



## APPLICATION FORM

Please fill in the application form below and send to: [recruitment@cyncarehealth.co.uk](mailto:recruitment@cyncarehealth.co.uk)

Job Title (The position you are applying for)			
Job Reference		Department	

1. PERSONAL DETAILS			
Title (Mr/Mrs/Miss/Ms/Dr)			
First Name(s)			
Middle Name(s)			
Surname/Family Name			
Names in which you are registered with a professional body OR Previous Names OR Preferred Names (if applicable)			
Address			
Postcode		Country	
Home Telephone Number		Mobile Telephone Number	
Work Telephone Number		Preferred Contact Number	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work
Email Address			



<p>Entitlement to work in the UK</p>	<p><i>To comply with the Immigration, Asylum and Nationality Act 2006, all prospective employees will be asked to supply evidence of eligibility to work in the UK. We will ask to and take a copy of an appropriate official document as set out in the Home Office guidelines – however <b>do not send these now</b>, further information will be sent to you should you be invited to interview.</i></p> <p>Are you a UK National? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answered 'No' to above, you must answer these questions: Have you got a UK visa that gives you entitlement to work in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please state visa category:</p> <p>Visa Number:</p> <p>Start Date (DD/MM/YYYY):</p> <p>Expiry Date (DD/MM/YYYY):</p> <p>Any condition/restriction on Visa relating to employment or occupation in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please state condition(s)/restriction(s):</p>						
<p>UK National Insurance Number</p>							
<p>Where did you see this post advertised?</p>							
<p>Days Available to work</p>	<p>Monday <input type="checkbox"/></p>	<p>Tuesday <input type="checkbox"/></p>	<p>Wednesday <input type="checkbox"/></p>	<p>Thursday <input type="checkbox"/></p>	<p>Friday <input type="checkbox"/></p>	<p>Saturday <input type="checkbox"/></p>	<p>Sunday <input type="checkbox"/></p>
<p>Shifts Available</p>	<p>Day <input type="checkbox"/></p>		<p>Evening <input type="checkbox"/></p>			<p>Night <input type="checkbox"/></p>	



## 2. EDUCATION AND PROFESSIONAL QUALIFICATIONS

Please provide details of your school leaving qualifications and all relevant qualifications starting with most recent ones first. Please also indicate any subjects currently being studied.

*(Please be aware that all qualifications disclosed will be subject to a satisfactory check)*

Attended From	Attended To	Subject/Qualification	Place of Study	Grade/Result	Date Attained

Which of the following mandatory training/courses have you attended?

Training/Course	Training/Course Provider	Duration	Year Completed
<i>Manual Handling</i>			
<i>First Aid</i>			
<i>Food Hygiene</i>			
<i>CPR /Basic Life Support</i>			



Training/Course	Training/Course Provider	Duration	Year Completed
<i>PMVA (Prevention and Management of Violence and Aggression)</i>			
<i>Infection Control</i>			
<i>Conflict Resolution</i>			
<i>Safeguarding Adult</i>			

**Other Relevant Training Courses attended**

Training/Course	Training/Course Provider	Duration	Year Completed

**Membership of Professional Organisations**

Please provide details of any relevant professional registrations or memberships including name of organisation, registration/membership/PIN number and status expiry/renewal date.

*(Please be aware that all information disclosed will be subject to a satisfactory check)*

Please summarise any specialist areas of Nursing or Care (e.g. Dementia, Palliative Care)



**3. EMPLOYMENT HISTORY**

Please provide details of your full employment history beginning with your current/most recent one first. If required, additional information relating to employment history can be provided in the 'Supporting Information' section below.

*(Please be aware that reference may be required from current/most recent employer)*

Date From	Date To	Name and Address of Employer	<u>Job Title</u> and brief description of duties and responsibilities	Reason for Leaving



Date From	Date To	Name and Address of Employer	<u>Job Title</u> and brief description of duties and responsibilities	Reason for Leaving



<p>Employment Gaps</p>	<p>Are there any gaps within your employment history?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please state reasons:</p>
<p>Please state any Period of Notice required for current Job</p>	
<p>UK Driving Licence</p> <p><i>(Please be aware that proof of a valid UK Driving Licence will be required at the interview if this is an essential requirement to the post applied for but <b>do not send these now</b>)</i></p>	<p>Do you hold a current UK Driving Licence?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please detail type/category/categories of licence held (e.g. LGV licence/Category C1 licence etc.):</p> <p>AM/A/B1/B/f/k/p/q</p> <p>Please give details of any endorsements, if any (number of points and reasons).</p>



#### 4. REFERENCES

Please provide contact details for three referees. Referees will be required to comment on your competence, personal qualities, and suitability for the post you have applied for. One referee should be your current or most recent employer, or if you are school leaver, your teacher/tutor. Reference should cover at least three years of employment and/or training history, where possible. At least two of the referees must be able to give reference in a professional capacity, having knowledge of your work as a Nurse or Health Care Assistant whilst one reference can be a Character reference. Referees must be in a managerial or a senior position and not colleagues, friends, or relatives. If your referees are outside the UK, then a professional email address must be provided.

*(Please note that all reference requests will be followed up and verified. Unless you indicate otherwise below, referees may be approached prior to interview)*

a. Referee 1 - First Name		Surname/Family Name	
Title (Mr/Mrs/Miss/Ms/Dr)		Referee Job Title	
Company Name and Address			
Post Code		Telephone	
Relationship		Email Address	
Can this Referee be contacted prior to Interview?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
b. Referee 2 - First Name		Surname/Family Name	
Title (Mr/Mrs/Miss/Ms/Dr)		Referee Job Title	
Company Name and Address			
Post Code		Telephone	
Relationship		Email Address	
Can this Referee be contacted prior to Interview?	Yes <input type="checkbox"/> No <input type="checkbox"/>		





c. Referee 3 - First Name		Surname/Family Name	
Title (Mr/Mrs/Miss/Ms/Dr)		Referee Job Title	
Company Name and Address			
Post Code		Telephone	
Relationship		Email Address	
Can this Referee be contacted prior to Interview?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. Referee 4 - First Name			
Title (Mr/Mrs/Miss/Ms/Dr)			
Company Name and Address			
Post Code			
Relationship			
Can this Referee be contacted prior to Interview?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

I, (insert name) \_\_\_\_\_ give full permission to CynCare Health Ltd. to get in contact with the referees I have provided in my application form. I consent that the information may be received via telephone, email, whatapps, written in paper and details such as my names and post applied for will be shared.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date (DD/MM/YYYY)



## 5. SUPPORTING INFORMATION

Please summarise why you are applying for this post including details of how you can demonstrate clearly that you meet the requirements of the role profile, and essential and desirable criteria set out in the person specifications. Give clear examples that demonstrate your capabilities, highlight relevant achievements, strengths, and talents relevant to the role applied for and these could come from paid or unpaid work or any other activities you have undertaken.

*(Please **DO NOT** include personal details or duplicate information already covered elsewhere in this application)*



**Supporting Information (contd.)**



## 6. ADDITIONAL INFORMATION

Please state any medical conditions you have. This is to enable us to provide appropriate support to staff and, to ensure that the health and safety of staff at work are maintained.

Are you fully vaccinated against COVID-19?

Yes  No

Please give reasons for the above choice if required.

Please give the date of Immunisation or Vaccination below

Hepatitis B

Tuberculosis

MMR (Measles, Mumps and Rubella)

Varicella (Chickenpox)

Tdap (Tetanus, Diphtheria, Pertussis)

Others if relevant to post

Uniform

Size

S  M  L  XL

Interview

When are you available to attend?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Please state any date(s) when you would be **UNABLE** to attend an interview.



## 7. MONITORING INFORMATION

Information disclosed here will not be used as part of the selection process. This is to help us ensure that our equal opportunities policy is fully and fairly implemented. As well as for monitoring, your date of birth will be used for administration purposes including pre-employment checks and creation of your personal record if you are appointed.

### Equality & Diversity Monitoring

The Equality Act 2010 protects people against discrimination on the grounds of

- their age and sex;
- their race which includes colour, nationality, ethnic or national origin;
- their religion or belief, including a lack of any belief;
- their sexual orientation, be it bisexual, gay, heterosexual and lesbian

The Equality Act 2010 also protects people who are married or in a civil partnership.

Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a 'substantial' and 'long-term' adverse effect on your ability to carry out normal day to day activities.

Further information regarding the definition of disability can be found here:

<https://www.gov.uk/definition-of-disability-under-equality-act-2010>

Please note that reasonable adjustments will be made available should you be invited to interview and/or work-based exercise.

Date of Birth (DD/MM/YYYY)

Ethnic Origin

#### Asian or Asian British

- Bangladeshi
- Indian
- Pakistani
- Any other Asian background

#### Black or Black British

- African
- Caribbean
- Any other Black background

#### Mixed

- White & Asian
- White & Black African
- White & Black Caribbean
- Any other Mixed background

#### White

- British
- Irish
- Any other White background

#### Other Ethnic Group

- Chinese
- Any other Ethnic Group
- Prefer not to say

Nationality



Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this
Is your gender identity the same as the gender you were assigned at birth?	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Please indicate which of these options best represents your religion or belief	<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Hinduism <input type="checkbox"/> Islam <input type="checkbox"/> Jainism <input type="checkbox"/> Judaism <input type="checkbox"/> Sikhism <input type="checkbox"/> Other not listed. Please state below <hr/> <input type="checkbox"/> I do not wish to disclose this
Please indicate which of these options best describes your sexual orientation or how you think of yourself	<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Undecided <input type="checkbox"/> Other not listed. Please state below <hr/> <input type="checkbox"/> I do not wish to disclose this
Please indicate which of these options best describes your marital status	<input type="checkbox"/> Civil partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Legally separated <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> I do not wish to disclose this
Do you consider yourself to have a disability as defined under the Equality Act 2010?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this <hr/> Please identify the category which applies to you or other type of disability. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'Other'. <input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing Illness <input type="checkbox"/> Mental Health Condition <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Other



## 8. SAFEGUARDING

Information disclosed here will be treated strictly confidential. Please read the Guidance relating to the Rehabilitation of Offenders Act 1974 and Rehabilitation of Offenders Act 1974 (Exceptions) Orders (as amended) to find out what you'll have to tell us. The Act deals with the fair treatment of ex-offenders and helping them into work. This will be referred to in this part of the application. Guidance and criteria on the filtering of cautions and convictions can be found on the Disclosure & Barring Service website at [www.gov.uk/government/organisations/disclosure-and-barring-service](http://www.gov.uk/government/organisations/disclosure-and-barring-service)

### **Have you got any unspent convictions and/or unspent conditional cautions?**

*This is regardless of whether any unspent convictions or unspent cautions have been issued in the UK or, in any other country where it would be considered an equivalent (or similar) offence in England and Wales.*

*It also includes unspent criminal convictions or relevant service discipline convictions received within the Armed Forces Justice System (e.g. through Summary Hearing or Court Martial) where it would be considered an equivalent offence in England and Wales.*

*It does not include parking offences. In such cases, you can select 'No'.*

*Answering 'Yes' to this question does not mean that you will not be considered for a position with us. We will only consider information that is relevant to the position you have applied for and where there may be associated risks against the duties you may be required to carry out as part of this role.*

Yes       No

If you have answered 'Yes' to the above, you now have two options to disclose this information; please select one below:

I want to disclose the information now       I want to disclose the information separately

If you have selected 'I want to disclose the information now' please provide details of the unspent conviction, unspent conditional caution or Summary Hearing including the date and sentence administered in the space below:

**You can disclose your record separately together with any statement detailing your unspent conviction, unspent conditional caution or Summary Hearing. A member of our recruitment team will contact you and advise what steps you need to take to submit your details separately.**



**Have you got any criminal convictions and/or cautions that are not protected?**

*This means they are not eligible for filtering under the Rehabilitation of Offenders Act 1974 (Exceptions) Order (as amended)*

*This is regardless of whether the conviction or caution has been issued in the UK or, in any other country where it would be considered an equivalent (or similar) offence in England and Wales and it is not protected.*

*It also includes criminal convictions or relevant service discipline convictions received within the Armed Forces Justice System (e.g. through Summary Hearing or Court Martial) where it would be considered an equivalent offence in England and Wales and is not protected.*

*It does not include parking offences. In such cases, you can select 'No'.*

Yes       No

If you have answered 'Yes' to the above, you now have two options to disclose this information; please select one below:

I want to disclose the information now       I want to disclose the information separately

If you have selected 'I want to disclose the information now' please provide details of the conviction, caution or Summary Hearing including the date and sentence administered in the space below:

**You can disclose your record separately together with any statement detailing your conviction, unspent caution or Summary Hearing. A member of our recruitment team will contact you and advise what steps you need to take to submit your details separately.**





## 9. DECLARATION AND DATA PROTECTION STATEMENT

Please read carefully, tick the required boxes, print names, sign and date where required. Application may not be processed if this Section is not completed.

<b>Consent to GDPR regulations</b>	<p>Cyncare Health Ltd. Will use my personal details to create records both computer and in paper form while I am working as an employee or after I leave the company. These records will be processed to maintain employee records.</p> <p>I consent to the above. <i>(Please tick box)</i> <input type="checkbox"/></p> <p>Name of Applicant: _____</p> <p>Date (DD/MM/YYYY): _____</p> <p>Also, Cyncare Health Ltd uses WhatsApp, text message, emails to communicate with staff. Please tick the box to give permission for Cyncare Health Ltd. to do so and kindly provide a phone number that is connected to WhatsApp. <input type="checkbox"/></p> <p>WhatsApp Number: _____</p>
<b>Declaration</b>	<p>The information in this form 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 and any other information which is required for this position.</p> <p>I agree to the above declaration. <i>(Please tick box)</i> <input type="checkbox"/></p> <p>Name of Applicant: _____</p> <p>Sign: _____</p> <p>Date (DD/MM/YYYY): _____</p>

Thank you for completing this application form. Please email to: [recruitment@cyncarehealth.co.uk](mailto:recruitment@cyncarehealth.co.uk)