

BEST CONNECTION HEALTHCARE LTD APPLICATION FORM

THE INFORMATION YOU PROVIDE IN THIS FORM WILL BE TREATED IN CONFIDENCE

POST APPLIED FOR

POST NUMBER

SECTION 1: PERSONAL DETAILS

LAST NAME

FIRST NAME

ADDRESS

POST CODE

NATIONAL INSURANCE NUMBER

HOME TELEPHONE NUMBER

DAY TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER

EMAIL ADDRESS

CAN WE CONTACT YOU AT WORK? (Tick where applicable)

YES ☐ NO ☐

ARE YOU ELIGIBLE TO WORK IN THE UK? (Tick where applicable)

YES ☐ NO ☐

DO YOU HOLD A FULL AND CLEAN DRIVING LICENSE VALID IN THE UK? (Tick where applicable)

YES ☐ NO ☐

ARE YOU REGISTERED WITH ANY PROFESSIONAL BOARD? (Tick where applicable)

YES ☐ NO ☐

If yes, please fill in the details below:

PROFESSIONAL BOARD NAME

PROFESSIONAL BOARD NUMBER

EXPIRY DATE (MM/YYYY)

SECTION 2: PREVIOUS EMPLOYMENT

Please cover the last **TEN (10) years** of your employment (most recent employer first) and state nature of business (if not public sector). If the allocated space is not enough, please print another page and continue.

NAME OF EMPLOYER		POSITION HELD	
DATES			
FROM		TO	
ADDRESS			
POST CODE			
SUMMARY OF DUTIES			
REASON FOR LEAVING			

NAME OF EMPLOYER		POSITION HELD	
DATES			
FROM		TO	
ADDRESS			
POST CODE			
SUMMARY OF DUTIES			
REASON FOR LEAVING			

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NAME OF EMPLOYER	POSITION HELD	
DATES		
FROM	TO	
ADDRESS		
POST CODE		
SUMMARY OF DUTIES		
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NAME OF EMPLOYER	POSITION HELD	
DATES		
FROM	TO	
ADDRESS		
POST CODE		
SUMMARY OF DUTIES		
REASON FOR LEAVING		

SECTION 3: EDUCATION

Qualifications obtained from Colleges, Universities and Schools. Please list highest qualification first.

[illegible]

**PROFESSIONAL, TECHNICAL OR MANAGEMENT
QUALIFICATIONS**

QUALIFICATIONS	COURSE DETAILS	DATES	
		FROM	TO

SECTION 4: TRAINING AND DEVELOPMENT

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

TITLE OF TRAINING PROGRAM OR COURSE	DATES	
	FROM	TO

SECTION 5: REHABILITATION OF OFFENDERS ACT (1974)

DO YOU HAVE ANY CONVICTIONS THAT ARE SPENT OR UNSPENT UNDER THE REHABILITATION OF OFFENDERS ACT 1974? (Tick where applicable)

YES ☐ NO ☐

If yes, please give details/dates of offence(s) and sentence(s):

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SECTION 6: PROTECTING CHILDREN AND VULNERABLE ADULTS

The following information may be required if the post you are applying for has a requirement for a Criminal Records Bureau police check.

ENHANCED CHECKS

ARE YOU AWARE OF ANY POLICE ENQUIRES UNDERTAKEN FOLLOWING ALLEGATIONS MADE AGAINST YOU, WHICH MAY HAVE A BEARING ON YOUR SUITABILITY FOR THIS POST? (Tick where applicable)

YES ☐ NO ☐

SECTION 7: DISABILITY DISCRIMINATION ACT

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

DO YOU HAVE A DISABILITY WHICH IS RELEVANT TO YOUR APPLICATION? (Tick where applicable)

YES ☐ NO ☐

If yes, please give details/dates of offence(s) and sentence(s):

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

DO WE NEED TO MAKE ANY SPECIFIC ARRANGEMENTS IN ORDER FOR YOU TO ATTEND THE INTERVIEW? (Tick where applicable)

YES ☐ NO ☐

If yes, please give details/dates of offence(s) and sentence(s):

SECTION 8: HEALTH

NUMBER OF DAYS SICKNESS ABSENCE IN THE LAST 2 YEARS

PLEASE STATE NUMBER OF OCCASIONS IN THE LAST 2 YEARS

DO YOU HAVE ANY FORM OF HEALTH CONDITION(S) OR MEDICAL ISSUES THAT PREVENT YOU FROM PERFORMING ANY CERTAIN TASKS ACCORDING TO YOUR JOB DESCRIPTION? (Tick where applicable)

YES ☐ NO ☐

If yes, please give details/dates of offence(s) and sentence(s):

SECTION 9: REFERENCES

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

REFERENCE 1

NAME OF EMPLOYER		POSITION HELD	
WORK RELATIONSHIP		ORGANIZATION NAME	
ADDRESS			
POST CODE			
MOBILE TELEPHONE NUMBER		EMAIL ADDRESS	

ARE YOU WILLING FOR THIS REFEREE TO BE APPROACHED PRIOR TO THE INTERVIEW? (Tick where applicable)

YES ☐ NO ☐

REFERENCE 2

NAME OF EMPLOYER		POSITION HELD	
WORK RELATIONSHIP		ORGANIZATION NAME	
ADDRESS			
POST CODE			
MOBILE TELEPHONE NUMBER		EMAIL ADDRESS	

ARE YOU WILLING FOR THIS REFEREE TO BE APPROACHED PRIOR TO THE INTERVIEW? (Tick where applicable)

YES ☐ NO ☐

SECTION 10: RECRUITMENT MONITORING FORM

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes.

POST APPLYING FOR

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM.

A. WHITE

- White UK ☐
- Irish ☐
- White Non-UK ☐
- Any other White background (give details) ☐

B. MIXED

- White & Black Caribbean ☐
- White & Black African ☐
- White & Asian ☐
- Any other mixed background (give details) ☐

C. ASIAN

- Indian ☐
- Pakistani ☐
- Bangladeshi ☐
- Any other Asian background (give details) ☐

D. BLACK/BLACK BRITISH

- Black Caribbean ☐
- Black African ☐
- Black British ☐
- Any other Black background (give details) ☐
- F. RATHER NOT SAY** ☐

E. ASIAN

- Chinese ☐
- Vietnamese ☐
- Any other Ethnic Group background (give details) ☐

DISABILITY

Disability is defined as “physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities”.

DO YOU CONSIDER YOURSELF DISABLED? (Tick where applicable)

YES ☐ NO ☐

If yes, please give details:

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AGE GROUP

16 TO 25 ☐ 26 TO 35 ☐

36 TO 45 ☐ 45 TO 55 ☐

55 TO 65 ☐ 65 TO 70 ☐

OVER 70 ☐

PLEASE STATE WHERE YOU SAW THIS POST ADVERTISED

SECTION 11: DECLARATION

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I hereby certify that:

- All the information given by me on this form is correct to the best of my knowledge.
- All questions relating to me have been accurately and fully answered.
- I possess all the qualifications which I claim to hold.
- I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.

SIGNED (FULL NAME)		DATE	
SIGNATURE			

RETURNING THIS FORM

This form can be returned either by email or through the website, please do not use both.

1. **BY EMAIL**

applications@bestconnectionhealthcare.co.uk

2. **THE WEBSITE**

Navigate to the **Offline Applications** page on the website, fill in the form with the necessary details, upload the necessary documents and submit the application.

INSTRUCTIONS FOR SUBMITTING YOUR APPLICATION.

1. Please ensure that all your documents are named properly and follow our naming guidelines described below
 - a. Your documents should bear your name, surname and document type all separated by a hyphen (-), example below;
'John-doe-drivers-license', 'john-doe-university-certificates'
2. Please ensure to **ONLY** submit **PDF** documents along with your application, all other document formats will not be considered. These documents include the application form and all the other required documents to be enlisted.
3. For all the sections/questions where you answered yes and they require proof of qualification or having the documentation, then please ensure to provide the accompanying documentation as well, all in **PDF** format and following our naming guidelines on section 1(a).
4. Please ensure to separate this section (**Returning this Form**), Section 10: Recruitment Monitoring Form and the rest of the application form when submitting your application (website will require you to upload them separately). Follow our naming guidelines for the two forms as well when submitting, i.e., **'john-doe-application-form'** and **'john-doe-recruitment-form'**.
5. If invited for the interview, please ensure to bring the following documents along;
 - a. Passport/UK Birth Certificate
 - b. Driver's License (if applicable)
 - c. Original certificates, diplomas or QCF Qualification
 - d. Certificates of training received in Domiciliary Care
 - e. 2 Passport size pictures
 - f. Bank/Building Society details
 - g. DBS Certificate (if available)
 - h. National Insurance Card/P45/P60