

Affix two passport
Photographs here.

Please print and sign
name behind
passport
photographs.

VITALITY HEALTH CARE SERVICES LTD

56 Lenthall Avenue, Grays RM17 5AT

Tel: +44 (0) 730 6111 471

Email: info@vitalityhcs.co.uk



Application Form

Job details

Position Applied For	
Please indicate preferred working arrangements:	Full time <input type="checkbox"/> / Part time <input type="checkbox"/> / Job share <input type="checkbox"/>

Personal details

Surname	
First names	
Title (select as appropriate)	Mr <input type="checkbox"/> / Mrs <input type="checkbox"/> / Miss <input type="checkbox"/> / Ms <input type="checkbox"/> / Other <input type="checkbox"/>
Preferred Name	
Address	
Email address	
Daytime telephone number	
Mobile	
Home	
National Insurance number	
Date of Birth	
Do you require a work permit?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Next Of Kin Details

Name	
Address	
Tel No Home:	
Tel No Mobile:	
Relationship:	

Present / Previous employment

Please list most recent first. Include permanent and temporary work, service with HM Forces, voluntary work and any work experience from leaving school (continue on a separate sheet if necessary) **Note: A minimum of 10 years employment history. Any gap must be explained in next session below.**

Name & Address (include nature of business)	From / To (exact dates)	Position and Salary	Reason for leaving

Time Breaks in Employment

Please describe all time spent since leaving full-time education. Full details should be given for any period not accounted for by full-time employment, education and training. This would include e.g. unemployment or voluntary work. Please state this information in chronological order. *(please continue on a separate sheet if necessary)*

From (exact dates)	To (exact dates)	Reason for break:

Education and qualifications

Name of School, College, University etc	From	To	Subjects studied (with grades and year taken)
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Training

This includes government training schemes, apprenticeships, short courses, projects and secondments. Please also include trade/professional training and give date of completion. *(Please continue on a separate sheet if necessary)*

Course Title	Organisation	From / To

Please indicate whether membership is by examination		
Institute	Level of membership	Year of Award

Driving License

Do you hold a current Driving License? (select as applicable)	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If YES, please state the type of license you hold	
Do you have any current endorsements? (select as applicable)	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If YES, please specify	

Areas of Work: tick box that is applicable

Domiciliary Care	Supported Living for adults with Mental health or Residential Care Home	Community Support for adults with learning disabilities	Live – in care

Why are you applying for this job?

Please mention any specific skills or experience that meets the requirements of the job description and person specification. These skills may have been gained in relation to your current or previous employment, education, training, domestic activities, voluntary work or leisure interests. (Please continue on a separate sheet if necessary).

References

Please provide TWO out of the three references. One must be your present or last employer (where applicable) and another second employer. If you have not been employed previously, please provide academic and character references.

Present/last employer	
Organisational Name	
Address	
Tel No:	
Referee's Name	
Referee's Position	
Referees email address	
May we contact this referee prior to interview? (select as applicable)	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Second Employer	
Organisational Name	
Address	
Tel No:	
Referee's Name	
Referee's Position	
Referees email address	
May we contact this referee prior to interview? (select as applicable)	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Personal Referee or course tutor (if applicable)	
Name	
Address	
Tel No:	
Occupation	
Email Address	
May we contact this referee prior to interview? (select as applicable)	Yes <input type="checkbox"/> / No <input type="checkbox"/>

Warnings and Disciplinary Issues

Have you ever been dismissed or have you ever resigned in the face of a dismissal or warning?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Have you ever been the subject of any allegations in relation to the safety and welfare of children, young people and/or vulnerable adults, either substantiated or unsubstantiated?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If you have answered yes to any of the above questions, you must supply details on a separate sheet of paper, place it in a sealed envelope marked confidential and attach it to your application form.	
I have attached details requested	Yes <input type="checkbox"/> / No <input type="checkbox"/>

Attendance

Please give the number of days and reason for any sickness/absence days taken during the last 12 months.

Number of days:	Reason(s):

Rehabilitation of Offenders Act 1974

You are required to declare any criminal convictions (cautions) in accordance with the Rehabilitation of Offenders Act 1974. The post you have applied for carries exempt status under the provisions of the Act for which you are required to declare any convictions regardless of whether or not the time limit has elapsed. All appointments are subject to an enhanced CRB check. N.B. Declaration of convictions will not necessarily bar you from employment.

Have you ever been convicted of a criminal offence? (select as applicable)	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Are there any alleged offences outstanding against you?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If YES to any of the above, please give details in a sealed envelope marked 'strictly confidential'. Failure to disclose any information relating to criminal convictions may disqualify your application or result in dismissal without notice.	

Declaration of Interests

Do you have close relationships with any person employed by or connected with Vitality Healthcare Services Ltd?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If YES, please give full details (stating department and job title):	

Declaration

I declare that the information given both on this application form, disclaimer form and the attached equal opportunities monitoring form is true and correct. I understand that any false or misleading information, or omissions of information concerning canvassing or criminal convictions, may disqualify my application or may render my Contract of Employment, if I am appointed, liable to termination.	
Signed:	
Date	
Print name	
If form has been completed electronically please place an 'x' in this box to indicate your consent ⑦	<input type="checkbox"/>

CONFIDENTIAL: Equal Opportunities in Employment – Monitoring Form

This section will be removed for monitoring purposes before the selection process begins and will not affect the consideration of your application.

Everyone is unique owing to differences in age, gender, ethnic origin, religion, sexual orientation, ability etc. Vitality Healthcare Services Ltd aims to treat these differences positively, recognising that diversity creates a strong, flexible and creative workforce. The Company's Equality of Opportunity Policy states that all applicants are to be treated fairly, and selection for appointment is to be based solely on a person's ability to do the job. As part of this process we monitor our recruitment processes to identify whether minority groups are being treated equitably.

This information will not affect the consideration of your application.

Job applied for			
Job No. or Ref (if applicable)			
Location			
How did you learn of this vacancy?			
Age		Date of Birth	
Gender	M <input type="checkbox"/> / F <input type="checkbox"/>		

Ethnic Origin

This is the origin of your family rather than your nationality. For example, you could be British and your ethnic (family) origins could be any of the ones listed below, or a combination of them, or something more specific.

Please identify your ethnic origin either by putting an 'x' in ONE of the boxes below or by giving your own description in the space provided.

a. White	British	→ Irish	→ Gypsy/Romany	→ Other White background
b. Mixed	White & Black Caribbean	→ White & Black African	→ White & Asian	→ Other Mixed background
c. Black British	Black or Caribbean	→ African	→ Any other Black background	
d. Asian British	Asian or Indian	→ Pakistani	→ Bangladeshi	→ Other Asian background
e. Other ethnic Groups	Chinese	→ Other (Please specify)	→ _____	

Disability Guidance

Where an applicant has a disability and they meet the essential criteria of the post they are automatically shortlisted for interview. This positive action helps ensure people with disabilities get their fair share of jobs.

The Disability Discrimination Act 2005 says that a person is disabled if they have a mental or physical impairment or long-term health condition which has a substantial adverse effect on their ability to carry out normal day-to-day activities.

If you consider yourself to be disabled please let us know. We would appreciate advice on help we can give to enable you to attend, or participate in the interview. At the interview you will be asked if you have any disability which would affect your ability to do the job, and, in compliance with the Disability Discrimination Act 1995, you will be asked what reasonable adjustments we might arrange to assist you.

Do you require any special assistance in your daily role?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If YES, please describe.	
If you need any assistance to attend or participate in the interview, please give details.	

Religion

Please identify your religion by putting an 'x' in ONE of the boxes below.

Christian	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Other religion	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	No religion	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		<input type="checkbox"/>

Sexual Orientation

Please identify your sexual orientation by putting an 'x' in ONE of the boxes below.

Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	<input type="checkbox"/>
Gay woman / lesbian	<input type="checkbox"/>	<input type="checkbox"/>
Heterosexual / straight	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>



Data Protection Act 1998

Validity Healthcare Services Ltd will only process the information you have provided in this form for the purpose of recruitment and selection and, if you are successful in securing this position, for purposes relating to your employment. Your details will be kept both electronically and in hard copy. We will not disclose this information about you to outside organisations or third parties unless there is a legal requirement to do so, or for the prevention and detection of fraud.