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|  **CARE OUTREACH APPLICATION FORM**Please fill in the application form below. Do not type/write using only capital letters and please remember to check it carefully, as once the form has been submitted it cannot be changed. If you wish to apply on-line you can do so at [www.careoutreach.co.uk](http://www.careoutreach.co.uk). | **Upload Photograph Identity** |

**Application For Employment / Volunteering**

Details entered in this part of the form will be held by the recruiting employer. Access to this information will be withheld from the shortlisting panel. Please use the appropriate mixture of capital and lowercase letters in standard written text. Please note that questions marked with an asterisk \* are mandatory and therefore must be answered.

**Job Role**

|  |
| --- |
| What role are you applying for? |
| 🞎 Support Worker 🞎 Nursing 🞎 Others (Kindly Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| If ticked nursing, (Nursing Pin) |
|  |
| Preferred Employment Type |
| 🞎 Full time 🞎 Part-time/Bank 🞎 Job share 🞎 Secondment 🞎 Flexitime 🞎 Agile/Home working 🞎 Compressed hours🞎 Term time hours/Student 🞎 Annualised hours |

**Personal Details**

|  |
| --- |
| Title |
|  |
| \* Surname/Family name |
|  |
| \* First name |
|  |
| \*Middle name |
|  |
| National insurance number |
|  |
| Address |
|  |
| \* Postcode/Zip code |
|  |
| \* Country |
|  |
| Home telephone number |
|  |
| Mobile telephone number (only if UK registered) |
|  |
| Work telephone number |
|  |
| Preferred telephone number |
|  🞎 Home 🞎 Mobile 🞎 Work |
| Your email address |
|  |
| \* Please state your date of birth |
|  |
| \* Please indicate your gender |
| 🞎 Male 🞎 Female 🞎 Transgender🞎 Non-Binary 🞎 Gender Neutral 🞎 I do not wish to disclose this  |
| \* Please indicate the option which best describes your marital status |
| 🞎 Married🞎 Single🞎 Civil partnership🞎 Legally separated🞎 Divorced🞎 Widowed🞎 I do not wish to disclose this |
| \* Which of the following options best describes how you think of yourself? |
| 🞎 Heterosexual or Straight🞎 Gay or Lesbian🞎 Bisexual🞎 Other sexual orientation not listed🞎 Undecided🞎 Not stated (person asked but declined to provide a response) |
| \* Please indicate your ethnic origin |
| **Asian or Asian British**🞎 Bangladeshi 🞎 Chinese 🞎 Indian🞎 Pakistani🞎 Any other Asian background**Black or Black British**🞎 African🞎 Caribbean🞎 Any other Black background**Mixed**🞎 White & Asian🞎 White & Black African🞎 White & Black Caribbean🞎 Any other mixed background**White**🞎 British 🞎 Irish🞎 Any other White background**Other Ethnic Group**🞎 Any other ethnic groupIf Others (Kindly Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 I do not wish to disclose this |
| \* Please indicate your religion or belief |
| 🞎 Atheism🞎 Buddhism 🞎 Christianity 🞎 Hinduism🞎 Islam🞎 Jainism🞎 Judaism🞎 Sikhism🞎 Other (Kindly Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 I do not wish to disclose this |
| Reasonable adjustments will be made available should you be invited to interview.\* According to the definition of disability do you consider yourself to have a disability? |
| 🞎 Yes 🞎 No🞎 I do not wish to disclose this information |
| Please identify the category which applies to you or other type of disability. People may experience more than one type of impairment; in which case you may indicate more than one. If none of the categories apply, please mark 'Other' |
| 🞎 Physical impairment 🞎 Learning disability/difficulty 🞎 Sensory impairment 🞎 Long-standing illness 🞎 Mental health condition 🞎 Other |
| If you have a disability, do you wish to be considered under the Guaranteed Interview Scheme if you meet the minimum criteria as specified in the person specification? |
| 🞎 Yes 🞎 No |
| Please identify the category which applies to you or other type of disability. People may experience more than one type of impairment; in which case you may indicate more than one. If none of the categories apply, please mark 'Other'. |
| 🞎 Physical impairment 🞎 Learning disability/difficulty 🞎 Sensory impairment 🞎 Long-standing illness 🞎 Mental health condition 🞎 Other  |
| If you have a disability, do you wish to be considered under the Guaranteed Interview Scheme if you meet the minimum criteria as specified in the person specification? |
| 🞎 Yes 🞎 No |

**Immigration Status**

|  |
| --- |
| \* Are you a British or Irish National, or a European Union (EU), European Economic Area (EEA) or Swiss National? |
|  🞎 Yes 🞎 No |

If you have answered ‘Yes’ to the ‘Are you a British or Irish National, or a European Union (EU), European Economic Area (EEA) or Swiss National?’ question, you must answer these questions:

|  |
| --- |
| Please select the category that relates to your current status: |
| * I confirm I am a British or Irish National
* I confirm I am a European Union (EU), European Economic Area (EEA) National or Swiss National
 |

If you have answered ‘I confirm I am a European Union (EU), European Economic Area (EEA) National or Swiss National’ to the ‘I confirm I am a European Union (EU), European Economic Area (EEA) National or Swiss National’ question, you must answer these questions:

|  |
| --- |
| EU Settlement Scheme Status |
| * Pre-settled
* Settled
* Unknown/not declared
 |
| Date EU Settlement Status Issued (DD/MM/YYYY) |
|  |
| Expiry Date (for EU pre-settled status only) (DD/MM/YYYY) |
|  |
| EU Settlement Scheme Status Verified Date (DD/MM/YYYY) |
|  |
| Granted EU Temporary Leave to Remain |
|  🞎 Yes 🞎 No |
| Leave to Remain Expiry Date (DD/MM/YYYY) |
|  |

If you have answered ‘No’ to the ‘Are you a British or Irish National, or a European Union (EU), European Economic Area (EEA) or Swiss National?’ question, you must answer these questions:

|  |
| --- |
| Please select the category that relates to your current immigration status. This status will be subject to checking before interview. |
| * Highly skilled worker
* Indefinite Leave to remain/enter.
* Skilled worker
* Dependant / Spouse visa
* Youth Mobility Scheme
* Clinical attachment visa
* Refugee
* Student
* Visitor
* Post Graduate Doctors and Dentists
* Temporary worker
* Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

|  |
| --- |
| Please supply details of any visa currently held: |
| Visa number:Start date: (DD/MM/YY)Expiry date: (DD/MM/YY)Details of any restriction: |

|  |
| --- |
| Does your visa have a condition restricting employment or occupation in the UK? |
| 🞎 Yes 🞎 No |

**Education & Professional Qualifications**

Please provide all relevant training and qualifications, also indicate subjects currently being studied and expected year of qualification. All qualifications disclosed will be subject to a satisfactory check.

|  |  |  |  |
| --- | --- | --- | --- |
| Subject/Qualification  | Place of Study  |  Grade/Result  | Year Obtained |
|  |  |  |  |
|  |  |  |  |
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**Relevant Training Courses Attended**

Please provide details regarding training courses that you have attended or currently undertaking, together with the date completed or to be completed by

|  |  |  |  |
| --- | --- | --- | --- |
| Course title | Training provider  | Duration | Year Completed |
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**Employment History**

Please record below the details of your full employment history beginning with your current or most recent first. If required, please provide additional information regarding your employment history within the 'Supporting Information' section.

|  |
| --- |
| Employer name (Current/most recent employer) |
|  |
| Employer address |
|  |
| Your job title  |
|  |
| Start date (MM/YYYY) |
|  |
| End date (MM/YYYY) |
|  |
| Reason for leaving (if applicable) |
|  |
| Description of your duties and responsibilities |
|  |

|  |
| --- |
| Employer name (Current/most recent employer) |
|  |
| Employer address |
|  |
| Your job title  |
|  |
| Start date (MM/YYYY) |
|  |
| End date (MM/YYYY) |
|  |
| Reason for leaving (if applicable) |
|  |
| Description of your duties and responsibilities |
|  |

|  |
| --- |
| Employer name (Current/most recent employer) |
|  |
| Employer address |
|  |
| Your job title  |
|  |
| Start date (MM/YYYY) |
|  |
| End date (MM/YYYY) |
|  |
| Reason for leaving (if applicable) |
|  |
| Description of your duties and responsibilities |
|  |

**References**

* Please provide the names and full contact details of your referees.
* References must cover a 3-year period of continuous employment, training, or education. Your referees will need to confirm this. They may need to comment on your skills, personal qualities, and suitability for the post.
* Your referee could be an HR department, line manager or someone in a position of responsibility.
* You must provide an email address for each referee. This may require you to contact your referee to confirm this prior to submitting your application, as this is a mandatory field.
* If you are a student or trainee this should include a teacher/tutor at your school/college or university.
* 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.
* All reference requests will be verified by the recruiting employer.

Referees may be approached before the interview unless you state otherwise below.

**Referee 1 (Compulsory)**

|  |
| --- |
| \* Type of reference |
| 🞎 Current employer 🞎 Previous employer🞎 School/College/University/Higher education🞎 Personal/Character |
| Title |
|  |
| \* Surname/Family name |
|  |
| \* First Name |
|  |
| \* Relationship |
|  |
| Employer name |
|  |
| Referee job title |
|  |
| \* Address |
|  |
| \* Post Code/Zip Code |
|  |
| Telephone |
|  |
| \* Country |
|  |
| \* Referee email address |
|  |
| Period this reference covers |
|  From: (MM/YYYY) To: (MM/YYYY) |
| \* Can the referee be contacted prior to interview? |
| 🞎 Yes 🞎 No |

**Referee 2 (Compulsory)**

|  |
| --- |
| \* Type of reference |
| 🞎 Current employer 🞎 Previous employer🞎 School/College/University/Higher education🞎 Personal/Character |
| Title |
|  |
| \* Surname/Family name |
|  |
| \* First Name |
|  |
| \* Relationship |
|  |
| Employer name |
|  |
| Referee job title |
|  |
| \* Address |
|  |
| \* Post Code/Zip Code |
|  |
| Telephone |
|  |
| \* Country |
|  |
| \* Referee email address |
|  |
| Period this reference covers |
|  From: (MM/YYYY) To: (MM/YYYY) |
| \* Can the referee be contacted prior to interview? |
| 🞎 Yes 🞎 No |

**Referee 3 (Optional)**

|  |
| --- |
| \* Type of reference |
| 🞎 Current employer 🞎 Previous employer🞎 School/College/University/Higher education🞎 Personal/Character |
| Title |
|  |
| \* Surname/Family name |
|  |
| \* First Name |
|  |
| \* Relationship |
|  |
| Employer name |
|  |
| Referee job title |
|  |
| \* Address |
|  |
| \* Post Code/Zip Code |
|  |
| Telephone |
|  |
| \* Country |
|  |
| \* Referee email address |
|  |
| Period this reference covers |
|  From: (MM/YYYY) To: (MM/YYYY) |
| \* Can the referee be contacted prior to interview? |
| 🞎 Yes 🞎 No |

**Supporting Information**

In this section, please give your reasons for applying for this post and additional information which demonstrates that you have read the published specification and how you meet the essential and (where relevant) desirable criteria for this particular position.

This can include relevant skills, knowledge, experience, voluntary activities, training etc.

If relevant to the post to which you are applying, you should include details about research experience, publications, or poster presentations.

|  |
| --- |
| \* Supporting information (Please continue on additional sheets if necessary). |
|  |

**Safeguarding**

|  |
| --- |
| \* Have you got any unspent convictions and/or unspent conditional cautions?This is regardless of whether any unspent convictions or unspent 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 unspent 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 an NHS 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 you have answered yes, you now have two options on how to disclose this information. |
| 🞎 I want to disclose the information now🞎 I want to disclose the information separately |
| \* If you have chosen ‘I want to disclose the information now’ please provide details of the unspent conviction, unspent conditional caution or Summary Hearing including the date and sentence administered in the space below. |
|  |

**Criminal Convictions**

|  |
| --- |
| \* Have you got any criminal convictions and/or cautions that are not protected?This means they are not eligible for filtering under the Rehabilitation of Offenders Act 1974 (Exceptions) Order (as amended) (<https://www.jobs.nhs.uk/help/appformhelp_8.html>)This is regardless of whether the conviction or caution has been issued in the UK or, in any other country where it would be considered an equivalent (or similar) offence in England and Wales and it is not protected.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 and is not protected.It does not include parking offences. In such cases, you can select no.You should read the Guidance relating to the Rehabilitation of Offenders Act 1974 (Exceptions) Order (as amended) (<https://www.jobs.nhs.uk/help/appformhelp_8.html>) before answering this question. |
| 🞎 Yes 🞎 No |
| \* If you have answered yes, you now have two options on how to disclose this information. |
| 🞎 I want to disclose the information now🞎 I want to disclose the information separately |
| \* If you have selected ‘I want to disclose the information now’ please provide details of the conviction, caution or Summary Hearing including the date and sentence administered in the space below. |
|  |
| You can disclose your record separately together with any statement detailing your conviction, conditional caution, or Summary Hearing.A member of the recruitment team will contact you and advise what steps you need to take to submit your details separately. |

|  |
| --- |
| Where did you see this vacancy advertised? |
| 🞎 HEM website🞎 Google🞎 Search engine🞎 Facebook🞎 Twitter🞎 Find a Job🞎 LinkedIn🞎 Careers fairs🞎 Another website🞎 National newspaper | 🞎 Local newspaper🞎 British Medical Journal🞎 British Dental Journal🞎 Health Service Journal🞎 College of Occupational Therapists🞎 Community Care🞎 Health Service Journal | 🞎 Doctor🞎 Therapy Weekly🞎 Nursing Times🞎 GP🞎 Hospital Doctor🞎 Pharmaceutical Journal🞎 Podiatry Now🞎 RCN🞎 Physiobob | 🞎 Nursing Standard🞎 Professional Journals🞎 Civil Service Jobs🞎 Job alert email🞎 Jobs Go Public🞎 Radio advertising🞎 Other |
| Referred by a current Care Outreach Staff |
| 🞎 Yes 🞎 No |
| Carers Outreach staff Name & Phone Number |
|  |

**Declaration**

The information in this form 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 agree to the above declaration |
| 🞎 No, I disagree. 🞎 Yes, I agree. |
| Name |
|  |
| Date (DD/MM/YY) |
|  |
| Signature |
|  |