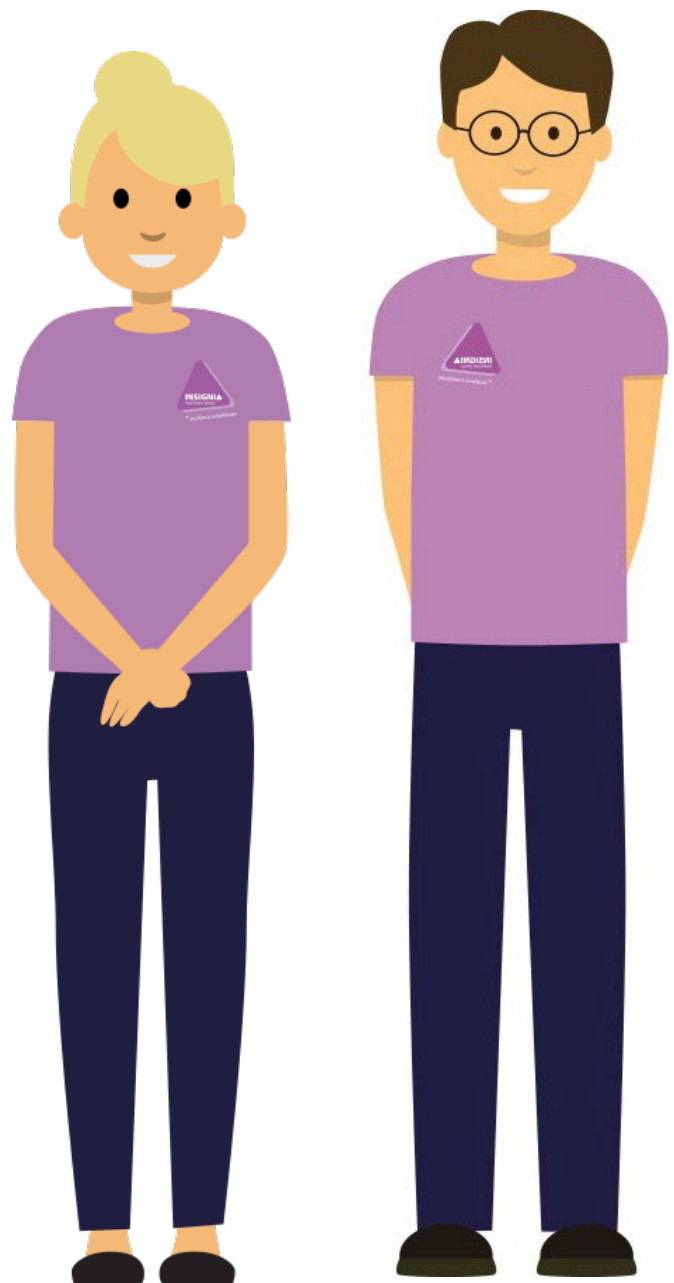


Candidate Name:

APPLICATION FORM



PERSONAL DETAILS

Title (e.g. Mr., Mrs., Miss or Ms.)	
Surname	
Forenames	
Preferred name if different	
NI Number	
Address	
Postcode	
Mobile Number	
Email Address	
Position applied for	
Where did you hear about this position?	
Do you know anyone or are you related to anyone who works for Insignia Healthcare?	
Do you have any upcoming holidays that may impact upon your availability/work schedule?	
Do you have any other personal/professional commitments which may impact upon your work availability/schedule?	

EMPLOYMENT HISTORY

It is essential that you provide a minimum of 10 years' employment history. We also require an explanation for any gaps in the dates of your employment (i.e., raising a family). If additional information is required, please provide this separately or within a copy of your C.V.

Name and Address of Employer	Position	Start Date	End Date	Reason for Leaving

EDUCATION & QUALIFICATIONS

Please give details of your most recent qualification in Health & Social Care. Or qualifications from higher & secondary education (if applicable). For example, NVQ's, Care Certificate, Diplomas, A-levels or GCSE's.

Type & Subject of Qualification	Location Achieved at	Date Achieved	Grades Achieved

INTERESTS & ACHIEVEMENTS

Please share details about your interests, achievements and hobbies you particularly enjoy. This helps us build a fuller picture of who you are, so we can share relevant information with the person you may be supporting.

REFERENCE CONSENT



I _____ confirm that I _____ permission to

Insignia Healthcare Group to contact my current and former employers as a referee, if successful with my application.

I also confirm that I _____ permission to Insignia Healthcare Group to provide my date of birth, any previous names and National Insurance Number at the request of the referee if required.

Forenames	
Surname	
NI Number	
Previous Surnames (if applicable)	
Signed	
Dated	

Insignia Healthcare Group Ltd

Registered Address: Sapphire House, Roundtree Way, Norwich, NR7 8SQ
 Registered in England & Wales no: 07493614, VAT Registration Number: GB 160 9910 05

REFERENCES

If your most recent/current employer is not within the Health & Social Care Sector, but you have worked in this sector previously, we will ask to obtain a reference from this employer.

Reference 1 – This must be your current or most recent employer.

Name of referee	
Position in the company	
Company Name and Address	
Company Telephone	
Company Email	
Can we contact if job offer accepted?	

Reference 2 – Second Previous employer, or employer from a Health & Social Care position.

Name of referee	
Position in the company	
Company Name and Address	
Company Telephone	
Company Email	
Can we if job offer accepted?	

Reference 3 – Previous employer.

Name of referee	
Position in the company	
Company Name and Address	
Company Telephone	
Company Email	
Can we contact if job offer accepted	

DISCLOSURE & BARRING SERVICE (DBS)

DBS (Disclosure and Barring Service) is the executive agency for the Home Office responsible for conducting checks on criminal records. We are a registered body for receipt of DBS disclosure information and complete enhanced DBS checks on all the people joining our company, then regularly throughout their employment with us.

Have you ever been convicted of a criminal offence?	
Have you ever been cautioned or issued with a formal warning for any criminal offence?	

If yes, you will be asked to provide further information about this prior to any offer of employment.

Please sign to confirm.

Signature		Date	
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GDPR & REGULATORS

Data Consent

I confirm for my personal data within this and other recruitment documentation to be held securely by Insignia Healthcare. I am aware that this information may be held on secure third-party servers that Insignia Healthcare Group use within its day-to-day operation.

NHS Trusts and Local Authorities may, under Framework Agreements, ask to check that we maintain accurate information in line with Employment Law and other Regulatory Requirements. This can include the Care Quality Commission, Home Office, Immigration, Local Constabulary and Disclosure and Barring Services.

Declaration

The information that I have given in this form is, to the best of my knowledge, complete and accurate in all respects.

I understand that knowingly giving false information could result in withdrawal of employment with Insignia Healthcare.

I agree that, in the event of me receiving any cautions or convictions during my employment, I must disclose these to Insignia Healthcare. I am aware that failure to do so could result in my employment being ended.

Signature		Date	
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