

**DELIGHT SUPPORTED LIVING JOB APPLICATION FORM**

**GUIDELINES**

- Please complete this application form accurately, giving as much details as possible of your skills and experience relating to this job application.
- Short listing will be based on the information gathered from the form, read in conjunction with the person specification.
- Please ensure the finished form is printed out, signed, dated and returned by the closing date to the address given at the end of this form. We are unable to accept forms returned as email attachments without a signature.
- Please either type directly in this form or print out and complete the form in **black ink** and **BLOCK CAPITALS**.
- Applicants will be treated in the same way whether they are external or internal candidates. Internal candidates should advise their manager that they have applied for another position.

**Post Applied for:** \_\_\_\_\_

**Where did you see this post advertised?**

Job Centre Plus	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>
From a friend/family/etc	<input type="checkbox"/>
On our website <a href="http://www.delightsupportedliving.co.uk">www.delightsupportedliving.co.uk</a>	<input type="checkbox"/>
Online (Gumtree, etc)	<input type="checkbox"/>
Other (please state)	<input type="text"/>

**Are you looking for:**

Full time employment	<input type="checkbox"/>
Part time employment	<input type="checkbox"/>
Live-in	<input type="checkbox"/>

**What days/hours would you be available to work?**

### 1. PERSONAL DETAILS

<b>Title (MRS, MISS, MR, DR, or other title)</b>		<b>Date of Birth DD/MM/YYYY</b>	
<b>Name</b>			
<b>Nationality</b>		<b>National Insurance Number</b>	
<b>Address</b>		<b>Home phone</b>	
		<b>Mobile phone</b>	
<b>Postcode</b>		<b>Email</b>	
<b>Do you hold a current driving license?</b>		<b>Are you willing to travel?</b>	
<b>Yes</b>		<b>Yes</b>	
<b>No</b>		<b>No</b>	
<b>What form of transport do you use? Tick where appropriate.</b>			
<i>Car</i>		<input type="checkbox"/>	
<i>Walk</i>		<input type="checkbox"/>	
<i>Bus</i>		<input type="checkbox"/>	
<i>Cycle</i>		<input type="checkbox"/>	
<i>Other (state)</i>		<input type="text"/>	

Is there anything concerning your medical history or state of health that you think is relevant to this application? Tick where appropriate.

Yes

No

How much notice are you required to give your current employer?

---

**2. THIS SECTION IS FOR NURSES ONLY**

<b>NMC pin number/Reg. number</b>	<b>NMC/Reg. Expiry date</b>
<b>Type of registration</b> (e.g. RGN, RMN, etc)	
<b>Other professional bodies</b>	

**Nurses Clinical Details**

**Please tick the clinical areas you have expertise in:**

<input type="checkbox"/> A&E	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Clinics	<input type="checkbox"/> Community
<input type="checkbox"/> Diagnostic Imaging x-ray	<input type="checkbox"/> Elderly \care	<input type="checkbox"/> Endoscopy	<input type="checkbox"/> General Wards
<input type="checkbox"/> Gynaecology	<input type="checkbox"/> HDU	<input type="checkbox"/> Health Visitor	<input type="checkbox"/> Homecare
<input type="checkbox"/> ITU	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Medical	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Midwifery	<input type="checkbox"/> Neonatal	<input type="checkbox"/> NICU	<input type="checkbox"/> Nurse Practioner
<input type="checkbox"/> Nursing home	<input type="checkbox"/> Occupational Health	<input type="checkbox"/> ODP	<input type="checkbox"/> Oncology
<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Orthopaedics	<input type="checkbox"/> Paediatric A&E	<input type="checkbox"/> Paediatrics
<input type="checkbox"/> Palliative	<input type="checkbox"/> PICU	<input type="checkbox"/> Practice Nurse	<input type="checkbox"/> Prison
<input type="checkbox"/> Radiology	<input type="checkbox"/> Recovery	<input type="checkbox"/> Renal	<input type="checkbox"/> Dialysis
<input type="checkbox"/> SCBU	<input type="checkbox"/> Surgical	<input type="checkbox"/> Theatre	<input type="checkbox"/> Triage
<input type="checkbox"/> Urology	<input type="checkbox"/> Walk in Centre	<input type="checkbox"/> Other (please specify)	

### 3. GENERAL EDUCATION AND QUALIFICATION

#### Secondary Education

School/College Name	Subjects	Qualification gained/ grades	Date Achieved DD/MM/YYYY

#### Further Education and Professional Training

University/College/Institute Name	Course & Qualifications obtained	Date Achieved DD/MM/YYYY	Result

#### Other Relevant Training *(Short courses, In-service training, etc)*

Training Provider	Title of Course	Date Obtained DD/MM/YYYY	Result

#### 4. PREVIOUS EMPLOYMENT

Explain any gaps in employment. Please start with most recent or current employer, to cover previous 10 years.

Employer	Start Date	Leave Date	Duties	Reason for Leaving

**Experience, Skills and Personal Qualities** *(continue on blank page, if required)*

What qualities do you have which make you suitable for this type of work?

## 5. EMERGENCY CONTACT DETAILS

<b>Name</b>	<b>Relationship to you</b>
<b>Address</b>	<b>Telephone Number</b>
<b>Postcode</b>	<b>Home</b>
	<b>Mobile</b>

## References

Please give details of two referees. One must be your present or most recent employer. References will only be taken up for the successful candidate. Testimonials or references from friends and relatives are not acceptable.

<b>Name</b>	<b>Name</b>
<b>Position/Job Title</b>	<b>Position/Job Title</b>
<b>Address</b>	<b>Address</b>
<b>Telephone Number</b>	<b>Telephone Number</b>
<b>May we contact this person prior to the interview?</b>	<b>May we contact this person prior to the interview?</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 6. IMPORTANT INFORMATION

### Immigration Regulations & Eligibility to Work

**Please tick the appropriate box:**

I am eligible to work in the UK and do not require a work permit.

I am already in possession of a work permit to work in the UK

I need to obtain a work permit to work in the UK

If other, please specify in the space below

### CRB

Delight Supported Living requires the successful applicant to register with CRB/DBS if they have not already done so. A satisfactory Disclosure check will be completed prior to appointment. This check is necessary to ensure that DSL fulfils its legal duties.

If you are successful in your application, the offer of employment will be subject to a satisfactory Enhanced Disclosure Report. DSL will make a Disclosure application to Criminal Records Bureau / Disclosure Scotland, which will reveal any past criminal convictions (spent or unspent). Any non-conviction information held locally by the police may also be disclosed should this be considered relevant to the position.

**Do you have any criminal convictions?**                      **Yes**  **No**

If yes, please give details on a separate sheet. This should include any spent convictions under Section 4(2) of the Rehabilitation of Offenders Act 1974

**Availability:** Please put the hours that you are available for work each week. Delight does not work on a flexible hour's basis. When thinking about this please take into consideration other commitments. E.g. Child care during school holidays etc. All support workers must work alternate weekends. **(This section must be completed)**

**Hours: From -**

**To -**



**7. DECLARATION BY APPLICANT**

I confirm that the information contained in this application is correct, and that all the relevant information has been given. I agree that I am of good integrity and character and am physically and mentally fit to perform the work that the agency will provide me. I am fully aware that I will be required to undertake a Criminal Records Bureau Check to assess my suitability for the post. I understand that if any of the information provided on this application is later found to be incorrect, my employment may be terminated.

I have read and understood the above statement and have disclosed any criminal convictions that I have.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing and returning this application form, you consent to DSL using and keeping information about you provided by you – or third parties such as referees – relating to your application or future employment. This information will be used solely in the recruitment process and will be retained for six months from the date on which you are informed whether you have been invited to interview, or six months from the date of interview. Such information may include details relating to ethnic monitoring and disability: these will be used solely for internal monitoring.

**For Office Use Only**

Interview Date	Accept?	Start date	Leave Date	ID, UNIFORM Returned?





