VENTUS CARE SERVICES APPLICATION FORM:

Personal Information:		
Title:	**Surname:**	**First Name(s):**
Full names as it appears on your document.		
Current Address:		
Period at address		**Postcode:**
Home Tel No:		
Mobile No:		**Email:**
Date of Birth:		
Next of Kin:		
Name:		**Relationship:**
Address:	**Email Address:**	
Postcode:		

Right to work in the UK:		
I can confirm I am entitled to work in the UK and will provide Newbury Care Services with the relevant original documents in accordance with the Asylum and Immigration Act (1997)	**Please tick**	

National Insurance:										Please tick	
***We require one of the following original documents showing your NI number: a payslip from a previous employer; a P45; a P60' a NINO card; a letter from a previous employer or government department. If you are unable to provide this information, please contact the Department for Work Pensions in order to obtain a National Insurance Number.**											

Personal Qualifications:		
Qualifications:	**Name of College/University:**	**Date of Qualification:**
Please bring original copies of your qualifications.		

Employment History:				
Please be particularly careful to provide details of all previous employment and gaps in employment if any. This record should include all your work history. Please use the continuation sheets provided, if needed.				
Date from:	**Date to:**	**Position and Grade:**	**Organisation:**	**Reason for leaving:**

Professional Referees:	
Please give the names of two professional referees – from your most recent engagements. Referees must be your Line Managers.	
Name:	**Name:**
Position:	**Position:**
Address:	**Address:**
Postcode:	**Postcode:**
Tel No:	**Tel No:**
Email:	**Email:**

Personal Declaration:		
Are you currently the subject of any police investigation and/or prosecution, in the UK or any other country?	☐ **Yes**	☐ **No**
Have you ever been convicted of any criminal offence required by law to be disclosed, received a police caution in the UK, or criminal conviction in any other country?	☐ **Yes**	☐ **No**
Are you currently the subject of any investigation or proceedings by anybody having regulatory functions in relation to the health/social care professionals such a regulatory body in another country?	☐ **Yes**	☐ **No**
Have you ever been disqualified from the practice of profession or required to practise it, subject to specified limitations following a fitness to practise investigation by regulatory body, in the UK or another country?	☐ **Yes**	☐ **No**
Have you ever been the subject of any disciplinary action, investigation or proceedings against you with your current and previous employers?	☐ **Yes**	☐ **No**

Declaration:
I hereby confirm that I have read the above and understand that in the event that this declaration is found to be false, my employment will be terminated immediately. **Having a criminal record will not necessarily exclude you from appointment. Direct care applicants are exempt from Rehabilitation of Offenders Act 1974. A copy of the DBS code of practice is available on their website at www.homeoffice.gov.uk**

Equal Opportunities:
Ventus Care Services is committed to ensuring that all job applicants and employees are treated equally and not discriminated against on the grounds of gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age. This form helps us to adhere to equal opportunities best practice.

Description of Ethnic Origin:		
☐ Black Other (please specify)	☐ Black African	☐ Black Caribbean

Description of Nationality (please specify):	
☐ African	☐ Asian
☐ Australian	☐ British
☐ Caribbean	☐ Irish
☐ European	☐ Other

Sexual Orientation:		
How would you describe your sexual orientation? (Please tick)		
☐ Heterosexual	☐ Bisexual	
☐ Lesbian	☐ Gay	☐ Prefer not to say

Religion:	☐ Prefer not to say	☐ I am not religious

Disability:
The 1995 Disability Discrimination Act (DDA) defined a disability as a '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.' An effect is long-term if it has lasted, or is like to last, over 12 months. Do you consider yourself to have a disability under the DDA? ☐ Yes ☐ No ☐ Used to have a disability but have now recovered ☐ Don't know ☐ Prefer not to say