advise when we may we approach this employer for a reference:Date:No approach will be made to your employer without your permission, however you would be unable to commence employment without a reference from your present/most recent employer. All employment is subject to references being satisfactory to Hallmark Care Homes. |

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| **PREVIOUS EMPLOYMENT HISTORY (Please list in chronological order with the most recent company first).** |
| To comply with CQC and CSSIW regulations we are required to apply for references from all previous employers you have worked for within the care sector. Please ensure you list all previous employment & give reasons for any gaps in your employment history. Failure to provide this information or to omit any of your previous employers could be considered as an act of gross misconduct. |
| **Company name** | **Manager’s name & job title** | **Full postal address & telephone number** | **Dates from and to** | **Position held** | **Reason for leaving** |
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| **QUALIFICATIONS** |
| Please be advised that we will contact universities, colleges and schools for references should you not be able to provide sufficient employment references. |
| **Course name** | **Grade achieved** | **Place of study, including postal address** | **Name of tutor** | **Dates from and to** |
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| **REFERENCES** |
| Please only complete this section if you are not able to provide two employment references or if there are any gaps in employment.Please give the names and addresses of two people willing to give you a reference and state the capacity in which you are known to them. The reference must be from an official or professional source and relevant to your most recent history, e.g. school teacher, college lecturer, university lecturer. |
| **Referee’s name:****Job title & capacity in providing a reference:****Address:** **Postcode:** **Telephone number:** **Email address:** |
| **Referee’s name:****Job title & capacity in providing a reference:****Address:** **Postcode:** **Telephone number:** **Email address:** |
| **PROFESSIONAL MEMBERSHIP** |
| Please provide details of any membership details you hold of professional institutes. |
| Name of professional body: |
| PIN number/membership number: |
| Date obtained: |

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| **PLEASE GIVE ANY FURTHER INFORMATION YOU THINK MIGHT BE HELPFUL TO YOUR APPLICATION** |
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| **GENERAL** |
| Please give details of your interests, pastimes and hobbies: |
| Please give details of any community or volunteer experience you have: |

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| **REHABILITATION OF OFFENDERS ACT 1974 - EXEMPTION FROM SECTION 4(2).** |
| **This vacancy is exempt from the above act, as the nature of the job falls within the type of work excluded from the Act by the 1975 and 2001 Exceptions Amendment. This means that you must declare on this form all offenses, convictions, cautions, bind-over or any court cases you may have pending. This includes any referrals made to the NMC or other regulatory organisation that you are aware of prior to employment with Hallmark Care Homes or that occur during or after employment with Hallmark Care Homes. Failure to disclose this or other related information may result in disciplinary/legal action.**As this post involves working with or having access to vulnerable adults and/or their records, we will require an Enhanced Disclosure from the Disclosure and Barring Services for successful candidates.  |
| Have you ever been cautioned or convicted of a criminal offence? Does your name appear on the ISA list?Does you name appear on the Protection of Children Act list? Do you have any spent convictions? Do you have any unspent convictions?  | Yes Yes YesYes Yes  | NoNoNoNoNo |
| If you have answered yes to any of the above statements, please give the full details: |
| If you fail to disclose any criminal conviction, including those spent, it could result in the withdrawal of the job offer, dismissal or disciplinary action.I understand that I am responsible for paying the current applicable charge for this search.Signed …………………………………… Dated ………………………………………. |
| **DATA PROTECTION** |
| Hallmark Care Homes intends to fulfil its entire obligation under the Data Protection Act 1998. Hallmark Care Homes will ensure that all information held and processed will be maintained in confidence and treated with all due care. However, the National Care Standards Commission, whose requirements you will have to satisfy (including those imposed by the Care Standards Act 2000 and related regulations and national minimum standards), have the right to scrutinise all recruitment paperwork including this form.Hallmark Care Homes will try to keep information held about you accurate and up to date. However, if you find any inaccuracies you have the right to have them corrected. |

I declare that the information given in this document is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional registration details.

Signed……………………………………………………………………………… Date …………………………………...

Name ………………………………………………………………………………