

Application for employment:



Position applied for:

Where did you hear about us?

Your personal details:

Title:

Forename:

Surname:

Address:

Postcode:

Home Telephone:

Mobile Telephone:

Email:

Date of Birth:

Right to work:

Are you a UK Citizen? Yes No

Nationality:

Do you need a work permit? Yes No

Work Permit expiry:

National Insurance No:

Please list any periods spent outside of the United Kingdom as a Resident: (do not include holidays)

Next of kin:

Forename:

Surname:

Relationship to you:

Telephone number:

Address:

Postcode:

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Previous employment covering the last five years:

A full employment history must be detailed beginning with your current employment, and covering all reasons for gaps in any given year.

Date From To	Employers name (most recent first)	Position held	Salary & benefits	Reason for leaving

Application for employment:



Employment / qualifications:

Secondary school name:

Address:

Postcode:

Date		Course / subject	Grade
From	To		

Other Qualifications (NVQ'S, Certificate of Higher Education, Degrees etc.)

Date		Institute name	Course / subject	Grade
From	To			

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Rehabilitation of offender's act 1974 – Notice to offenders:

Because of the nature of the work involved, the post for which you are applying is exempt from section 4(2) of the Rehabilitation of Offenders Act 1974 by Virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose?

Yes

No

If yes, please explain:

Signature:

Date:

Failure to declare or the falsification of any of the above details will result in the withdrawal of any job offer.

DBS consent form:

I agree to have the cost of the DBS deducted from my pay as a penalty or from any other source available to my employer if my employment is terminated for any reason within my probationary period by either party.

I understand that this is a relevant provision of my contract and that if insufficient remuneration is due to me from my employer, civil court action may be taken to recover any outstanding debt.

Signature:

Date:

Application for employment:



Hobbies and further information:

We want to get to know you more. Please tell us about your hobbies, interests, and other information which may assist us in evaluating your application.

Important dates:

Please indicate holiday dates if already booked – please be aware that booking time off over December may affect your application.

Earliest start date:

Application for employment:



References:

One of your references must be your most recent your present/ most recent employer.

1. Most recent employer name:

Position held:

Address:

Postcode:

Telephone:

2. Previous employer name:

Position held:

Address:

Postcode:

Telephone:

3. Character reference name:

Position held:

Address:

Postcode:

Telephone:

4. Character reference name:

Position held:

Address:

Postcode:

Telephone:

I give consent for you to contact all the above companies/individuals for my employment references using the contact details provided and consent for the company/individual to provide Starlight Healthcare with the reference's information requested.

Signature:

Date:

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Equal opportunities monitoring:

This section of the application will be detached and used for monitoring purposes only. Our organisation recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation religion or belief. We welcome applications from all sections of the community.

Gender: Male Female I do not wish to disclose this

Race relations (amendment) 2000

I would describe my ethnic origin as (please indicate below)

Asian or Asian British

Bangladeshi
Indian
Pakistani
Any other Asian background
Chinese

Mixed or other ethnic group

White & Asian
White & Black African
White & Black Caribbean
Any other mixed background or multiple ethnic background

Other ethnic groups

Arab
Any other ethnic group
I do not want to disclose this

Black or Black British

African
Caribbean
Any other Black background

White

British Gypsy
Irish Roma
Any other White background

Employment equality regulations 2003

Please indicate that best describes your sexuality:

Lesbian Bisexual Heterosexual
Gay Lesbian

Please indicate your religion or belief:

Atheism Judaism Other
Buddhism Hinduism I do not want to disclose this
Christianity Jainism Spritual
Islam Sikhism

Application for employment:



Health questionnaire:

To comply with the Health and Social Care Act 2008 and the Equality Act 2010, please complete this questionnaire as fully as possible. Failure to do so could impede or delay your appointment. All information is confidential.

Have you ever had or suffered from:

Epilepsy /blackouts	Yes	No
Nervous mental disorders	Yes	No
Migraine / headaches	Yes	No
Sensory impairment	Yes	No
Back pain/ Previous Back Injury	Yes	No
Heart Condition	Yes	No
Asthmatic or respiratory ailments	Yes	No
Recurring Incidence of Illness	Yes	No

If yes, please detail:

Do you have any allergies? Yes No

If yes, please detail:

Are you registered disabled? Yes No

If yes, please detail:

Application for employment:



Please tell us if there are any reasonable adjustments, we can make to assist you in your application or with our recruitment and interview process:

Please list below the dates of your Covid Vaccines and Booster. We will need to see evidence of this i.e., a vaccination card, NHS letter, vaccination passport etc. In the near future this may be made mandatory and failure to produce this at that time will result in your employment being terminated.

Covid vaccine 1

Date:

Covid vaccine 2

Date:

Booster

Date:

I declare that the information given is correct to the best of my knowledge. In my view, I am physically and mentally fit to undertake this post. I understand that omissions or false statements may disqualify me from employment or lead to dismissal from my job post.

Signature:

Date:



Application for employment:

Availability schedule:

Employee name:

Job title:

Start Date:

Week 1	Waking nights	12 Hour Day shift	12 hour split shift	7.00am - 14.00pm	14.00pm - 18.00pm	16.00pm - 22.30pm
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Week 1	Waking nights	12 Hour Day shift	12 hour split shift	7.00am - 14.00pm	14.00pm - 18.00pm	16.00pm - 22.30pm
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Live-in - Start date: 1 week on,
1 week off 2 weeks on,
1 week off

Long term - Please confirm shift pattern:

I can confirm that I understand that my working hours are set to the above days and times ticked above. Should I need to change my availability after my employment has been confirmed I am aware that this must be agreed by the branch manager before authorised. I am aware that if I choose to change my availability times before or within my probation period this may affect my position continuing within the company. Please be aware that you may be allocated to different clients within your availability. A minimum of 4 weeks' notice must be presented in writing and authorised by the branch manager.

Employee
Signature:

Branch
Manager
Signature:

Date:

Date:

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Bank payment details:

Authorisation for payment directly into your bank account. Please write clearly as any errors may result in payment being sent to the wrong account.

Your personal details:

Title:

Name:

Address:

Postcode:

National insurance no:

Phone number:

Email:

PAYE or contractor

Signature:

Date:

Bank details:

Name of bank/building society

Address:

Postcode:

Branch name:

Account name:

Sort code:

Account no: