**Application Pack**

Thank you for requesting this application pack.

**Notes on Application**

Please read these notes carefully, they will help you to provide us with all the information we need to consider your application.

**Completing the application form**

Please note that only applications completed on this form will be accepted.

All sections of the form must be completed, if a section isn’t relevant please put ‘N/A’ (not applicable).

Don’t substitute, or cross reference information on this form with a curriculum vitae.

When you have completed all sections, you should return all pages by the closing date advertised.

If we wish to progress your application further we will contact you by phone or letter advising you of the next stage of the selection process. As we don’t have the resources to enable us to inform applicants who are not shortlisted if you haven’t heard from us within two weeks of the closing date regrettably you have not been selected for interview.

**Information required on application**

Please provide details of referees covering your last 5 years of employment. They will need to be able to give their opinion as to your suitability for the role in question.

All successful applicants need to provide a reference from their current or last employer. Referees must be professional and appropriate to the position applied for although for school or college leavers, an academic reference would be suitable. We are unable to accept a reference from a family member or personal friend.

References will be requested automatically after a conditional verbal job offer has been accepted.

Please ensure that your contact details are correct as this will prevent delays in the application process.

**The interview process**

If you are invited for interview, you will be contacted with the details of the date, time and venue for the interview.

You will be required to sign a hard copy of your application form at the interview. **Equality Monitoring Form**

Globe Healthcare is committed to equality of opportunity. To ensure that we can monitor the diversity of applications received please complete the Equality Monitoring Form. All information collected on this form will be treated in the strictest confidence and will be used for monitoring purposes only.



Application Form Page 1

**DBS checks**

For most job roles applicants are required to undergo a DBS check at enhanced level; any job offer is subject to a satisfactory DBS check. For more information on Enhanced Disclosures please contact 08709090811

**General queries or concerns**

Please contact us if you have any general queries or concerns regarding this process.

**Please return this application form by email to:**

The email address shown in the website job advert for the position for which you are applying.

Please note that only applications submitted via email will be accepted. If your circumstances require allowances to be made in relation to completion of this form please contact the Service Manager at the following address:-

Name of Manager: Harpreet Chohan

Name of Service: Globe healthcare

Address of Company Globe House, 3 Bradford Place, Walsall, WS1 1PL



Application Form Page 2

**Application for Employment**

Please complete all sections unless the section is not relevant in which case please put N/A (not applicable) in the space provided.

**Position applied for**

|  |  |
| --- | --- |
| **Job Title:** | **Reference Number:** |
|  | **Closing Date:** |
| **Location:** |  |
|  |  |
|  |  |
| **Where did you see this position advertised?** |  |
|  |  |

**Personal details**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Family name:** | | |  |  |  | **Date of Birth:** | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Forename:** | | |  |  |  | **National Insurance** | | |  |  |  |
|  |  |  |  |  |  | **Number** | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Title (Mr/Ms/Mrs/Miss etc)** | | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Address** | |  |  |  | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Town/City** | |  |  |  | |  | **Postcode** | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Telephone (home)** | | |  |  | |  | **Mobile** | | | |  |
|  |  |  |  |  |  |  | **number** | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Work** |  | | | | |  |  |  |  |  |  |
| **Contact** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Email Address** | |  | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Do you **require** a work permit or any other kind of document to show that | | | | | | | | **Yes / No** | | | |
| you have necessary permission to work in the UK? | | | | | |  |  |  |  |  |  |
| Do you currently **have** the necessary documentation to enable you to work in | | | | | | | | **Yes / No** | | | |
| the UK? | | | | | |  |  |  |  |  |  |
| Are you related to, friends with or in a relationship with any current or former | | | | | | | | **Yes / No** | | | |
| Esto Care staff member, volunteer or service user? | | | | | |  |  |  |  |  |  |



Application Form Page 3

**Occupational History**

Please give details of your last 3 positions. Please note references will be requested automatically after a conditional verbal job offer has been accepted.



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name and address of current or most recent employer** | | |  |  | **Your job title** |  |
|  | **Postcode** |  |  |  |  |  |  |
|  | **Start date** | **Month** |  | **Year** |  | **Present salary** |  |
|  |  |  |  |  |  | **Leaving Date** |  |
|  | **Brief description of duties** | | |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Reason for leaving or for** |  |
|  |  |  |  |  |  | **wanting to leave:** |  |
|  | **Referees name and telephone number** | | |  |  | **Referees job title** |  |
|  |  |  |  |  |  |  |  |
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**Referees business email address**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |  |  |  |  |
|  | **Name and address of previous employer** | | | | **Your job title** | | |  |
|  | **Postcode:** | |  |  |  |  |  |  |
|  | **Start date** | | **Month** | **Year** | **Salary on leaving** | | |  |
|  | **Brief description of duties** | | |  | **Leaving date** | |  |  |
|  |  |  |  |  | **Month** | | **Year** |  |
|  |  |  |  |  | **Reason for leaving** | | |  |
|  |  |  |  |  |  |  |  |  |
|  | **Referees name and telephone number** | | |  | **Referees job title** | | |  |
|  |  |  |  |  |  |  |  |  |
|  | **Referees business email address** | | |  |  |  |  |  |
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|  |  | Application Form | |  |  |  | Page 4 |  |

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| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | ***It Could Be Me*** |
|  |  | | |  | |
|  | **Name and address of previous employer** | | | **Your job title** | |
|  | **Postcode:** |  |  |  |  |
|  | **Start date** | **Month** | **Year** | **Salary on leaving** | |
|  | **Brief description of duties** | |  | **Leaving date** |  |
|  |  |  |  | **Month** | **Year** |
|  |  |  |  | **Reason for leaving** | |
|  |  |  |  |  |  |
|  | **Referees name and telephone number** | |  | **Referees job title** | |
|  |  |  |  |  |  |
|  | **Referees business email address** | |  |  |  |
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Application Form Page 5

**Previous history**

Please give as much information as you can about your work/voluntary work history previous to the three jobs above. If you have taken study/career breaks please include details. For guidance, information about unrelated positions dating back more than 15 years need not be provided.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Employer’s name and address** | |  | **Position held** |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  | **From** | **To** | |  |
|  | **Postcode** | |  |  |  |  |  |
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|  | **Reason for leaving** | |  |  |  |  |  |
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|  |  |  | |  |  |  |  |
|  | **Employer’s name and address** | |  | **Position held** |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  | **From** | **To** | |  |
|  | **Postcode** | |  |  |  |  |  |
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|  | **Reason for leaving** | |  |  |  |  |  |
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|  |  |  | |  |  |  |  |
|  | **Employer’s name and address** | |  | **Position held** |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  | **From** | **To** | |  |
|  | **Postcode:** | |  |  |  |  |  |
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|  | **Reason for leaving** | |  |  |  |  |  |
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|  | **Please give details of any breaks in your work history** | | |  |  |  |  |
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**PROFESSIONAL/VOCATIONAL QUALIFICATIONS.**

Please include courses completed inside and outside of work and any course you are currently undertaking.

**PIN Number & Expiry Date**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Subject/Course | Level | Length of | Place of Study | Month/Year | Qualification |
| Taken |  | course |  | taken | achieved |
|  |  |  |  |  |  |
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**PROFESSIONAL/VOLUNTARY EXPERIENCE**

Please provide details of any professional institutions or offices held

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Organisation | | Level of | Registration no | Pin no | Expiry date |  |
|  |  | membership |  |  |  |  |
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**SUPPORTING STATEMENT**

Please use this section to support your application, providing evidence of your suitability for the post and how you meet the requirements of the job description.



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**ENHANCED DISCLOSURE BARRING SERVICE(DBS)**

The post you are applying for is considered to be exempt from the provisions of the Rehabilitation of Offenders Act 1974 (ROA) by virtue of the ROA 1974 Exemptions Order 1975**. You are therefore required to disclose** **all** **criminal convictions,** **cautions, reprimands, final warnings or any other information that may have a bearing on your suitability for this post. This will include any spent convictions, criminal charges or summons pending against you. All information will be treated in the strictest confidence**

Please answer the questions below:

1. Have you ever been convicted by the courts or cautioned, reprimanded or been given a final warning by the police?

Yes □ No □

1. Are you aware of any police enquires undertaken following allegations made against you, or at present the subject of criminal charges?

Yes □ No □

1. Has any action ever been taken against you by the Local Authority in regard to a child/children under the age of 18?

Yes □ No □

If you have answered yes to any of the above questions please give details of offences, penalties and dates:

**DECLARATION**

The information supplied on this form will be processed and stored in manual and computerised records for recruitment, employment and management information processes. You have the right to access this data. All information will be treated in the strictest confidence. Unsuccessful applications will be retained for 3 months.

**I declare that the information contained on this form is true and complete. I understand that if it is later discovered that any statement is false or misleading, it may be sufficient for cancelling any agreements made or I may be dismissed from employment by the company. I consent to Esto Care holding and processing this information and give permission for reference checking in connection with my application. I understand too that an Enhanced Disclosure Barring Service(DBS) will be sought.**

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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**ACCESS AND OPPORTUNITIES EMPLOYMENT POLICY**

Esto Care Ltd provides Access and Opportunity for all. It operates a policy that aims to ensure that unfair discrimination does not take place in recruitment.

To help us to monitor the effectiveness of the policy you are asked to provide the information requested below.

This information is confidential and does not form part of your application. It will be kept separate from your application form and the information will not be taken into account when making your appointment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname: …................................................ | | Initials: …................................. | |  |
| Position Applied For: ….................................................................... | | | |  |
| Are you? | Male …................. Female …................. | |  |  |
| What is your age? |  |  |  |  |
| In between 0-18 | 19-37 | 38-56 | 57-75 | 75+ |
| Do you consider yourself to have a disability? | | Yes ….................. No ….................. | | |
| If yes are you registered disabled? | | Yes ….................. No ….................. | | |

I would describe my ethnic origin as:

|  |  |  |  |
| --- | --- | --- | --- |
| □ African | □ Bangladesh | □ Caribbean | □ Chinese |
| □ Indian | □ Mixed White/Asian | □ Mixed White/Black African □ Mixed White/Black | |
| □ Caribbean | □ Pakistani | □ White British | □ White European |
| □ White Other | □ Black Other | □ Asian Other | □ Mixed Other |

□ Do not want to declare



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