# Application Form

*Please return form to: Bethshan Nursing Home, Heol Treowen, Newtown, Powys, SY16 1JA*
*or email to: admin@bethshan.uk*

Application for the post of_____

Where did you see this job advertised? _____

## Personal Details

| | |
|---|---|
| Title: Mr/Mrs/Miss/Ms (required for DBS check) | Home Address |
| Surname (block capitals) | |
| Forenames (block capitals) | |
| Date of birth | |
| UK National Insurance number | Postcode |
| Home telephone number | Work tel. number (if we may contact you there) |
| Mobile telephone number | |
| Email address (please print clearly) | |
| Do you speak Welsh? Fluently/A little/Not at all | Languages spoken in addition to English |
| Are you a United Kingdom (UK) citizen? If not, please give details of your immigration status | |
| ☐ Yes ☐ No | |

## Education & Professional Qualifications

| Please list all relevant courses undertaken and/or qualifications obtained. Please also include subjects currently being studied. Qualifications may be subject to a satisfactory check. | | | |
|---|---|---|---|
| Subject/Qualification | Place of study | Grade/result | Year obtained |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## Relevant Training Courses Attended

| Please list all relevant training courses that you have attended or are currently undertaking, together with the date completed or to be completed by. | | | |
|---|---|---|---|
| Course title | Training provider | Duration | Year completed |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## Membership of Professional Bodies

Please provide details regarding relevant professional registrations or memberships. This information will be subject to a satisfactory check.

- ☐ I do not have the relevant UK professional registration status
- ☐ I have current UK professional registration status relevant for this post
- ☐ UK professional registration required and applied for
- ☐ UK professional registration required but not yet applied for
- ☐ I am a student
- ☐ Not required for this post

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

| If you have answered 'I have current UK professional registration relevant for this post' then please enter the relevant details below. | | | |
|---|---|---|---|
| Professional body | Type of registration | Membership/Registration number | Expiry/renewal date |
| | | | |
| | | | |

## Employment History

Please record below the details of your full employment history beginning with your current or most recent first. If required, please provide additional information regarding your employment history within the 'Supporting Information' section.

### Current Employer

| | | | |
|---|---|---|---|
| Employer name | | | |
| Address | | | |
| Type of business | | Telephone number | |
| Your job title | | | |
| Start date *(MM/YYYY)* | | End date *(MM/YYYY)* | |
| Grade | | Salary/hourly rate | |
| Reporting to (job title) | | Period of notice | |

| Reason for leaving (if applicable) |
|---|
| |
| Brief description of your duties and responsibilities |
| |

**Previous Employer 1**

| Employer name | | | |
|---|---|---|---|
| Address | | | |
| Type of business | | Telephone | |
| Your job title | | | |
| Start date *(MM/YYYY)* | | End date (*MM/YYYY)* | |
| Grade | | Salary/hourly rate | |
| Reporting to (job title) | | | |
| Brief description of your duties and responsibilities and reason for leaving | | | |
| | | | |

**Previous Employer 2**

| Employer name | | | |
|---|---|---|---|
| Address | | | |
| Type of business | | Telephone | |
| Your job title | | | |
| Start date *(MM/YYYY)* | | End date *(MM/YYYY)* | |
| Grade | | Salary/hourly rate | |
| Reporting to (job title) | | | |

| Brief description of your duties and responsibilities and reason for leaving |
|---|
| |

**Previous Employer 3**

| Employer name | | | |
|---|---|---|---|
| Address | | | |
| Type of business | | Telephone | |
| Your job title | | | |
| Start date *(MM/YYYY)* | | End date *(MM/YYYY)* | |
| Grade | | Salary/hourly rate | |
| Reporting to (job title) | | | |
| Brief description of your duties and responsibilities and reason for leaving | | | |
| | | | |

**Previous Employer 4**

| Employer name | | | |
|---|---|---|---|
| Address | | | |
| Type of business | | Telephone | |
| Your job title | | | |
| Start date *(MM/YYYY)* | | End date *(MM/YYYY)* | |
| Grade | | Salary/hourly rate | |
| Reporting to (job title) | | | |
| Brief description of your duties and responsibilities and reason for leaving | | | |
| | | | |

If necessary, please add additional employers/information on a separate sheet

## Employment Gaps

| If you have any gaps within your employment history, please state the reasons for the gaps below. |
|---|
| |

## Supporting Information

| Please indicate your reasons for applying and take the opportunity to highlight your particular talents and strengths (what you feel you can personally offer – what is unique to you – what sets you apart from your peers).<br>Please include skills, knowledge, experience, voluntary activities etc not included elsewhere in your application. Continue on a separate sheet if necessary. |
|---|
| |

## Additional personal information

| | |
|---|---|
| Preferred employment type<br>(please circle as appropriate) | Full time/part time<br>Day shifts/Night shifts |

## Disabilities

| Under the Equality Act 2010 the definition of a 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. | | |
|---|---|---|
| According to the definition of disability do you consider yourself to have a disability? | ☐ Yes | ☐ No |
| | ☐ I do not wish to disclose this information | |

| 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'. | | | |
|---|---|---|---|
| ☐ | Physical impairment | ☐ | Learning disability/difficulty |
| ☐ | Sensory impairment | ☐ | Long-standing illness |
| ☐ | Mental health condition | ☐ | Other |

## References

Please provide the names and full contact details of your referees

- References must cover a 3-year period of continuous employment, training or education. Your referees will need to confirm this. They may need to comment on your skills, personal qualities and suitability for the post.
- Your referee could be an HR department, line manager or someone in a position of responsibility
- You must provide a valid work email address for each referee unless the email being provided is covering a gap in work history or the employer no longer exists, and the referee being used is a personal/character reference in which case a personal email address will suffice.
- If you are a student or trainee your referees should include a teacher/tutor at your school/college/university.

**Please ask for advice if you are struggling for referees.**

**Referee 1**

| | |
|---|---|
| Name of referee | |
| How they know you (please circle as appropriate) | Current employer/previous employer/school, college, university, higher education/personal character/other (give details) |
| Organisation they work for | |
| Referee's job title | |
| Referee's address and postcode | |
| Telephone no. | |
| E-mail address | |
| Period this reference covers | From *(MM/YYYY)* To (*MM/YYYY)* |
| Can the referee be contacted prior to interview? | ☐ Yes ☐ No |

**Referee 2**

| | |
|---|---|
| Name of referee | |
| How they know you (please circle as appropriate) | Current employer/previous employer/school, college, university, higher education/personal character/other (give details) |
| Organisation they work for | |
| Referee's job title | |
| Referee job title | |
| Referee's address and postcode | |
| Telephone no. | |
| E-mail address | |
| Period this reference covers | From *(MM/YYYY)* To (*MM/YYYY)* |
| Can the referee be contacted prior to interview? | ☐ Yes ☐ No |

## Rehabilitation of Offenders

The organisation will treat any information disclosed in this section in the strictest confidence.

REHABILITATION OF OFFENDERS ACT 1974
Have you any criminal convictions which are not yet 'spent' under the Act? Yes/No

EXEMPTION ORDER 1975
This post carries an exemption from the Rehabilitation of Offenders Act, and you are therefore required to give details of all previous convictions.

Have you ever had any criminal convictions? Yes/No

*You will be required to give details of criminal convictions if you are short-listed for interview*

## Declaration

*I declare that the information contained in this form is true and complete.*
*I consent to the use of all this information for considering my application, and I understand that:*

- *it will be treated confidentially at all times according to our **Privacy Policy** (available on request);*
- *if I am successful it will form part of my personnel records;*
- *if I am unsuccessful the information will be destroyed after six months unless I ask for it to be retained for future vacancies;*
- *if it is subsequently discovered that any statement is false or misleading, Bethshan has the right to dismiss me from my employment. I also understand that canvassing will disqualify me, and any offer of the post is subject to satisfactory medical examination.*

Signature of applicant……..Date……

*If your application is successful you may be required to provide documentary evidence of certain details given in this application.*