**CONFIDENTIAL**

**EMPLOYMENT APPLICATION FORM**

**Please download this form, fill it in and then return it via e-mail to** info@assurancerecruitmentagency.com **or by post to: Assurance Recruitment Agency Ltd, 62A Town Centre, Hatfield, AL10 0JJ. All information provided by applicants will be treated with full confidentiality. Candidates are shortlisted for interview based on the application form alone. It is therefore essential that ALL sections are completed in full. Please do not send a CV in place of your application form as this will be disregarded.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Position applied for:** |  | **Reference****Code:**  |  |
| **Where did you see the advertisement for this vacancy?** |  |

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Title** |  **Mr Mrs Ms Miss (***Delete as appropriate)* |
| **First name(s)** |  |
| **Surname** |  |
| **Address** |  **Postcode:**  |
| **Home** **phone no** |  | **Work phone no** |  |
| **Can we contact you here?** |  ***YES NO*** |
| **Mobile** **phone no** |  | **Email address** |  |

|  |  |
| --- | --- |
| **National insurance number** |  |
|  |
| **Do you require a work permit/visa to work in the UK?** |  **YES NO** *(Delete as appropriate)* |
| **If yes, what type of visa is it?****Please state the expiry date of your current visa** |  |
|  |

|  |  |
| --- | --- |
| **If appointed when would you be able to start work, or how much notice do you have to give your employer?** |  |

|  |  |
| --- | --- |
| **Are you a relative or partner of an employee of the Society?** |  **YES NO** *(Delete as appropriate)* |
| **If yes, please provide name of employee and how you are related** |  |

**HEALTH**

|  |  |
| --- | --- |
| **Do you have any illness or condition which would impair your ability to carry out the duties of this post?** |  **YES NO** *(Delete as appropriate)* |
| **If yes, please give details:** |  |

|  |  |
| --- | --- |
| **Do you consider yourself to have a disability\* or special need?**  |  **YES NO** *(Delete as appropriate)* |
| **If yes, please indicate below the nature of this disability:**  |  |

***\*Disability is defined in the Equality Act 2010 as a physical or mental impairment which has a substantial long-term adverse effect on ability to carry out normal day to day activities. ‘Long term’ means lasting (or recurring), or likely to last, for a year or more. ‘Substantial’ means it must regularly limit what you can do.***

|  |  |
| --- | --- |
| **If you are invited to an interview, do you have any specific requirements related to your disability\*?** |  **YES NO** *(Delete as appropriate)* |
| **If yes, please give details:** |  |

**CAREER HISTORY**

**SECTION 1: CURRENT / MOST RECENT EMPLOYMENT**

Your current or most recent employment may include voluntary work or work experience.

|  |  |
| --- | --- |
| **Organisation** |  |
| **Job title** |  |
| **Dates of employment***(State month and year)* |  **From: \_\_\_\_\_ / \_\_\_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_\_\_** |
| **Current salary** *(if any)* |  **£**  |
| **Brief description of duties / responsibilities** |  |
| **Reason(s) for leaving or seeking new employment** |  |
| **Name of Line Manager / Supervisor** |  |
| **Job Title of Line Manager / Supervisor** |  |

**SECTION 2: PREVIOUS EMPLOYMENT**

Please list your previous employment details in date order, starting with your most recent employment (including voluntary work / work experience). Where you have been employed by an agency outline the details of the agency as well as the placement(s). If you have previously worked for Assurance Recruitment Agency, please detail that information in section 3. If you have had gaps in your employment, please detail these in section 4.

|  |  |
| --- | --- |
| **Organisation** |  |
| **Job title** |  |
| **Dates of employment***(State month and year)* |  **From: \_\_\_\_\_ / \_\_\_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_\_\_** |
| **Brief description of duties / responsibilities** |  |
| **Reason(s) for leaving**  |  |
| **Name of Line Manager**  |  |

|  |  |
| --- | --- |
| **Organisation** |  |
| **Job title** |  |
| **Dates of employment***(State month and year)* |  **From: \_\_\_\_\_ / \_\_\_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_\_\_** |
| **Brief description of duties / responsibilities** |  |
| **Reason(s) for leaving**  |  |
| **Name of Line Manager**  |  |

|  |  |
| --- | --- |
| **Organisation** |  |
| **Job title** |  |
| **Dates of employment***(State month and year)* |  **From: \_\_\_\_\_ / \_\_\_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_\_\_** |
| **Brief description of duties / responsibilities** |  |
| **Reason(s) for leaving**  |  |
| **Name of Line Manager**  |  |

|  |  |
| --- | --- |
| **Organisation** |  |
| **Job title** |  |
| **Dates of employment***(State month and year)* |  **From: \_\_\_\_\_ / \_\_\_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_\_\_** |
| **Brief description of duties / responsibilities** |  |
| **Reason(s) for leaving**  |  |
| **Name of Line Manager**  |  |

|  |  |
| --- | --- |
| **Organisation** |  |
| **Job title** |  |
| **Dates of employment***(State month and year)* |  **From: \_\_\_\_\_ / \_\_\_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_\_\_** |
| **Brief description of duties / responsibilities** |  |
| **Reason(s) for leaving**  |  |
| **Name of Line Manager**  |  |

**Please note:** If you need to continue your employment history, please do so on a separate sheet of paper and attach it to your application form.

**SECTION 3: EMPLOYMENT GAPS**

If there are any gaps in your employment, please ensure that you clearly identify the dates and provide information that clarifies the situation. Successful applicants will be required to clarify all gaps in employment before a start date can be confirmed.

|  |  |  |
| --- | --- | --- |
| **Date from***(state month and year)* | **Date to***(state month and year)* | **Reason for gap** |
|  |  |  |
|  |  |  |
|  |  |  |

**EDUCATION & TRAINING**

Please provide details of School, College, University or other Further / Higher Education attended.

Please provide details of any other qualifications or courses attended (this includes non-certificated courses) which are relevant to this role. You will be required to produce evidence of your relevant qualification(s) on appointment.

|  |  |  |
| --- | --- | --- |
| **Period** *(state month and year)* | **Name of establishment**(School, University, Organisation etc) | **Qualification gained / training completed** |
| **From** | **To** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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**PERSON SPECIFICATION**

***This is one of the most important parts of the Application Form***

You must provide evidence to show how you meet ALL of the 12 criteria as set out in the person specification. Please ensure that your evidence is presented in the same numbered format as the selection criteria.

It is not enough to simply state that you meet the criteria – you should provide reasoning under each criteria as to how you meet it, giving examples drawing from all aspects of your paid or unpaid employment, education, voluntary work and home responsibilities.

|  |  |
| --- | --- |
| **Person specification selection criteria** | **FOR OFFICE USE ONLY** |
| **1.Qualified Registered Nurse (essential)*****More details:*** | **5** | **4** | **3** | **2** | **1** |
|  |
| **2.Computer skills (essential)*****More details:*** | **5** | **4** | **3** | **2** | **1** |
|  |
| **3. 6 to 12 months’ experience post qualifying (essential)*****More details:*** | **5** | **4** | **3** | **2** | **1** |
|  |
| **4. Successful completion of preceptorship (essential)*****More details:*** | **5** | **4** | **3** | **2** | **1** |
|  |
| **5.Good organisational skills (essential)*****More details:*** | **5** | **4** | **3** | **2** | **1** |
|  |
| **6.NMC registration Part 1 (essential)*****More details:*** | **5** | **4** | **3** | **2** | **1** |
|  |
| **7.Clinical supervision training (desirable)*****More details:*** | **5** | **4** | **3** | **2** | **1** |
|  |
| **8. Mentorship course (desirable)*****More details:*** | **5** | **4** | **3** | **2** | **1** |
|  |
| **9.Previous experience in palliative care or cancer unit (desirable)*****More details:*** | **5** | **4** | **3** | **2** | **1** |
|  |
| **10.Verbal communication skills (essential)*****More details:*** | **5** | **4** | **3** | **2** | **1** |
|  |
| **11.Ability to work as a team (essential)*****More details:*** | **5** | **4** | **3** | **2** | **1** |
|  |
| **12.Effective interpersonal skills (desirable)*****More details:*** | **5** | **4** | **3** | **2** | **1** |
|  |

**REFERENCES** *(Please read this section carefully)*

The offer of employment is subject to the Assurance Recruitment Agency receiving references which are satisfactory. Assurance Recruitment Agency will contact all chosen referees for each successful applicant. In order to ensure that this process is as quick and smooth as possible, applicants should check with their chosen referees that the details they are providing on the Application Form are correct and up to date. Relatives may not be given as referees. Applicants should also make sure that their chosen referees are willing to provide a reference and are aware that this is a condition of their employment with Assurance Recruitment Agency. When choosing your referees, you will need to include your current or most recent referee as your first reference. When completing this section applicants should be sure to complete all fields. Applicants must make every effort to provide the full name of their referee, who should be known to the applicant.

Please name 3 referees (we reserve the right to take up references from any previous employer from those provided):

|  |
| --- |
| **REFEREE 1 – CURRENT OR MOST RECENT EMPLOYER** *(including voluntary work / education provider)* |
| **Name of referee:**  | **Job title of referee:** |
| **Organisation name:** | **Organisation address:** |
| **Telephone no:** | **Fax no:** |
| **Email address:** |
| **Relationship to you:** *(e.g Line Manager)* |

|  |
| --- |
| **REFEREE 2 – PREVIOUS EMPLOYER** *(including voluntary work / education provider)* |
| **Name of referee:** | **Job title of referee:** |
| **Organisation name:** | **Organisation address:** |
| **Telephone no:** | **Fax no:** |
| **Email address:** |
| **Relationship to you:** *(e.g Line Manager)* |

|  |
| --- |
| **REFEREE 3 – PREVIOUS EMPLOYER** *(including voluntary work / education provider)* |
| **Name of referee:** | **Job title of referee:** |
| **Organisation name:** | **Organisation address:** |
| **Telephone no:** | **Fax no:** |
| **Email address:** |
| **Relationship to you:** *(e.g Line Manager)* |

**CRIMINAL CONVICTIONS**

Some posts are exempt from the provisions of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (exemption) order 1975. Therefore you asked to disclose whether you have any previous convictions, cautions, reprimands, or final warnings, regardless of whether they are “spent” or not. Most posts will be subject to criminal record checks carried out by the Disclosure and Barring Services (DBS). A criminal conviction will not necessarily debar you from employment.

|  |  |
| --- | --- |
| **Have you ever been cautioned / reprimanded / bound over / convicted of a crime (spent or otherwise)?** | **YES NO***(Delete as appropriate)* |
| **If yes, please give details below outlining the date, place and nature of the offence and outcome:** |

**DECLARATION**

I declare that the information given on this form is correct to the best of my knowledge. Information on this form may be held on computer/manual records. I understand that any false information or misinterpretation would result in my application being disqualified or if appointed, could lead to disciplinary action including dismissal. I consent to the Assurance Recruitment Agency, in line with the Data Protection Act (1998), holding this information in a secure place. If your application is unsuccessful the data will be held for 6 months and then destroyed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant signature:** |  | **Date:** |  |

**END OF APPLICATION FORM**

Please now complete the Diversity Monitoring Form attached, and then return them to: info@assurancerecruitmentagency.com

Or send a typed hard copy to: **Assurance Recruitment Agency Limited, 62A Town Centre, Hatfield. AL10 0JJ**

|  |
| --- |
| **FOR OFFICE USE ONLY** |
| **Shortlisted:** | **YES** | **NO** | **Total Score:** |  |
| **Shortlisted by****(print name):** |  |
| **Date:** |  |
| **Signature:** |  |
| **Reason for decision:** |  |

**This page is purposefully left blank, so that your Diversity Monitoring Form**

**can be kept separate from your application form.**

 **Workforce Diversity Monitoring Form**

**Assurance Recruitment Agency Limited is committed to monitoring the diversity of its workforce and the effectiveness of the Society’s Diversity Policy. The reason for using this form is to help us maintain equal opportunities best practice and identify barriers to workforce equality and diversity.**

**To help us to monitor our effectiveness we require our employees to complete all sections of this form and to return it to the Assurance Recruitment Agency Limited. The information will be treated in the strictest confidence in accordance with the Data Protection Act 1998 and will be used for monitoring purposes only. Please note that you are not obliged to provide this data however if you decline we would like to know your reason(s). Thank you for completing this form.**

***(Please tick or type ‘Y’ in the relevant box)***

|  |  |
| --- | --- |
| **Full Name** |  |
| **Gender**  | **F** | **Male** | **M** | **Female** |

**AGE - Please tick your age group:**  *(Please tick the box relevant).*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Under 21** |  | **21 – 25** |  | **26 - 30** |
|  | **Over 30** |  | **Over 40** |  | **Over 50** |
|  | **Over 60**  |  | **65+** |  |  |

**DISABILITY**

**Please tick whether you are** *(Please tick the box relevant).*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Able -bodied** |  | **Unregistered disabled** |  | **Registered Disabled** |

**Does your disability affect your:** *(Please tick the box relevant).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Sight** |  | **Mobility (please specify)** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Hearing** |  | **Other (please specify)** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** |  | **No**  |

**Do you consider yourself to have a learning disability?**

**ETHNIC ORIGIN – How would you describe your ethnic origin:**  *(Please tick the box relevant).*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **WHITE** |  | **BLACK OR BLACK BRITISH** |  | **ASIAN OR ASIAN BRITISH** |
|  | **White British** |  | **Black Caribbean** |  | **Pakistani** |
|  | **White Irish** |  | **Black African** |  | **Bangladeshi** |
|  | **White Scottish** |  | **Black British** |  | **Kashmiri** |
|  | **White Welsh** |  | **Black Other** |  | **Indian** |
|  |  |  |  |  | **British Asian** |
| **MIXED** |  | **CHINESE OR OTHER ETHNIC GROUP** |  | **Any other Asian background** |
|  | **White and Black Caribbean** |  | **Chinese** |  |  |
|  | **White and Black African** |  | **Other Ethnic group** |  |  |
|  | **White and Asian** |  |  |  |  |
|  | **Any other mixed background** |  |  |  |

**RELIGION – Please describe your religion using the categories below?**  *(Please tick the box relevant).*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Christian** |  | **Muslim** |  | **Jewish** |
|  | **Hindu** |  | **Sikh** |  | **Rastafarian** |
|  | **Buddhist** |  | **No Religion** |  | **Other (please specify)** |

|  |
| --- |
|  |

**Sexual Orientation – Please describe your sexual orientation using the categories below?**  *(Please tick the box relevant).*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Lesbian** |  | **Bisexual** |  | **Transgender** |
|  | **Heterosexual** |  | **Gay Man** |  | **Prefer not to state** |

**If for any reason you have decided not to complete this form it is important that we are able to record your reason(s). Please use the space below for this purpose.**

|  |
| --- |
|  |

**DATA PROTECTION**

**The information given will be treated in the strictest confidence in accordance with the Data Protection Act 1998 and will be used for monitoring purposes only. The completed form will be shredded once the data is collated.**

**Please return this form in an envelope marked Private & Confidential to Assurance Recruitment Agency Limited, 62A Town Centre, Hatfield, AL10 0JJ. All information will only be kept for monitoring purposes only.**