**STAFF APPLICATION FORM**

**All information will be treated as strictly confidential.**

Position applied for: Choose an item.

*Job descriptions are available on our website*

Contract Type: Choose an item.

**PERSONAL DETAILS**

Title: Choose an item.

Surname: Click here to enter text.

First name(s): Click here to enter text.

Maiden name (if applicable): Click here to enter text.

**Address:**

Building No/Name: Click here to enter text.

Road/Street: Click here to enter text.

Town/City: Click here to enter text.

 County: Click here to enter text.

Post Code: Click here to enter text.

**Telephone:**

Home: Click here to enter text.

Workplace: Click here to enter text.

Mobile: Click here to enter text.

*Can we contact you during working hours?* Choose an item.

Email Address: Click here to enter text.

Date of Birth: Click here to enter text.

Town & Country of Birth: Click here to enter text.

National Insurance No: Click here to enter text.

Date of Arrival in UK: Click here to enter text.

**CURRENT OR MOST RECENT EMPLOYMENT**

Are you Currently Employed? Choose an item.

If YES, will you continue in this job if employed by Apex? Choose an item.

 If yes, on average how many hours per week will it entail? Click here to enter text.

 *This information is required to ensure there is no infringement of Working Time Regulations*

If NO, when employment ended? Click here to enter text.

Current/Most Recent Employer: Click here to enter text.

Employer’s Address: Click here to enter text.

Post Code: Click here to enter text.

Tel. No: Click here to enter text.

Post Title: Click here to enter text.

Present Salary: Click here to enter text.

Dates: From: Click here to enter text. To: Click here to enter text.

How many hours a week do/did you work? Click here to enter text.

Description of Duties:

 Click here to enter text.

Reason for Seeking Alternative Employment or for Leaving:

 Click here to enter text.

**Additional Information:**

What notice are you required to give your present employer? Click here to enter text.

Are there any restrictions on your employment in the U.K.? Choose an item.

If YES, what are the restrictions? *e.g.* *no of hours allowed to work* Click here to enter text.

Do you need a work permit to work in the U.K.? Choose an item.

Are you in the UK on a Student Visa? Choose an item.

How did you learn about this post? Click here to enter text.

Are you related to an employee of Apex Care Homes Ltd? Choose an item.

If YES, please give details: Click here to enter text.

Have you ever worked for/previously sought employment with us? Choose an item.

If YES, please give details of date(s) and location:

Click here to enter text.

Do you hold a current driving license? Choose an item.

Do you have access to a car during working hours? Choose an item.

Do you smoke? Choose an item.

*(APEX CARE HOMES has a NO SMOKING POLICY in all their establishments)*

Details of holiday commitments in the next twelve months: Click here to enter text.

**Details of Next of Kin:**

*You may withhold these details and only provide them if you are offered a position within the company.*

Name: Click here to enter text.

Relationship: Click here to enter text.

Address: Click here to enter text.

Post Code: Click here to enter text.

Tel Nos:

(H): Click here to enter text.

(W): Click here to enter text.

(M): Click here to enter text.

**SECONDARY / HIGHER / FURTHER EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification** | **Subject** | **Grade** | **Year** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

*(Continue on a separate sheet, if necessary.)*

**Member of Statutory/Professional Bodies:** *(e.g. NMC, etc)*

Name of body: Click here to enter text.

Registration No:/Pin No: Click here to enter text.

Renewal date: Click here to enter text.

**Disciplinary Action:**

Have you had any disciplinary action or warnings taken against you in the last 12 months or awaiting outcomes from disciplinary investigations? Choose an item.

If yes please give details: Click here to enter text.

**Declarations by Health or Social Care Professional:**

Are you currently the subject of any investigation or proceedings being taken by any professional body with regulatory functions in relation to health or social care professionals, including by a regulatory body in another country? Choose an item.

If yes please give details: Click here to enter text.

Have you ever been disqualified from the practice of a profession or required to practice subject to specified limitations following a fitness to practice investigation by a regulatory body in the UK or another country? Choose an item.

If yes please give details: Click here to enter text.

*(Continue on a separate sheet, if necessary.)*

**PREVIOUS EMPLOYMENT**

 *(Please start with the most recent. Continue on a separate sheet, if necessary.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From - To** | **Employers Name and Address** | **Position Held and Duties** | **Full/Part Time*****(Hours per week)*** | **Reason for Leaving** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**TRAINING**

*(Please give details of any recent training courses attended relevant to your application)*

|  |  |  |
| --- | --- | --- |
| **Organising Body** | **Course Title / Subject** | **Date** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**SUPPORTING INFORMATION**

*Please give details of previous experience or skills you have attained which would be relevant to this post. (Continue on a separate sheet if necessary)*

Click here to enter text.

**REFERENCES**

**One should be your current employer** *(or, if presently unemployed, you last employer)***. The second referee should be someone, not related to you, who can give an opinion as to your suitability for this post. If you have not been in paid employment, please give names of two people, not related to you, (not friends or relatives), who can give an opinion on your suitability for this post.**

|  |  |
| --- | --- |
| **Current or Last Employer** | **Second Referee** |
| Title: Choose an item. | Title: Choose an item. |
| Name: Click here to enter text. | Name: Click here to enter text. |
| Position: Click here to enter text. | Position/Occupation: Click here to enter text. |
| Address:Click here to enter text.Post Code: Click here to enter text. | Address:Click here to enter text.Post Code: Click here to enter text. |
| Tel No: Click here to enter text. | Tel No: Click here to enter text. |
| Fax No: Click here to enter text. | Fax No: Click here to enter text. |
| Email: Click here to enter text. | Email: Click here to enter text. |

**WE WILL ONLY WRITE FOR REFERENCES IF YOU ARE TO BE OFFERED AN INTERVIEW**

*On completion of this application form and the attached ‘Personal Declaration Regarding Criminal Convictions’, ‘Rehabilitation of Offenders Act (1974)’ and ‘Equal Opportunities in Employment’ forms please return the forms by hand or by Email or by post to:*

|  |
| --- |
| Apex Care Homes Ltd 🕿 01234 26693310 The Crescent 🖂 *alison@apexcare.co.uk*BedfordMK40 2RU |