**Application Form**

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| **Data Protection Statement**The sensitive personal information collected are for the HR recruitment, administration, and monitoring purposes. Unless you direct otherwise the Application Forms and attachments of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Agency to protect, and secure, all personal data collected.Please email the completed form to recruithr@macadamiasupport.co.uk |
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| **Personal Details:** |
| Title: |  | First Name: |  |
| Middle Name: |  | Surname: |  |
| Maiden Name: |  | Any Previous Names: |  |
| UK National Insurance Number: |  | Preferred Employment Type:(Full Time/ Part-Time) |  |
| **Contact Details:** |
| Address: |  | Telephone: |  |
| Mobile: |  |
| Work: |  |
| Postcode: |  | Email: |  |
| Preferred time, day, and telephone number to contact: |  |
| Date available to start: |  |
| **General Information:** |
| Do you hold a valid and current British Driver’s Licence and what type? (e.g., Provisional, Full, LGV, PCV) |  |
| Do you have any endorsements on your driver’s license and details of it?(e.g., penalty points incurred for a driving offence) |  |
| What languages do you speak and their level of fluency? |  |
| How did you hear about this company? |  |
| **Nurses Only:** |
| NMC pin number: |  | Expiry date: |  |

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| **Formal Education and Quali­fications:** |
| Name of School/ College/University | Address | Dates (MM/YY) | Course of Study/Quali­fication(s) | Grade |
| From | To |
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| **Training:**(e.g., Manual handling, CPR, infection control, First aid etc. Please be ready to provide certificates) |
| Training DetailsHospital/Establishment | Date (MM/YY) | Course Name | Achieved Grade |
| From | To |
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| **Employment History:**Starting with your most recent position, please give detail about your employment history for a period of at least 10 years. |
| Company Name | Address | Dates (MM/YY) | Position held and briefsummary of duties andresponsibilities | Reason forleaving/Lastsalary or wage |
| From | To |
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| **Additional Employment Information:**(Include all agency memberships and reasons for career breaks) |
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| **Immunisations:**(Due to the services proximity to vulnerable adults’ proof of immunisation must be provided) |
| **Name** | **Yes/No** | **Date/s** |
| Rubella |  |  |
| Skin Test for TB |  |  |
| BCG |  |  |
| Tetanus |  |  |
| Varicella |  |  |
| Poliomyelitis |  |  |
| Diphtheria |  |  |
| Hepatitis B |  | 1st: |  | 2nd: |  | 3rd: |  |
| COVID |  | 1st: |  | 2nd: |  | 3rd: |  |
| **Most Recent Blood Test:** |
| Date: |  | Titre levels: |  |
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| **References*** References must cover a 3-year period of continuous employment, training, or education.
* Your referee could be an HR department, line manager or someone in a position of responsibility.
* If you have not been in employment or education for the last 3 years, you may need to supply a character reference or a personal statement. A character reference must not be from a relative or someone who has a financial arrangement with you.
* Emails for employers must be a valid work email address and not the referee’s personal email address unless the email being provided is covering a gap in work history or the employer no longer exists, and the referee being used is a personal/character referee.
* References will be verified by HR when the candidate is selected for an interview.
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| **Referee 1:** |
| Title: |  | Surname: |  |
| Relationship: |  | First Name: |  |
| Company/Organisation Name: |  | Referee job title: |  |
| Address: |  | Email: |  |
| Telephone: |  |
| Can the referee be contacted prior to interview? |  |
| **Referee 2:** |
| Title: |  | Surname: |  |
| Relationship: |  | First Name: |  |
| Company/Organisation Name: |  | Referee job title: |  |
| Address: |  | Email: |  |
| Telephone: |  |
| Can the referee be contacted prior to interview? |  |
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| **Asylum and Immigration Act 1996**Under Section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:* That person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or
* The person comes into a category specified by the Home Secretary where such employment is allowed.

Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened. |
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| **Nationality:** |  |
| **Are you eligible to work in the UK?**(Please give a detailed description)  |  |
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| **Monitoring Information**The information collected in this part of the application form will be used for anonymised monitoring purposes to help the organisation look at the profile of individuals who apply, are shortlisted for, and appointed to each vacancy. In this way, they can check that they are complying with the Equality Act (2010). As well as for monitoring, your date of birth will be used for administration purposes including pre-employment checks and creation of your personal record if you are appointed.Macadamia Support Ltd. recognise the benefits of a diverse workforce which reflects the wider population and welcome applications from all sections of the community. Also, under the Equality Act (2010), all organisations must demonstrate that their recruitment processes are fair and that they are not discriminating against or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex, or sexual orientation. |
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| **Monitoring and Administrative Information:** |
| Date of Birth: |  |
|  | Please indicate with (N/A) if you do not wish to disclose: |
| Gender: |  |
| Marital Status: |  |
| Sexual Orientation |  |
| Ethnic Origin: |  |
| Religion/Beliefs: |  |
| According to the definition of disability do you consider yourself to have a disability and if yes please give detail? |  |

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| **Safeguarding**Any information disclosed will be treated strictly confidential. The Rehabilitation of Offenders Act 1974. deals with the fair treatment of ex-offenders and helping them into work. More information can be found on <https://www.gov.uk/government/publications/new-guidance-on-the-rehabilitation-of-offenders-act-1974>There are certain exceptions where you will need to disclose your caution or conviction even if it is considered spent under the 1974 Act. The jobs and activities listed in the Exceptions Order mainly relate to particularly sensitive areas such as work with children or health and social care. This is in recognition that there are certain activities for which fuller disclosure of a person’s criminal record history is relevant, for example, where there is a real risk to children, other people in vulnerable circumstances or some other particularly sensitive area of work. You should be aware that as well as being able to ask you to disclose your cautions and convictions, in these circumstances the organisation will be able to request the same information from the Disclosure and Barring Service (“**DBS**”). Once you are successfully selected for the role applied, a ‘standard’ or ‘enhanced’ criminal record check will be required. You will be advised of the type of certificate being requested and asked to give your approval to this application. A copy of your DBS check will be available upon request. More information is found on <https://www.gov.uk/guidance/basic-dbs-checks-guidance> |
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| **Have you got any convictions and/or conditional cautions?**  |
| *This is regardless of whether any convictions or cautions have been issued in the UK or, in any other country where it would be considered an equivalent (or similar) offence in England and Wales.**It also includes criminal convictions or relevant service discipline convictions received within the Armed Forces Justice System (e.g., through Summary Hearing or Court Martial) where it would be considered an equivalent offence in England and Wales.**It does not include parking offences. In such cases, you can select no.**Answering yes to this question does not mean that you will not be considered for the position. Employers will only consider information that is relevant to the position you have applied for and where there may be associated risks against the duties you may be required to carry out as part of this role.* |
| Yes/No |  |
| **If your answer is yes:** |
| To protect the confidentiality of this information, please provide details of the conviction, conditional caution or Summary Hearing including the date and sentence administered in a separate document provided. Title it “**Private and Confidential**” and email it to recruithr@macadamiasupport.co.uk |

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| **Acceptance of our Code of Confidentiality**In the course of your duties, you may have access to confidential information about your clients. On no account must information relating to identifiable client be divulged to anyone other than the manager of the agency. You should not disclose ANY information to your family, friends, or neighbours. If you come across any information and consider it a cause for concern, speak to your manager privately. Failure to observe these rules will be regarded as serious misconduct which could result in removal from the agency register and/or further actions. Signing below will confirm that you have understood and agree to the above statements. |
| **Confidentiality Agreement:** |
| Signature: |  | Date: |  |
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| **Declaration**I declare that the information in this form and any accompanying documents is true and complete. I agree that any deliberate omission, falsification, or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional registration details. I permit the use of my personal information collected to be processed for any employment purposes.  |
| **I agree to the above declaration:** |
| Signature: |  | Date: |  |
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| **Official Use:**(To be filled by recruitment) |
| Date Application received: |  | Date Application acknowledged: |  |
| Initial Decision: |  | Date Applicant informed: |  |
| Decision: |  | Date(s) of Interview: |  |
| **Comments:** |
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