

www.broomhillcare.co.uk

BROOMHILL CARE GROUP APPLICATION FORM

Please fill in the application form below. Do not type/write using only capital letters and please remember to check it carefully, as once the form has been submitted it cannot be changed. If you wish to apply on-line you can do so at www.broomhillcare.co.uk. Please note that questions marked with an asterisk * are mandatory and therefore must be answered.

For Office Use Only Online Reference Number:
--

APPLICATION FOR EMPLOYMENT WITH Broomhill Care Group

APPLICATION FOR EMPLOYMENT

Details entered in this part of the form will be held in the HR systems of the recruiting organisation. Access to this information will be withheld from the shortlisting panel. Please do not type/write using only capital letters, as this could lead to your application being automatically rejected. Please use the appropriate mixture of capital and lowercase letters in standard written text.

Job Reference Number	
Job Title	
Department	

Personal Details

Title	
*Surname/Family Name	
*First Names	
Name in which you are registered with a professional body (if applicable)	
UK National Insurance No	
Address	

*Postcode/ Zip code	
*Country	
Home Telephone	
Mobile Telephone	
Check this box if you wish to receive updates by text message?	
Work Telephone	
Preferred telephone number	Home Mobile Work
Email Address	
*Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National?	
Yes No	
If you have answered 'no' above, you must answer these questions:	
Please select the category that relates to your current immigration status. This status will be subject to checking before interview.	
<input type="checkbox"/> Tier 1/HSMP <input type="checkbox"/> Indefinite Leave to remain/enter <input type="checkbox"/> Tier 2/HSMP <input type="checkbox"/> Dependant / Spouse visa <input type="checkbox"/> Clinical visa <input type="checkbox"/> Tier 4 student <input type="checkbox"/> Visitor <input type="checkbox"/> Post Graduate Doctors and Dentists <input type="checkbox"/> Tier 5 Temporary Workers <input type="checkbox"/> Tier 5 Youth Mobility/ working holiday visa <input type="checkbox"/> Refugee <input type="checkbox"/> Other, please specify below -----	
Does your visa have a condition restricting employment or occupation in the UK?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please supply details of any visa currently held:	
Visa No: Start Date: (DD/MM/YY) Expiry Date: (DD/MM/YY) Details of any Restrictions:	
Are you an NHS professional returning to practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION FOR EMPLOYMENT

Details entered in this part of the form will be held within HR systems of the recruiting organisation and will be made available to the short-listing panel.

Job Reference Number		Online reference number	
Job Title			
Department			

Education & Professional Qualifications

All relevant qualifications. Please also indicate subjects currently being studied. All qualifications disclosed will be subject to a satisfactory check.

Subject/Qualification	Place of Study	Grade/result	Year obtained

Training Courses Attended

Training courses that you have attended or details of courses that you are currently undertaking, together with the date completed or to be completed.

Course Title	Training Provider	Duration	Year obtained

Membership of Professional Bodies

Any relevant professional registrations or memberships. If you are registered then please enter the relevant details below; this information will be subject to a satisfactory check.

Please indicate your UK Professional Registration status *
<input type="checkbox"/> I do not have the relevant UK professional registration status <input type="checkbox"/> I have current UK professional registration <input type="checkbox"/> UK professional registration required and applied for <input type="checkbox"/> UK professional registration required but not yet applied for <input type="checkbox"/> I am a student <input type="checkbox"/> Not required for this post

If professional registration is not required then go to **Employment History**.

If you are registered then please enter the relevant details below:			
Professional Body	Membership or Registration type	Membership/Registration Number	Expiry/Renewal Date

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

Are you currently the subject of a fitness to practise investigation or proceedings by a licensing or regulatory body in the UK or in any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been removed from the register or have conditions been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If applicable, please provide details of any conditions/restrictions you may have.

Employment History

Please record below the details of your current or most recent employer

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date		End Date	
Start of continuous NHS service (If applicable)			
Grade		Salary	
Reporting to (job title)		Period of notice	
Reason for leaving (if applicable)			
Description of your duties and responsibilities			

Previous Employment

Please record below the details of all your previous employment, beginning with the most recent first. Up to 5 previous employments can be entered here. If required, please provide additional information regarding your employment history within the 'Supporting Information' section.

Previous Employer 1

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 2

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 3

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Please note:

Failure to disclose information where asked for could result in subsequent dismissal or disciplinary action if you were appointed.

Having a criminal record will not necessarily be a bar to employment with Broomhill Care Group.

I confirm that the information given in this application is correct to the best of my knowledge and understand that wrongful completion will invalidate any contract of employment, which may be offered to me by Broomhill Care Group Ltd.

Signature.....

Date.....

Monitoring

Broomhill Care Group is opposed to discrimination on any grounds. We Therefore operate recruitment and selection policies designed to ensure that all job applicants are treated equally regardless of race, religion, ethnic origin, culture, sex, sexuality, marital status, age and disability.

BANK DETAILS

NAME OF BANK _____ NAME OF ACCOUNT _____

SORT CODE _____ ACCOUNT NO _____

NEXT OF KIN _____

NEXT OF KIN ADDRESS _____

NEXT OF KIN MOBILE _____

NEXT OF KIN EMAIL _____

RELATIONSHIP TO NEXT OF KIN _____

I Confirm that I have received a job description/specification which enabled me to complete the above questionnaire for the part relating to Exposure levels.

Names: _____ Signature: _____ Date: _____

Supporting Information

In this box please give your reasons for applying for this post and additional information which shows how you match the person specification for the job (you will have been sent this document with the application form). This can include relevant skills, knowledge, experience, voluntary activities and training etc. If relevant to the post for which you are applying you should include details about research experience, publications or poster presentation, clinical care (knowledge and skills) and clinical audit.

Supporting information (Please continue on additional sheets if necessary).

Additional Personal Information

Preferred Employment Type	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Job Share	<input type="checkbox"/> Secondment
	<input type="checkbox"/> Flexible Hours			

References

Please provide the names and full contact details of the people who have agreed to supply references. References must include at least two positions with separate employers and, as a minimum, cover a period of three years employment and/or training history, where this is possible.

Referees will be required to comment on your competence, personal qualities and suitability for the post. This may be your line/department manager, or someone in a position of responsibility for any work experience or placement undertaken. If you are a student or trainee this should include a teacher/tutor at your education institution.

If you have not been in employment for a considerable amount of time but have had previous employment, then you should seek one reference from your last known employer and a personal reference from a person of standing within your community such as a doctor, solicitor or MP. Where it is genuinely not possible to obtain references from any of the sources outlined above, you must provide contact details of two personal acquaintances who would be willing to give a reference. Personal acquaintances must not be related to you, or have any financial arrangement with you.

Please note that all reference requests will be followed up and verified through the organisation’s human resources department or other relevant recruitment function.

Referees will be approached prior to interview, unless you indicate otherwise below.

Referee 1

Type of Reference	<input type="checkbox"/> Employer <input type="checkbox"/> Educational <input type="checkbox"/> Personal		
Title			
*Surname/Family name		First Name	
*Relationship			
Job Title			
*Address			
*Postcode/ Zip Code			
Telephone		*Country	
Email		Fax	
*Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Referee 2

Type of Reference	<input type="checkbox"/> Employer <input type="checkbox"/> Educational <input type="checkbox"/> Personal		
Title			
*Surname/Family name		First Name	
*Relationship			
Employer name			
Job Title			
*Address			
*Post Code/ Zip Code			
Telephone		*Country	
Email		Fax	
*Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If you have applied to us within the last 3 months, are you happy for us to use the references from your earlier application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Declarations

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.

I agree to the above declaration			
Signature			
Name		Date	

Where did you see this vacancy advertised?			
<input type="checkbox"/> NHS Website <input type="checkbox"/> Search Engine <input type="checkbox"/> Other Website <input type="checkbox"/> National Newspaper	<input type="checkbox"/> Local Newspaper <input type="checkbox"/> British Medical Journal <input type="checkbox"/> British Dental Journal <input type="checkbox"/> Health Service Journal	<input type="checkbox"/> Doctor <input type="checkbox"/> Therapy Weekly <input type="checkbox"/> Nursing Times <input type="checkbox"/> GP <input type="checkbox"/> Hospital Doctor	<input type="checkbox"/> Nursing Standard <input type="checkbox"/> Other Professional Journal <input type="checkbox"/> Jobcentre Plus <input type="checkbox"/> Radio <input type="checkbox"/> Other