

Job Application Form

Daysprings Healthcare is committed to the safeguarding and promotion of the welfare of our clients, their families, and our staff, volunteers and carers. Everything we do promotes the safety and wellbeing of the clients we work with.

Some of the fields on the application form are mandatory, indicated by a *. Failure to complete all mandatory fields will result in your application not being considered.

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"/>
Location *	
Are you fully flexible in your working days/hours/pattern*	Yes <input type="checkbox"/> No <input type="checkbox"/>
If answer to above is “No”, please provide details*	
What is your notice period? *	
What date are you available to start work from? *	
Please confirm your interview availability: *	
Have you applied to work for Daysprings Healthcare before? *	Yes <input type="checkbox"/> No <input type="checkbox"/>
If answer to above is “Yes”, please provide details*	
Have you ever worked for Daysprings Healthcare before? *	Yes <input type="checkbox"/> No <input type="checkbox"/>
If answer to above is “Yes”, please provide details*	

Personal details

Surname *		Forename(s) *	
Previous surname(s)		Previous forename(s)	
Title *		Preferred name	
D.O.B *		National Insurance Number	
Home Telephone		Mobile*	
Email address *			

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Current Address * (incl street address, city/province, country, postcode)	
What date did you move into the current address? *	
Previous Address * (incl street address, city/province, country, postcode)	
What date did you move into this address? *	
Are you related to any of our officers, directors, or employees and/ or any other party involved with or employed by the company? *	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes – please provide details if your relation? * (include full name)	

Nursing/ Healthcare Professional Council Registration Details

Body (MNC/HPC)*	
PIN/ Registration No*	
Expiry Date *	
Member of Which Professional Body *	
Registration No*	

Driving Licence

Do you hold a full current Driving Licence? * (select as applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any current endorsements? * (select as applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please provide details: *	

Present employment

Job Title *	
Name of Employer*	
Address of Employer *	
Date commenced with employer *	
Notice required *	
Current Salary *:	

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Reason for Leaving *:	
Does this role involve working with Children? *	
Briefly describe your present job; its main purpose and your responsibilities: *	

Previous employment(s)

Include permanent, temporary and voluntary work since leaving school (continue on a separate sheet if necessary). Please list most recent first.

Job Title *	
Name of Employer*	
Address of Employer *	
From / To (Exact Dates)	
Current Salary *:	
Reason for Leaving *:	
Does this role involve working with children or young people *?	
If Yes, please state email address* Business email only	

Job Title *	
Name of Employer*	
Address of Employer *	
From / To (Exact Dates)	
Current Salary *:	
Reason for Leaving *:	
Does this role involve working with children or young people *?	
If Yes, please state email address* Business email only	

Job Title	
Name of Employer	
Address of Employer	

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From / To (Exact Dates)	
Current Salary:	
Reason for Leaving:	
Does this role involve working with children or young people?	
If Yes, please state email address Business email only	

Job Title	
Name of Employer	
Address of Employer	
From / To (Exact Dates)	
Current Salary:	
Reason for Leaving:	
Does this role involve working with children or young people?	
If Yes, please state email address Business email only	

Continue on separate sheet if necessary

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Time Breaks in Employment

Reasons should be given for any period in which you were not in either employment, education or training since leaving school. 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

Please provide details of qualifications gained since age 11.

Name of School, College, University etc *	Dates attended (From / To) *	Qualifications awarded (incl. grades) *

Training

Please list all training undertaken that is relevant to the post applied for. Continue on a separate sheet if necessary.

Course Title	Dates attended (From / To)	Training provider

Ofsted History

For Home or Deputy Manager positions only. Please continue on a separate sheet if necessary.

Establishment	Date of Inspection	Outcome	Reference number (if known)

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Why are you applying for this job?

Please state below how you meet the person specification for the role. Please continue on a separate sheet if necessary

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References

One of the referees must be your current (or most recent) employer. If you have no previous employment history, please provide a tutor or personal referee who can provide a character reference.

For care related positions, we require email addresses of all previous employers that involve working with children, young people or vulnerable adults.

NB: We reserve the right to seek references from any previous employers listed in the 'Previous Employment' section of this form.

Current Employer	
Name *	
Address *	
Tel No *	
Occupation *	
Email Address * (business address only)	
May we contact this referee prior to interview? (select as applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Second Employer	
Name *	
Address *	
Tel No *	
Occupation *	
Email Address * (business address only)	
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"/>

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Warnings and Disciplinary Issues

Have you ever been dismissed or resigned in the face of a dismissal or warning? *	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been the subject of an allegation(s) 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.	

Rehabilitation of Offenders Act 1974

The nature of the post for which you are applying means that it is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974. You are not, therefore, entitled to withhold information about cautions or convictions, which for other purposes are 'spent' under the provisions of the Act, unless covered by the Disclosure and Barring Service filtering rules which specify under what circumstances certain cautions or convictions are classed as 'spent'.

Further information can be found at: <https://www.gov.uk/government/publications/filtering-rules-for-criminal-record-check-certificates>

Filtering rules do not apply to certain convictions, please refer to: <https://www.gov.uk/government/publications/dbs-list-of-offences-that-will-never-be-filtered-from-a-criminal-record-check>

If you are successful the information on the form will be considered and, if you have declared any previous criminal convictions, cautions or reprimands, these may be discussed with you prior to a decision being taken on your appointment. If you are appointed any failure to disclose cautions or convictions not expressly covered by the filtering rules may result in the offer of appointment being withdrawn or disciplinary action being taken and possibly the police and/or the Disclosure and Barring Service being notified.

Please be aware that Daysprings Healthcare Services operates a policy on the recruitment of ex-offenders and that a criminal record will not automatically debar anyone from employment with the organisation.

Have you ever been convicted of any offence in a Court of Law or received any bind-overs or cautions from the police? * (Any caution or conviction covered by the Disclosure and Barring Service filtering rules need not be disclosed).	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been included on any Disclosure and Barring/Criminal Records Bureau list which disqualified you from working with children or vulnerable adults? *	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 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.	

Immigration, Asylum and Nationality Act 2006

Do you have the right to take up employment in the UK, either as a UK National, or because you hold a valid work permit? *	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require work permit*	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Equality Opportunity Recruitment Monitoring Form

Daysprings Healthcare Ltd is committed to promoting equality, diversity and an inclusive and supportive environment for all prospective employees.

In particular, Daysprings Healthcare Ltd will seek to ensure that people are treated equitably regardless of their gender, race, colour or national origins, age, disability, socio-economic background, religious or political beliefs and affiliations, marital status, family responsibilities, sexual orientation or other inappropriate distinction.


In order to monitor the impact of this policy it is necessary to collect information from all employees and job applications on the key characteristics, which relate to equality and diversity in employment.

The information collected will be used for monitoring purposes and to update our confidential recruitment and employee database under the terms of the Data Protection Act 1998. The information will be used to form baseline statistical reports to assess the impact of our policy and promote equality of opportunity.

Surname *		Forename(s) *	
D.O.B *		Post applied for*	
Do you consider yourself a disability? * (NB: The Act defines a disability as “A physical or mental impairment which has a substantial long term and adverse effect on a persons’ ability to carry out normal day-to-day activities”)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes – please specify your disability *			
Please specify your nationality: *			
Classify yourself in the category which you feel most closely describes your origin. If none of the specific groups are suitable, please mark the relevant ‘other’ and specify your ethnicity. *			
A. White		(Other - please specify below):	
B. Mixed		(Other - please specify below):	
C. Asian or Asian British		(Other - please specify below):	
D. Black or Black British		(Other - please specify below):	
E. Chinese or Other Ethnic Group		(Other - please specify below):	
F. Other ethnicity than those listed in A-E		(Please specify):	
G. I would prefer not to answer		<input type="checkbox"/>	
Please select your religion: *			I would prefer not to answer <input type="checkbox"/>
Please specify your gender: *			I would prefer not to answer <input type="checkbox"/>
Please select the option which best describes your sexuality: *			I would prefer not to answer <input type="checkbox"/>

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Declaration

I declare that the information given on this application form is true and correct. I understand that any false or misleading information, or omissions of information concerning criminal convictions etc may disqualify my application or may render my Contract of Employment, if I am appointed, liable to termination. Should my application be successful, I give my consent for Daysprings Healthcare to seek employment references from any of the previous employers listed in the 'Previous Employment' section of this form.	
Signed: *	
Date: *	
Print name: *	
If form has been completed electronically please place an 'x' in this box to indicate your consent →	<input type="checkbox"/>
 The General Data Protection Regulation (GDPR) <p>As part of any recruitment process, the organisation collects and processes personal data relating to job applicants. The organisation is committed to being transparent about how it collects and uses that data and to meeting its data protection obligations. Daysprings Healthcare 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. Completed application forms and supplementary information provided by you in support of your application will be retained by the HR Department in a secure place for a period of 6 months, after which time the information will be destroyed, excepting for persons who subsequently take up employment with the organisation. This is to enable the organisation to fulfil its legal obligations in the event of a legal claim being brought against the organisation in relation to the recruitment and selection process. To view our Job Applicant Privacy Notice in full, please go to https://www.dayspringshealthcare.co.uk/GDPR</p>	
Should you be unsuccessful in your application for the position applied for but would like us to send you information about future vacancies, please place an 'x' in the box to indicate your consent →. You can withdraw your consent at any time by contacting a member of the HR Department by phone on 023 8235 4432 or 023 8192 4901, by email at hr@dayspringshealthcare.co.uk or in writing using the address below.	<input type="checkbox"/>

Reasonable adjustments

If you require any reasonable adjustments to the recruitment process, including completion of this application form and interview, please provide details on a separate sheet of paper. Alternatively, please contact a member of the HR Department on 023 8235 4432 or 023 8192 4901 to discuss further.

How to return your form

Please email your completed application form to hr@dayspringshealthcare.co.uk

Alternatively, completed forms can be sent to Daysprings Healthcare Services, Director General's House, 15 Rockstone Place, Southampton SO15 2EP or Daysprings Healthcare Services, 8 Hammet Street, Taunton Somerset TA1 1RZ.

Thank you for your application