

Employment application form

Guidance notes



Thank you for your interest in Keltic Care. When applying for a position with us, the decision as to whether to invite you for an interview is based on the information contained in your application form. It is therefore important that you provide us with all the information we need and the following guidance will help you do this. If you have any questions, problems or doubts regarding your application form please ask us. Do not leave any section blank and do not put down any information unless you are sure that it is correct. Please do not leave blank spaces on your form as this may delay your start date if you are successful.

Application form

Preparation

Read the Job Description, Person Specification and job advertisement thoroughly as these outline the requirements needed in order for you to do the job. Read through the application form carefully before you begin to write anything. Your application should be well presented and it must be completed in black ink or type. Application forms can be downloaded from our website www.kelticcare.co.uk

Curriculum vitae

You do not need to send a CV unless you have been specifically asked to do so. However, if you wish, you may attach a copy of your CV as supplementary information to your application. Please do not simply write "see CV" on the front page of the application form and leave everything else blank. Also please do not bind your CV as this can make it difficult to photocopy.

Personal details

Complete personal details in full ensuring National Insurance number and contact telephone numbers are given. Your National Insurance number is a unique identifier and therefore will be unique to you as a job applicant. When detailing the number of days of absence you have had over the last two years, please also identify the number of episodes of absence.

Education

List your education dates to and from including month and year, starting with the most recent. If you have attended college or university then please give details in this section. Where applicable, please include any professional qualifications you may have.

Qualifications you are currently studying for

Please list any qualifications you are currently studying for and the date you expect to complete your studies.

Training and development*

This section is to be used to support your employment application where courses or events you have attended may be of direct relevance to the position to which you are applying. Courses may have formed part of your personal development in previous employment and should be shown to support your application.

Registration and membership of any professional or trade organisation

Where applicable please include your Personal Identification Number (PIN) or registration details for any professional bodies of which you are or were a member. This information will be verified, so please ensure it is correct.

Current employment

Please detail the name and address of your current employer and give a brief summary of the main duties of your role.

Employment history

When completing the employment history, please state month and year from the start of your employment to when it ceased. State the full name, address and postcode of employers, ensuring you cover the last five years. Information should be given in date order (with the most recent being first). If a previous employer's personnel department was at a different address, please supply this address instead. Please indicate any gaps in employment .

Availability

This is to be completed by Care Service applicants only.

References

Any contract of employment is subject to references which are satisfactory to Keltic Care. Please ensure that you have told your referees that they may be contacted for a reference and they are aware of any change of your name. One of your referees must be your present or most recent employer, preferably your line manager, or your course tutor if you are currently a student. If you have been out of employment for a considerable period of time, you may provide the name of a personal referee who knows you well enough to confirm the information given and to comment on your ability to do the job. We will not approach your referees without your consent and would appreciate your support to ensure that references are provided in a timely manner.

Additional information

This section is very important – it is where you make your case for your suitability for the job. Look at the skills, knowledge and experience required in the person specification/selection criteria and produce evidence that you possess them by giving specific examples and stating your achievements. Do not forget to mention any relevant skills you may have gained outside paid work. You may also wish to add why you specifically want to work for Keltic Care.

Declarations

Before signing and dating the employment application form, check all information to the best of your knowledge, is true, accurate and complete.

Rehabilitation of Offenders Act

Posts in Keltic Care, particularly those involving contact with patients, are exempt from the Rehabilitation of Offenders Act 1974. You are therefore required to declare any convictions or pending prosecutions you may have, even if they would otherwise be regarded as “spent” under the Act. Any information provided will be treated in strict confidence and will only be taken into account in relation to applications where the exemption applies.

The disclosure of criminal records or other information will not automatically debar you from appointment unless the selection panel considers that the conviction renders you unsuitable. In making this decision, Keltic Care will consider the nature of the offence, how long ago it was, at what age you were when it was committed and any other factors which may be relevant. Failure to declare a conviction or pending prosecution may, however, disqualify you from appointment or result in dismissal or disciplinary action if the discrepancy comes to light.

If you would like to discuss, in confidence, the effect on your application of any conviction please contact the recruitment officer dealing with your application.

Diversity

Keltic Care seeks to reflect the diversity of the local community in terms of ethnic and cultural background, gender, age and disability. We regularly monitor progress in all aspects of employment. Therefore you are asked to complete and return the diversity monitoring form which is attached to the application form. Upon receipt, it is separated from your application form and is not seen by the selection panel. It is used solely for monitoring purposes and does not form any part of the selection process.

Please note that completion of any part of the diversity monitoring form is entirely voluntary.

In order to meet our requirements under the Disability Discrimination Act 1995 please complete the appropriate part of the monitoring form if you consider yourself to have a disability. We welcome job applications from people with disabilities. If you consider that you need a particular aid, facility, or any additional assistance from us during the recruitment process, please contact the recruitment officer dealing with your application. We will do everything we can to accommodate any special requirements you may have.

If you are successful, under the provisions of the Asylum and Immigration Act 1996 you will be required to confirm your eligibility to work in the UK. An approved list of documents will be sent to you if offered the post and you will be required to supply the appropriate paperwork before commencing employment.

Health Declaration

The standards of health and fitness which are applied on Recruitment must be fully justified in relation to the work being undertaken. The employment provisions of the Disability Discrimination Act (DDA) require Keltic Care to identify obstacles to employment and also the reasonable adjustments necessary to overcome these obstacles for a particular individual in a specific job.

Under no circumstances will an applicant be rejected on health grounds without medical advice being sought.

The form is a general form and aims to identify problems with a view to facilitating an assessment, which will define adjustments required under the DDA.

Applicants should bring the completed declaration with them in a sealed envelope marked with their name if selected for interview.

Keltic Care requirements

Appointments are made subject to the following considerations:

- i) Clearance under any medical procedures;
- ii) Receipt of references deemed by Keltic Care to be satisfactory;
- iii) Compliance with the provisions of the Asylum and Immigration Act 1996;
- iv) For relevant posts, disclosure of pending, ‘spent’ and ‘unspent’ convictions;

Keltic Care Ltd,
2 Culduthel Road,
Inverness IV2 4AB

T: 01463 232222
www.kelticcare.co.uk

Employment application form



Please read our guidance notes before you fill in this application form.

If completing electronically please type into the grey boxes to complete the form

Post applied for:
Job reference number:
Where did you see the post advertised?

Personal details		
Title:	Surname:	First names:
Previous surnames if they have changed through deed poll or by marriage:		
National insurance number:		
Contact address:		
		Postcode:
Email address:		
Home phone:		
Work phone:		
Mobile phone:		
Can we ring you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How many days of work or education have you missed because of illness or injury during the last two years?		
How many separate occasions of sick leave have you had during the last two years?		
Do you need a work permit to work in the United Kingdom? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know		
If you currently hold a work permit or visa, please give details including its type and expiry date:		
Are you applying to job share? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please note that the definition of job sharing is an arrangement where two employees voluntarily share the duties and responsibilities of one full-time post with the pay and benefits divided between them according to the time each works.		
Please answer the following two questions only if they apply to your application		
Do you hold a current driving licence? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have the use of a car? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Education

Starting with the most recent, please list your education history including professional qualifications.

Dates		School, College or University	Full or Part time	Subjects taken	Qualifications	Grades achieved
From	To					

Qualifications you are currently studying for

Qualification	Level/part/other details	Date you expect to finish

Training and development

Starting with the most recent, please give details of any training courses or events you have attended which are relevant to this post

Dates		Course title	Course provider	Summary of content
From	To			

Registration and membership of any professional or trade organisation

Please do not use abbreviations and include contact details

Organisation	Level/grade of membership	Registration or Identification No.	Date obtained	Date of expiry

Referees

Please give the name and address of two referees, one of whom should be your current or most recent employer or academic referee and not a relative. We will only take up references in writing once we have made a provisional offer of employment. Any reference(s) may also be followed up by telephone. We reserve the right to verify any part of your application form by asking for further references.

Present or last employer or academic referee	Second referee
Name:	Name:
Job title:	Job title:
Address:	Address:
Email:	Email:
Phone:	Phone:
Fax:	Fax:
Relationship to you:	Relationship to you:

Additional information

Please write a statement to support your application, covering the skills and knowledge you have which are relevant to the job you are applying for. Continue on a separate sheet if necessary. If you wish, you may attach a CV to your application form but you must ensure that all questions on the form have been answered.

Serial Number:

Declarations

Have you been bound over, convicted or charged with a criminal offence; received a police caution, final warning or reprimand; or are you currently the subject of any police investigation whether in the UK or any other country? (please cross) Yes No

If yes, please provide full details, including the approximate date, the authority and the country concerned.

Note: Posts in Keltic Care, especially those involving patient contact, are exempt from the Rehabilitation of Offenders Act 1974. You must therefore declare all prosecutions or convictions, including those considered "spent" under this Act.

Have you been disqualified from the practice of a profession; required to practice it subject to specified limitations; or are you currently the subject of fitness to practice investigations or proceedings by a regulatory body in the UK or any other country?

(please cross) Yes No

If yes, please provide full details including the approximate date, the name and address of the regulatory body and the country concerned.

Note: Any information you supply in respect of the above two questions will be treated as confidential and will not necessarily prevent you from being considered for the post for which you have applied

Your personal details will be treated as confidential and kept for no longer than necessary. If you are accepted as an employee the information you have provided on the application and diversity monitoring forms will become part of your personal records. Some of the information may be held on a computer database.

I understand that a number of posts within Keltic Care are subject to disclosure checks and I agree to undertake this process, if applicable. I understand that the appointment, if offered, is subject to health clearance and, if appropriate, confirmation of qualifications and/or professional registration.

I certify that the information given on this form is correct and understand that any misleading information or deliberate omissions will be regarded as grounds for withdrawal of an offer or, if appointed, subsequent disciplinary actions which could lead to dismissal.

Signed:

Dated:

Please send your completed application form to:

Keltic Care Ltd
2 Culduthel Road
Inverness
IV2 4AB

The information in this application form will be held in strictest confidence and in accordance with the Data Protection Act.

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Diversity monitoring form

Please Retain and bring with you in a sealed envelope marked with your name if invited for interview.

Keltic Care seeks to reflect the diversity of the local community in terms of ethnic and cultural background, gender, age and disability. As such Keltic Care asks all potential employees to complete and return this monitoring form. Upon receipt it is separated from your application form and is not used by the selection panel. The information will be used for compiling statistics for monitoring purposes and will be treated confidentially and play no part in the selection process.

Surname:	First names:
Job reference number:	Post applied for:
Date of birth:	Age:

Ethnic group (please cross the relevant box)				
Black or Black British	Asian	White	Mixed	Other
<input type="checkbox"/> Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> British	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Chinese
<input type="checkbox"/> African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Irish	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Other background
<input type="checkbox"/> Other Black background	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other White	<input type="checkbox"/> White and Asian	
	<input type="checkbox"/> Other Asian background		<input type="checkbox"/> Other mixed background	
Where 'other' is crossed please provide further information:				

Religion	
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Languages spoken & level (ie. basic, conversational, fluent)	
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Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Sexual orientation	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Homosexual	<input type="checkbox"/> Bisexual
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Disability
<p>Under the Disability Discrimination Act 1995 (DDA) a disability is defined as "physical, sensory or mental impairment which has, or had, a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities".</p> <p>Do you consider yourself to have a disability as defined under the Disability Discrimination Act 1995 (DDA)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you have answered 'yes' to the above question then please indicate which category best describes your disability:</p> <p><input type="checkbox"/> Hearing <input type="checkbox"/> Sight <input type="checkbox"/> Physical/motor disability <input type="checkbox"/> Language disability <input type="checkbox"/> Learning difficulties <input type="checkbox"/> Other</p> <p>If 'other' please specify:</p>

Data Protection Act 1998
<p>Your personal details will be treated as confidential and kept for no longer than necessary. If your application is successful your application and monitoring forms will become part of your personal records. Some of the information may be held on a computer database.</p> <p>Signed: _____ Dated: _____</p>

Serial Number:

Health Declaration

Please Retain and bring with you in a sealed envelope marked with your name if invited for interview.

We want to be sure that we can reasonably expect you to be able to give regular and effective service, and we therefore ask you to provide us with some details about your health record. Each declaration we receive is considered individually and no decision to reject you on medical grounds will be made without referral to our Directors. All information will be treated in the strictest confidence and will be seen by Personnel Managers only if you are recommended for appointment. However, should the details of a medical condition be such that you only want it to be seen by a medical practitioner, you may provide details in a sealed envelope. Keltic Care is an equal opportunities employer and will recruit on the basis of ability, not perceived disability. Any information given on disabilities or medical history will assist us in assessing where reasonable adjustments to duties or the workplace can be made.

Title		Surname			
Forename		Date of Birth			
Tel Number		Height (metres)		Weight (kilos)	
Post applied for					
1a	Do you have a disability which may affect your ability to undertake the tasks set out in the job description or which require special arrangements? (If yes, give details)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
1b	If your answer to 1a was "yes", what facilities, adjustments or equipment (if any) would enable you to perform the duties of the post most effectively (use a separate sheet if necessary)?				
2	Are you now or have you been in the past under any medical treatment or observation, taken any form of medication to control or stabilise a condition (e.g. insulin for diabetes or ventilin for asthma), undergone any operation or hospital treatment, or had any serious accident? (If yes, please give details including dates)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Have you now or in the past had any disease or complaint, other than normal childhood illnesses, colds and flus? (If yes, please give details including dates and treatment received)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Have you ever left or been denied employment in the Civil Service or any other organisation on grounds of ill-health, unsatisfactory attendance or been medically retired on grounds of ill-health? (If yes give details)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	How many days have you taken off work for reasons of sickness (both medically and self certified) in the last two years of your current/most recent employment (please state dates if not immediate past two years)?			No of days self certified No of days med certified	
6	In the past five years have you had a sick warning or advice regarding your sickness record from a previous employer?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Have you now or in the past had any drug or alcohol related problem? If yes, please give details including dates and medication (if any) prescribed.			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>DECLARATION</u>					
I certify that, to the best of my belief, the Declaration I have given concerning my health is true and complete and I understand that failure to disclose any relevant information or, providing false information, may affect my employment with Keltic Care Ltd.					
Signed				Date	