

# Application for employment

**Private and confidential** – complete all sections in block capitals and black ink

Return this form to: [admin@portobelloplace.com](mailto:admin@portobelloplace.com) Portobello Place, Chartridge Lane, Chesham HP5 2SH

## [Section A]

Title:	NI number: Uniform size:
<b>Surname:</b> (Please insert all surnames used)	<b>Forename(s):</b> (Please insert all names used)
<b>Address:</b>  Postcode: Email address:	<b>Telephone number (please include dialling code):</b> Home: Work: Mobile:
Current driving licence? <b>Yes/No</b>  Groups:                      Expiry date:  Details of any endorsements if relevant:	<b>For Registered Nurse applicants:</b>  NMC PIN:  Expiry date:  Level of registration:

<b>Identity information:</b>  Do you hold a current passport? <b>Yes/No</b>  If yes, please enter information below:  Expiry date:  Passport number:	<b>Please circle the correct term for your status:</b>  Leave to remain [restricted]  Indefinite leave to remain  British citizen  Type of visa:
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**[Section B]**

Schools and dates:	Qualifications gained:	College/University and dates:	Qualifications gained:

Other training – please give dates, title and qualifications gained:

**[Section C] Other employment**

Please note any other employment you would continue with if you were to be successful in obtaining this position:

**[Section D] References**

Please provide evidence of conduct and good character. This can be done in the form of recent appraisals/references. NB: MUST INCLUDE REFERENCE FROM LAST JOB INVOLVING CARE. **We reserve the right to approach any past employer for a reference.**

1.	Name:	2.	Name:
	Position:		Position:
	Organisation:		Organisation:
	<i>This must be the work address, no personal address will be accepted</i>		<i>This must be the work address, no personal address will be accepted</i>
	Address:		Address:
	Postcode:		Postcode:

Telephone number:	<i>This must be a work telephone number – no personal mobile numbers will be accepted</i>	Telephone number:	<i>This must be a work telephone number – no personal mobile numbers will be accepted</i>
Email address:		Email address:	
May we approach the above prior to interview? Yes/No		May we approach the above prior to interview? Yes/No	

	<b>For office use only</b> <b>Reference one – verification</b>		<b>For office use only</b> <b>Reference two – verification</b>
Date of verification:		Date of verification:	
Evidence:		Evidence:	
Reason for leaving:		Reason for leaving:	

**[Section E] Employment History**

Please complete in full using a separate sheet if necessary, starting with your most recent employment. Give reasons for any gaps in employment e.g. unemployed/maternity or paternity leave etc./travel. This must be your full work history since leaving school.

Name and address of employer	Job title and duties	Salary on leaving	Employment from – to (month and year)	Reason for leaving
<i>Current employment</i> 1.				
2.				
3.				
4.				
5.				
6.				
7.				

8.				
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***Ensure you have explained any breaks in employment (use further sheets if needed)***

**[Section F] General Comments**

At Portobello Place, we put a lot of emphasis on our vision and values – our values are as follows:

- Care & Compassion
- Respect & Appreciation
- Teamwork & Enjoyment
- Honesty & Integrity
- Focus & Discipline
- Creativity & Innovation

Please outline an example of when you have demonstrated ONE of these values:

## [Section G] Cautions, Rehabilitation and Criminal Records

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, **which means that convictions that are "spent" under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment.** Any information will be completely confidential and will be considered only in relation to this application.

In addition, you are required to submit to a Criminal Records Bureau check. Any standard or enhanced disclosure made by the DBS/SCRO will remain strictly confidential.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence?

YES/NO

If YES, please give details:

## [Section I] Special Requirements (Care Sector) Regulation 19 Schedule 3

Because this position involves the care of vulnerable adults, employment is dependent on the following:

- 1) Your written consent to obtaining an **enhanced** disclosure certificate from the Criminal Records Bureau or an approved umbrella body prior to an offer of employment.
- 2) Such disclosure being acceptable to us.
- 3) Proof of identity and right to work in the UK: birth or marriage certificate; passport with relevant visa or stamp in date; NI card; driving licence (original documents only).
- 4) Two satisfactory written references (that have been verified).
- 5) That you will supply a photograph of yourself for retention in your records.
- 6) Details and evidence of qualifications and registration with professional bodies.

**Declaration (Please Read Carefully Before Signing This Application)**

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
  
2. Should further information be required and Portobello Place wishes to contact your doctor with a view to obtaining a medical report, the law requires the organisation to inform you of their intention and obtain my permission prior to contacting my doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
  
3. I agree that my previous employers may be approached for references. I also agree that should I be successful in this application, Portobello Place and its subsidiaries will apply to the Disclosure and Barring Service/Scottish Criminal Records Office for an enhanced disclosure. I understand that should the disclosure or reference not be satisfactory; any offer of employment may be withdrawn, or my employment terminated.
  
4. In line with GDPR, we will ensure compliance in the following ways:
  - We will keep your information safe and secure.
  - We will only process in a lawful manner should your application be successful.
  - We will not pass on your information to any third party without your expressed consent.
  - We will process your information in line with our recruitment policy and records handling policy.

**Application form privacy statement:**

Here at , we take privacy seriously and will only use the personal data provided by you to process your application and administer any future employment you have applied for.

We would like to contact you from time to time regarding keeping the details you have provided to us up to date.

We will never sell the data provided and promise to keep it safe.

If you consent to us contacting you, please confirm below:

By phone: **Yes**  **No**

By email: **Yes**  **No**

By post: **Yes**  **No**

Your records will be treated in accordance with the principles of the Data Protection Act 1998 before May 2018 and GDPR following May 2018. If you wish for your data to be forgotten/removed from our records, please contact the manager by email [admin@portobelloplace.com](mailto:admin@portobelloplace.com).

Signed: .....

Date: .....

**Medical statement:**

Doctor's name: .....

Doctor's address: .....

.....

Doctor's telephone number: .....

Do you have ANY physical/mental health conditions that may affect your ability to carry out the duties of this position applied for?

If 'Yes', please give details:

If 'Yes', are there any reasonable adjustments we can make to support your needs? Please give details:

I have answered every question to the best of my knowledge and belief. I also agree to a medical examination by a nominated medical physician if required.

Signature ..... Date .....

This declaration of health is confidential and will be retained on your employment file.

**For office use only**

Application form checked by:		Date:	Authorisation to proceed by:		Date:
Passed to Senior Manager		Date:	Approved for interview		Date:
Interview booked		Date:	Result of interview		Date:
DBS applied for	Yes/No	Date:	DBS received		Date:
Offer letter sent	Yes/No	Date:	Contract issued	Yes/No	Date:

References sent to:		Date:	Reference received from:		Date:
1.			1.		
2.			2.		
3.			3.		