



APPLICATION FOR EMPLOYMENT

Please complete in BLACK INK or TYPE.

ALL SECTIONS MUST BE COMPLETED.



Raphael Healthcare

POST APPLIED FOR:

Post:
Location:
Where did you see the advertisement for this post?
Recruit a Friend Scheme; please name your referrer:

PERSONAL DETAILS:

Surname:	Forename/s:
Address:	
Telephone No. (Home):	Telephone No. (Mobile):
Can we telephone you at work? Yes/No	Telephone No. (Work):
Email Address:	

Please contact us if you need the application form in an alternative format or if you need any adjustments for the interview.

CURRENT EMPLOYMENT DETAILS:

Name and address of present or most recent employer:	Job Title:
Period of notice required:	Date of appointment:
Reason for leaving and date (if applicable):	Current Salary:
Main duties and responsibilities:	

PREVIOUS EMPLOYMENT HISTORY – Over the last 10 years (Most Recent First)

Name and Address of Employer	Post held and brief description of duties	From (mth/yr)	To (mth/yr)	Reason for leaving

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY

EDUCATION AND TRAINING (Please continue on a separate sheet if necessary).

Name of Secondary School/College/University Attended	From - To	Qualification Gained (including grades)	Date Obtained

Membership of Professional Bodies	Membership Grade No./ Registration Number	Registration/ Renewal Date
Relevant Training (including NVQ's)	Duration	Name of qualification & date obtained

REFERENCES:

Please give the names and addresses of three people who have consented to provide a reference on your behalf, one of whom **must** be your current or most recent employer. (NB: Raphael Healthcare reserves the right to contact any of your former employers). Referees should not be relatives of applicants.

Please note that references may be taken up for shortlisted candidates before interview unless you indicate otherwise.

Employer Reference	Can we contact your referee prior to interview?	YES / NO
Name:		Position/Occupation:
Address:		
		Post Code:
Telephone No.		Fax No and/or Email.

2.	Can we contact your referee prior to interview?	YES / NO
Name:		Position/Occupation:
Address:		
		Post Code:
Telephone No. Fax No and/or Email.		Relationship to you:

PREVIOUS EMPLOYMENT/APPLICATIONS TO RAPHAEL HEALTHCARE

Have you ever worked for Raphael Healthcare before (including Bank work)?	Yes / No
If YES : Post held:	
Dates employed:	
Reason for leaving:	
Have you previously applied for a position with Raphael Healthcare?	Yes / No
If YES : Which position did you apply for?	
Approximately when did you apply?	
Did you attend for an interview?	Yes / No
If YES : Do you recall who conducted the interview?	

GENERAL INFORMATION

Do you require a Work Permit to take up employment within the UK? (If yes , please note that you will be required to bring along the relevant documents to interview.)	YES / NO
Have you ever been dismissed from any previous employment?	YES / NO
If yes, please give details of dates and reasons:	
Are you related to any employee of this Company?	YES / NO
If yes, please state name & relationship:	
Do you possess a current driving licence?	PROVISIONAL / FULL / NO LICENCE
Do you have use of a car?	YES / NO

DATA PROTECTION STATEMENT

The information given to Raphael Healthcare in this form will be processed only by Raphael Healthcare, for the purpose of considering your application for employment. If you are successful in your application, this form and the information contained within it, will be retained in your Human Resource file for such time as you are an employee of Raphael Healthcare and for up to 6 years after the end of your employment. Otherwise this form will only be retained by Raphael Healthcare for as long as it is required in connection with your application.

SAFER RECRUITMENT TO PROTECT THE VULNERABLE

As, under the terms of the Police Act 1997, Raphael Healthcare is a provider of care for vulnerable adults, staff working in contact with service users will be subject to an enhanced level disclosure check with the Criminal Records Bureau. This will include a check against the POVA (Protection of Vulnerable Adults) list Any offer of appointment will only be made subject to completion of a satisfactory check being completed with the Criminal Records Bureau.

Posts are also exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. You are therefore not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action.

A criminal record will not necessarily be a bar to employment. Any information received will be considered only in relation to the application made. Information will be maintained as confidential, in line with guidance contained within the Code of Practice for Registered Persons and other recipients of Disclosure Information. A copy of this Code of Practice is available from the Human Resource Department on request. For further information please see the enclosed policy document 'Employing Ex-Offenders'.

Have you ever been subject to a criminal conviction, caution, reprimand or final warning (Including any which you may otherwise consider to be 'spent')?	YES / NO
If YES , please give details on a separate sheet and attach in a sealed envelope marked "Confidential".	
Are there any criminal proceedings pending against you?	YES / NO
Have you ever been included on the POVA list.	YES / NO
Have you ever been the subject of an investigation by a professional body?	YES / NO

DECLARATION

I confirm that the information I have given on this form is correct and complete, and that misleading statements may be sufficient to cancel any agreements made. I consent to the information contained in this form being retained and processed as outlined in the Data Protection statement.

I understand that, in the event of being shortlisted for interview, I will be required to complete a confidential declaration in respect of details of any criminal convictions, cautions, reprimands and final warnings and any other information which may have a bearing on my suitability for the post.

I understand that an Enhanced Disclosure may be sought in the event of a successful application.

I also understand that, if appointed, any false statement later revealed may result in disciplinary action against me, including dismissal.

Signature:

Date:

When completed, please return this form to:
 Human Resource Department
 Raphael Healthcare Ltd, Briars Hey, Mill Lane, Rainhill, Merseyside L35 6NE
 Tel: 0151 426 9808, Email: vacancies@raphaelhealthcare.org.uk, Fax: 0151 430 7765



Raphael Healthcare

**EQUAL OPPORTUNITIES MONITORING
SELF CLASSIFICATION FORM**

This information is being gathered to monitor the effectiveness of Raphael Healthcare's Equal Opportunities policy. The data will be used only for monitoring purposes and will not be taken into account in assessing information on your application form.

Any information given will be strictly confidential and only used for statistical purposes.

Name: _____

Post applied for: _____

Where did you see the advertisement for this post? _____

Gender: Male / Female

Age: _____ **Date of Birth:** _____

Do you consider that you have a disability? Yes / No

Do you have a disability as defined by the Disability Discrimination Act? Yes / No / Don't Know

How would you describe your religion?

My faith is _____

I am not religious I prefer not to answer

Ethnic Origin:

Please note that ethnic origin questions are not about nationality, citizenship or country of birth. Ethnic origin refers to members of an ethnic group or those who share the same cultural background and identity.

I would describe my ethnic origin as (Please ✓ one of the boxes):

- | | | | | | |
|------------------------|--------------------------|------------------------|--------------------------|-------------------------|--------------------------|
| Indian | <input type="checkbox"/> | British – English | <input type="checkbox"/> | White & Black Caribbean | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | British – Scottish | <input type="checkbox"/> | White & Black African | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | British - Welsh | <input type="checkbox"/> | White & Asian | <input type="checkbox"/> |
| Other Asian background | <input type="checkbox"/> | Irish | <input type="checkbox"/> | Other Mixed background | <input type="checkbox"/> |
| Caribbean | <input type="checkbox"/> | Other White background | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| African | <input type="checkbox"/> | Other Black background | <input type="checkbox"/> | Any other background | <input type="checkbox"/> |

Thank you for your assistance