

# PassionCare

A team with passion always wins

Desired Post:

## Application Form

Please complete the below form

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

### Section 1 Personal details

Last Name:

First Name:

Address:

  
  
  

Postcode

Home Telephone N°:

National Insurance No.

Mobile Number

NMC Pin Number

DBS Number

Can we contact you at work?

Yes

No

Are you free to remain and take up employment in the UK with no current immigration restrictions?

Yes

No

**Driving Licence** - Do you hold a full, clean driving licence valid in the UK?

Yes

No

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## Section 2

**Present Employment** (If unemployed please skip to section 3)

Name of Employer:

Address:

  
  

Postcode:

Post Title:

Date of Appointment:

Salary:

Department / Section:

**Brief description of duties:**

Notice Period - If applicable

Leaving date - If applicable

Reason for leaving- if applicable

## Section 3

**Previous Employment**

Name of Employer:

Address:

  
  

Postcode

Position Held:  From  / To date

**Summary of duties:**

Reason for leaving:

**Section 4 Education**

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained

Title of Training Programme or Course	Duration of Course

**Section 6 Disability Discrimination Act**

This Act protects people with disabilities from unlawful discrimination. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application? Yes      No

If yes, please give details:

Do we need to make any specific arrangements in order for you to attend the interview?

Yes

No

If yes, please give details:

## Section 7 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

### Reference 1

Name:

Position (job title):

Work Relationship:

Organisation:

Address:   
  
  
  
Postcode

Telephone N°:

E-mail:

### Reference 2

Name:

Position (job title):

Work Relationship:

Organisation:

Address:   
  
  
  
Postcode

Telephone N°:

E-mail:

Are you willing for this referee to be approached prior to the interview?

Yes

No

Are you willing for this referee to be approached prior to the interview?

Yes

No

## Section 8 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the rehabilitation of offenders act 1974?

Yes

No

If yes, please give details / dates of offence(s) and sentence:

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## Section 9 Protecting Children and Vulnerable Adults

Passion Care Private Ltd is committed to the protection of patients during the course of its work and has a duty to ensure the suitability of any individual who has significant contact with children and/or vulnerable adults. All applicants for positions that require contact with children and/or vulnerable adults must complete a self declaration (*Under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986, a person should declare ALL convictions including 'spent' convictions where working with children*). Staff will then undergo an Enhanced Disclosure and Barring Service check.

### Self declaration:

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post?

Yes

No

## Section 12 Declaration

I declare that the information given on this form is true and complete. I understand that any false information may result in disciplinary action or dismissal if appointed.

Signature:

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Date:

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