# Job Application form

**Orion Healthcare Solutions LTD** is committed to the safeguarding and promotion of the welfare of Adults and Children. Please complete all this form in type or black ink and use only the same size paper (A4) as continuation sheets. Guidance notes are included at the end of this form.

**Job details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position Applied For:**  |  |  |  |  |
| **Please indicate preferred working arrangements:**  | **Fulltime:**  | Y/N | **Part-time:**  | Y/N | **Job share:**  | Y/N |
| **Name of Home if applicable:**  |   |  |  |  |
| **Location:**  |   |  |  |  |
| **Closing date for application:**  |   |  |  |  |
| **Reference number:**  |   |  |  |  |

# Personal details

|  |  |
| --- | --- |
| **Surname:**  |  |
| **First names:**  |   |
| **Title (select as appropriate):**  |  |
| **Preferred Name:**  |  |
| **Address:**  |  |
| **Email address:**  |  |
| **Daytime telephone number:**  |   |
| **Mobile:**  |  |
| **Home:**  |   |

|  |  |  |  |
| --- | --- | --- | --- |
| **National Insurance number:**  |  |  |  |
| **Date of Birth:**  |  |  |  |
| **Do you require a work permit?**  | Y/N | **VBS Number:**  |  |

#  Present employment

|  |  |  |  |
| --- | --- | --- | --- |
| **Job title:**  |   | **Employer:**  |   |
| **Address of employer:**  |  |
| **Date commenced with employer:**  |  |
| **Salary / wage / benefits:**  |   |
| **Notice required:**  |   |
| **Job title:**  |   | **Employer:**  |   |
| **Address of employer:**  |   |
| **Briefly describe your present job; its** **main purpose and your responsibilities:**  |   |

# 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 as necessary)  |
| **Name & Address** **(include nature of business)**  | **From / To** **(exact dates)**  | **Position and Salary**  | **Reason for leaving**  |
|  |  |   |  |
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# Time Breaks in Employment

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| 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. sunemployment or voluntary work. Please state this information in chronological order. (p*lease continue on a separate sheet if necessary*)  |
| **From (exact dates):**  | **To (exact dates):**  | **Reason for break:**  |
|   |   |   |
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|   |   |   |

# Education and qualifications

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| From age 11 onwards, and please state whether full (F) or part (P) time,  |
| **Name of School, College, University etc.**  | **From / To**  | **Grade** | **Subjects studied.** **(with grades and year taken)**  |
|  |  |   |  |
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# Training

|  |
| --- |
| This includes government training schemes, apprenticeships, short courses, projects and assignments. Please also include trade/professional training and give date of completion. (*Please continue on a separate sheet if necessary*)  |
| **Course Title**  | **Organisation**  | **From / To**  |
|  |  |  |
|   |   |  |
|   |   |   |
|   |   |   |

# Membership of Professional Institutes

|  |  |
| --- | --- |
| Please indicate whether membership is by examination.  |  |
| **Institute**  | **Level of membership**  | **Year of Award**  |
|   |   |   |
|   |   |   |

# Driving License

|  |  |
| --- | --- |
| **Do you hold a current Driving License?**  |   |
| **If YES, please state the type of license you hold:**  |   |
| **Do you have any current endorsements?**  |   |
| **If YES, please specify:**  |   |

**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).

# Warnings and Disciplinary Issues

|  |  |
| --- | --- |
| **Have you ever been dismissed, or have you ever resigned in the face of a dismissal or warning?**  |  |
| **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?**  |   |
| If you have answered yes to any of the above questions, you must supply details on a separate sheet orf paper, place it in a sealed envelope marked confidential and attach it to your application form.  |
| **I have attached details requested**  |   |

**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 (including bind over and 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 DBS check. N.B. Declaration of convictions will not necessarily bar you from employment.

|  |  |
| --- | --- |
| **Have you ever been convicted of a criminal offence?**  | NO  |
| **Are there any alleged offences outstanding against you?**  | NO  |
| 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 any relationships with any person employed by or connected with Orion Healthcare Solutions LTD?**  | No  |
| If YES, please give full details (stating department and job title):  |  |
| **Name:**  |   | **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:**  |  |
| **Print Name:**  |  | **Date:**  |  |
| **If form has been completed electronically, please indicate ‘Yes’ in the box:**  |  |

|  |
| --- |
| **Data Protection Act 1998** Orion Healthcare Solutions 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.  |

**How to return your form**

Please send your completed application form to: recruitment@orionhealthcare.co.uk **Address: B322NP, 34 RILTONE ROAD, BIRMIGHAM**

If you are returning your application by post, please ensure you use the correct postage for the size, weight and thickness of your envelope in line with the revised posting system. In the interests of economy an

acknowledgement will be sent only if you supply a stamped addressed envelope. In the interests of

## economy an acknowledgement will be sent only if you supply a stamped addressed envelope or provide an email address.

**Please note if we do not contact you within 4/6 weeks of the published closing date (or in the absence of a closing date, within 4/6 weeks of the date on which you submitted your application), then you have not been shortlisted for an interview. All applicants’ details are kept on file for 6 months.**

**In the meantime, may we take this opportunity to thank you for your application**