

## Employment Checks

### References

Please give the details of three referees (preferably two should be your most recent employers). Employment references should be given by the manager of the company, or the HR department and not a colleague.

Name	Email address, telephone number and address	Capacity in which referee is known to you
1.		
2.		
3.		

May we contact your referees without you being further consulted?  Yes / No (please circle)

### Disclosure and Barring Service

Due to the nature of the work for which you are applying, and in order to comply with the National Care Standards Act, confirmation of ALL offers of employment will be subject to the

receipt of a satisfactory Disclosure and Barring Service (DBS) check. The DBS produce a Code of Conduct that is available to all applicants upon request.

### Criminal Convictions

The Trust has a policy on the recruitment of ex-offenders which is available to all applicants on request.

Please note a criminal record will not necessarily bar you from employment.

The post is exempt from the Rehabilitation of Offenders Act, 1974. This means you are required to declare any prosecutions, convictions, cautions or bind-overs you have, even if they would otherwise be regarded as "spent" under this Act.

Failure to declare a conviction, caution or bind-over may disqualify you from appointment, or result in summary dismissal/disciplinary action if the discrepancy comes to light.

Have you ever been convicted of a criminal offence or received a caution, reprimand or warning?  Yes / No (please circle)

Date	Court	Offence details	Conviction

### Declaration

I declare that the information given on this form is correct.

I acknowledge that any offer of appointment will be subject to a satisfactory work health assessment, references and a satisfactory check with the Disclosure and Barring Service.

I can confirm that I have read and understood the job description of the role for which I am applying.

I understand that I will be required to complete the Care Certificate (where applicable). (The certificate forms part of the induction process and provides the knowledge and skills required for care).

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are invited to for an interview, please can you confirm if you would require assistance  Yes / No

If yes, please provide details \_\_\_\_\_



## Application Form

### The Role

Applications for the position of \_\_\_\_\_

Location \_\_\_\_\_

Where did you see this post advertised? \_\_\_\_\_

Vacancy Ref No. \_\_\_\_\_

### Your Details

Mr / Miss / Mrs / Ms / Other \_\_\_\_\_

Forename(s) \_\_\_\_\_

Surname \_\_\_\_\_

Tel No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Email Address \_\_\_\_\_

National Insurance No. \_\_\_\_\_

Are you legally entitled to work in the UK?  Yes / No

Yes / No

Are you related to an OSJCT employee?  Yes / No

Yes / No

If yes please give their name and place of work \_\_\_\_\_

This role may involve working shifts including evenings and weekends. Please can you confirm you would be happy with this?  Yes / No

Have you been employed by OSJCT before?  Yes / No

Yes / No

If yes, please state where and when \_\_\_\_\_

Have you applied for a role within OSJCT in the last six months?  Yes / No

Yes / No

Are you happy for us to contact you about future opportunities in the next 12 months?  Yes / No

### Qualifications

Please give details of ALL relevant qualifications and training, including job related, courses you have attended.

Details of qualifications / training \_\_\_\_\_

Date \_\_\_\_\_

Nursing Applicants only: PIN \_\_\_\_\_

Date of expiry \_\_\_\_\_

If you are applying for a role that requires professional registration you are required to provide the following information.

If applicable please provide details of any conditions/restrictions you have \_\_\_\_\_

Are you currently the subject of a fitness to practice investigative proceeding by a licensing regulatory body in the UK or any other country?  Yes/ No

Yes/ No

Have you been removed from the Register or have conditions been made on your registration by a fitness to practice committee or the licensing or regulatory body in the UK or in any other country?  Yes/ No

Yes/ No

## Employment History

We require details of your FULL career history. Please account for ALL gaps in your employment. Please start with your current or most recent employer. Please continue on an additional sheet if necessary. If you do not have any previous employment history, please complete this information for your last school or college attended.

Present / Last employer

Contact name

Tel No.

Address

Postcode

Date from

Date to

Position held

Main duties / Responsibilities (For school/college - details of last training attended or qualifications)

Salary

Notice period

Reason for leaving last employment

Reason for this application

## Previous employment history

<u>Name and address of employer</u>	<u>Job title</u>	<u>Salary</u>	<u>Date started</u>	<u>Date left</u>	<u>Reason for leaving</u>

## Your Skills and Experience

Referring to the essential and desirable criteria in the person specification, please give a summary of how your skills and experience meet these individual criteria. Please continue on an additional sheet if necessary.

Essential Criteria

Desirable Criteria