



APPLICATION FORM

Name of Applicant	
Position Applied	
Date Completed	

Section 1 Personal details

First Name:

Last Name:

Address:

Postcode:

Home Telephone N°:

National Insurance N°:

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Telephone N°:

Mobile Telephone N°:

Date of Birth:

E-mail address:

Are you free to remain and take up employment in the UK with no current immigration restrictions? Yes No

Driving Licence

Do you hold a full, clean driving licence valid in the UK? Yes No

Section 2 Present Employment

Present Employment (If now unemployed give details of last employer)

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment:

Salary:

Department / Section:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice:

Last day of service
(if no longer employed):

Reason for leaving
(if no longer employed):

Section 3

Previous Employment

Previous Employment (most recent employer first). Please cover the last 10 years and state nature of business.

Name of Employer:

Address:

Postcode

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode

Position Held:

Summary of duties:

Reason for leaving:

Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained

School	Subjects	Qualifications and grades obtained

Professional Qualifications

Please give details:

Professional/Technical/ Management Qualifications	Course Details

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Membership of any Professional / Technical Associations- Please state level of Membership:

Continue on a separate sheet if necessary

Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

Continue on a separate sheet if necessary

Section 6 Personal Statement

Abilities, skills, knowledge and experience.
Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

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Continue on a separate sheet if necessary

Section 7 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the rehabilitation of offenders' act 1974?

Yes **No**

If yes, please give details / dates of offence(s) and sentence:

Section 8 Protecting Children and Vulnerable Adults

The following information may be required if the post you are applying for has a requirement for a Disclosure and Barring Service

Enhanced Checks Only (refer to Job Application Pack)

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post?

Yes **No**

Section 9 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long- term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application? Yes No

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview?
Yes No

If yes, please give details:

Section 10 Health

Number of days sickness absence in the last 2 years:

Section 11

References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Reference 1		Reference 2					
Name:	<input type="text"/>	Name:	<input type="text"/>				
Position (job title):	<input type="text"/>	Position (job title):	<input type="text"/>				
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>				
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>				
Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Telephone N°:	<table border="1"><tr><td>Postcode</td><td><input type="text"/></td></tr></table> <input type="text"/>	Postcode	<input type="text"/>	Telephone N°:	<table border="1"><tr><td>Postcode</td><td><input type="text"/></td></tr></table> <input type="text"/>	Postcode	<input type="text"/>
Postcode	<input type="text"/>						
Postcode	<input type="text"/>						
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>				

Are you willing for this referee to be approached prior to the interview?

Yes No

Are you willing for this referee to be approached prior to the interview?

Yes No

BANK DETAILS

Name Of Bank	
Branch	
Names as they appear on your card	
Account Number	
Sort Code	

Section 12 Recruitment Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please

COMPLETE THIS SECTION OF THE APPLICATION FORM.

What is your Ethnic Group?

Choose ONE section from A to D, and then tick the appropriate box to indicate your cultural background.

White

White UK

Black or Black British

Black African

Irish

Mixed Chinese or other ethnic group

White & Black Caribbean Chinese

White & Black African

Vietnames

White & Asian

Any other ethnic background

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other ethnic background

I do not wish to provide this information

Section 12 Recruitment Monitoring Form continued

Gender

Male Female

Disability

Disability is defined as “physical or mental impairment, which has a substantial and long -term adverse effect on a person’s ability to carry out normal day to day activities”.

Do you consider yourself disabled? Yes No

If yes, please give details:

Present Status

Internal Applicant External Applicant

Age Group

16-25	<input type="checkbox"/>	26-35	<input type="checkbox"/>
36-45	<input type="checkbox"/>	46-55	<input type="checkbox"/>
56-66	<input type="checkbox"/>	Over 70	<input type="checkbox"/>

Availability Checklist Form

Please tick which days and times you are available for work. For instance, if you can work Tuesdays between 1100-1400, put a tick in the Available box under Tuesday for the row 1100-1400.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	0700-1100
Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	1100-1400
Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	1500-1800
Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	1800-2200
Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	2200 -0700

Section 13 Declaration

B. Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I hereby certify that:

- All the information given by me on this form is correct to the best of my knowledge
- All questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold
- I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.
- I also confirm that I am eligible to work in the UK. I fully accept that I am applying for Employment within Aviana are in the full knowledge and understanding that should Aviana Health Care offer an introduction to a Service User and I accept such an introduction, any services that I provide, which are not allocated through Aviana Health Care are provided as a self-employed person. As a self-employed person, I accept that Aviana Health Care's duty is that of an agent, not employer, and in signing this disclaimer I acknowledge that neither Aviana Health Care nor its employees hold any responsibility or liability whatsoever for the services I provide, nor for the consequences of the provision of such services, including personal accident, damage to Service User's property, etc.
- I declare that all the information given is true and I understand that any false or misleading information may result in my removal from Aviana Health Care's register of applicants. I consent to the processing of sensitive personal data as referred to on the front page of this form.

Signed: Date:

Print Name:

Thank you for your interest in this post.

If you are returning this form by email, you will be asked to sign your application at interview.

OFFICE USE ONLY

Submitted:	Received: <input type="checkbox"/>	Date:	Recorded: <input type="checkbox"/>	Date:	Secured: <input type="checkbox"/>	Date:
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The undersigned asserts that the confidentiality of this form is upheld, that no persons or organisation(s) aside from those authorised, have access, whether electronic or physical to this form.

Signed:	Date:	Print name :
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Position in company:

RETURNING THIS FORM

By Hand or Post:

Aviana Health Care Ltd
Electra House
Electra Way
Crewe
CW1 6GL

By E-Mail:

info@avianahealthcare.co.uk

Enquiries:

Telephone: 01270343670