

APPLICATION FORM



Dear Applicant,

Thank you for your interest in joining our team.

Please complete your application as fully and concisely as possible, including any gaps in employment, as this will avoid unnecessary delays in the recruitment process.

Please highlight relevant and appropriate experience in line with the accompanying 'Job Description and Person Specification'.

If you need to continue any section on a separate sheet, please do so, ensuring that you mark the sheet clearly with the section to which it refers.

Applicants will be shortlisted based on the information contained within this application.

Please return your application by email to either the sender or to recruitment@shipstonhomenursing.co.uk.

Alternatively, if you prefer to print and send via post then please send to:

Tracy Brewer, Head of Operations
Shipston Home Nursing
Suite 7b
50 Stratford Road
Shipston-on-Stour
Warwickshire
CV36 4BA

Should you have any queries or concerns, please contact us by email or on 01608 664850.

With kind regards,

Tracy Brewer
Head of Operations

APPLICATION FORM



Position Applied for: (please state)

1. Personal Details

Surname: (Capitals)	Forename(s):	Preferred Title: (Mr / Mrs / Miss / Other)

Address:	
Post Code:	

Contact Details:	
Home:	
Mobile:	
Work:	
Email:	

Date of Birth

This role may require travel between locations. Are you able to meet the travel requirements of the role? Yes No

If relevant to the role, do you hold a full UK driving licence? Yes No

N.B. We ask all staff to have business cover as part of their vehicle insurance.

Do you require any reasonable adjustments for the interview/recruitment process? Yes No

Please explain any gaps in employment or training history.

Membership of Professional Bodies / Associations:

Why are you applying for this post?

Please provide any additional information which you feel is relevant to this application.

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4. Referees

Any offer of employment is subject to a minimum of two satisfactory references. Please give below the **names of two people who are not related to you** and who may be approached for a reference. **One referee must be your current or most recent employer**, and both should be able to comment on your ability to carry out the duties of the role you are applying for.

Name:	
Occupation:	
Address:	
Telephone No:	
Email Address	

Name:	
Occupation:	
Address:	
Telephone No:	
Email Address	

References will be sought regarding your suitability for this role. Do we have your permission to contact your referees prior to interview? **Yes** **No**

5. Additional Information:

Disclosure of Criminal Records

As this is a healthcare role, it is eligible for an enhanced DBS check and is exempt from the Rehabilitation of Offenders Act 1974. You are therefore required to disclose convictions, cautions, reprimands and final warnings, including those that would normally be considered "spent", unless they are protected/filtered under the relevant legislation and guidance.

A person's criminal record will not, in itself debar that person from being appointed. All cases will be examined on an individual basis taking into account the post applied for and the circumstances and background of the offence(s) in line with our DBS policy.

Please tick as relevant to you:

Do you currently have the legal right to work in the UK? Yes No

Will you now or in the future require sponsorship to work in the UK? Yes No

Do you have any cautions, convictions, reprimands or final warnings that are not protected under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended)? Yes No

Have you lived or worked outside the UK for 12 months or more within the last 10 years? Yes No If yes, you may be required to provide an overseas police check/certificate of good conduct.

Have you ever been suspended or are you currently under investigation by an NHS Trust, professional body or any other organisation? Yes No

If you have answered "Yes" to any of the above, please provide details and copies of any relevant documentation.

Data Protection

Information provided on this form will be stored and processed in accordance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018, and in line with our privacy notice. If your application is successful, we will retain the information provided (together with any attachments) on your personnel file. If your application is unsuccessful, we will retain your information for up to six months after the recruitment process ends and then securely delete or destroy it, unless a longer retention period is required or permitted by law.

6. Declaration

I declare that the information and details given in this application form and any additional sheets are true, complete and accurate. I understand that providing deliberately false information or any misrepresentation or omission will be grounds for rejecting this application or subsequent dismissal if appointed.

I understand that the appointment is subject to receipt of two satisfactory references, the verification of qualifications, professional registrations required for the post and relevant disclosure check.

I consent to the information on this form being collected, stored and processed for recruitment purposes in accordance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018, as set out in the organisation's privacy notice.

Signed:

Dated:

Equality & Diversity Monitoring Form

Shipston Home Nursing is committed to equality, diversity and inclusion. The information on this page is collected for monitoring purposes only, to help us review the fairness of our recruitment processes.

Completion is entirely voluntary. This page will be separated from your application and will not be provided to those involved in shortlisting or interviewing. You can choose “Prefer not to say” for any question. This form should only take a few minutes to complete. We thank you in advance for your support.

Position applied for:	
Applicant name (optional):	

1. **Sex assigned at birth:** Female Male Prefer not to say

2. **Gender identity:** Female Male I self identify as: Prefer not to say

3. **Age band:** 16–24 25–34 35–44 45–54 55–64 65+ Prefer not to say

4. **Disability:** Do you have any physical or mental health conditions or illnesses lasting or expecting to last 12 months or more? Yes No Prefer not to say Do you consider yourself to have a disability as defined under the Equality Act 2010? Yes No Prefer not to say

5. **Ethnic group** (please tick one):

White	Mixed / Multiple ethnic groups
English / Welsh / Scottish / Northern Irish / British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy, Roma or Irish Traveller <input type="checkbox"/> Any other White background <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed / Multiple background <input type="checkbox"/>
Asian / Asian British	Black / African / Caribbean / Black British
Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background <input type="checkbox"/>	African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black / African / Caribbean background <input type="checkbox"/>
Other ethnic group	Prefer not to say
Any other ethnic group <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

6. **Religion or belief:** No religion Christian Buddhist Hindu Jewish Muslim Sikh
Any other Prefer not to say

7. **Sexual orientation:** Heterosexual Gay or lesbian Bisexual Other Prefer not to say

Please return this Equality Monitoring Form with your application.

For details of our privacy policy please see [Privacy Policy - Shipston Home Nursing](#)

Your personal data will always be treated in the strictest confidence and anonymised for reporting/monitoring purposes.