

 **Reference No:** HCA 04/24/\_\_

 **Return this form to :** HR.DUC@duc.hscni.net

**Application for the post of**: Healthcare Assistant with Driving Duties

Title: First Name:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

N.I NumberLast Name:

**Address**

Address Line 1:

Address Line 2:

Town:

County: Post Code:

**Communication Data**

E-Mail:

Please note if provided we will use your email address as the primary method of correspondence.

Landline Number:

Work Number:

Mobile Number:

Which telephone number would you prefer us to use to contact you? Preferred Telephone number

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Landline Number: |  |  Work Number: |  |  Mobile Number: |  |

**Current Driving License?**

Yes [ ]  No [ ]

 Details of any endorsements:

**Are there any restrictions on you taking up employment in the UK?**

Yes [ ]  No [ ] If yes, please provide details:

**Education**

**Schools/Colleges/University (type only, e.g comprehensive, grammar, etc) and qualifications gained**

**Other training**

**Professional Registrations**

|  |  |  |
| --- | --- | --- |
| Name ofProfessional Body | Profession | RegistrationNumber |
|  |  |  |

**Employment History**

**Current/Previous Employment**

**Present Post**

Employer Name:

Weekly Hours:

Salary/Wage:

Employer Address:

Start Date:

DD/MM/YY

Reason for Leaving

Job Title/Salary:

Principal duties of present post:

Notice period in present post:

**Previous posts**

Please list all your previous posts beginning with the most recent including periods out of employment and any training.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name and Address****of Employer** | **Job Title/****Salary** | **Start Date****DD/MM/YY** | **End Date****DD/MM/YY** | **Reason for Leaving** | **Duties** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Previous posts (continued)**

Please list all your previous posts beginning with the most recent including periods out of employment and any training.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name and Address****of Employer** | **Job Title/****Salary** | **Start Date****DD/MM/YY** | **End Date****DD/MM/YY** | **Reason for Leaving** | **Duties** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

If you have any gaps in your career history, please include and explain these in the box below.

**Please demonstrate how you meet the essential criteria of the post?**

**Please demonstrate how you meet the desirable criteria of the post?**

**Disability**

Do you require a reasonable adjustment for reasons related to a disability to allow you to attend for interview?

Yes [ ]  No [ ]

If yes, please give details

Please note if you have a disability and require reasonable adjustments to undertake the duties of the post, this will be managed as part of any conditional offer process. The final offer of employment would be subject to agreement of reasonable adjustments to allow you to fulfil the needs of the post.

**Cautions, rehabilitation and criminal records**

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 5(2) of the Rehabilitation of Offenders (Northern Ireland) Order 1978, by virtue of The Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979, which means that convictions that are spent under the terms of the Rehabilitation of Offenders (Northern Ireland) Order 1978 must be disclosed, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

Because of the nature of our business you are required to submit to a Criminal Records check. Any disclosure made will remain strictly confidential.

Do you authorise us to obtain any necessary information in connection with this application for employment?

Yes [ ]  No [ ]

Is there any reason why you cannot work in regulated activity?

Yes [ ]  No [ ]

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence?

Yes [ ]  No [ ]

 If yes, please give details

**It should be noted that disclosure of a conviction does not necessarily debar any applicant from obtaining employment with Dalriada Urgent Care. Out written policy on the Recruitment of Ex-Offenders can be found on our website:-** [**www.dalriadacare.org**](http://www.dalriadacare.org) **/ Working For Us section.**

**Special requirements**

Because this position may involve the care of children and/or vulnerable adults employment is dependent on
the following:

1. Your written consent to obtaining a disclosure of criminal records including any convictions that are spent under the terms of the Rehabilitation of Offenders (Northern Ireland) Order 1978.
2. Such disclosure being acceptable to us.

**The disclosure check will be carried out by AccessNI. Dalriada Urgent Care adheres to the AccessNI Code of Practice, which is available at:-** [**AccessNI Code of Practice (nidirect.gov.uk)**](https://www.nidirect.gov.uk/sites/default/files/2021-11/accessni-code-of-practice.pdf)

**As per the AccessNI Code of Practice, our written policy on the Secure Handling, Use, Storage and Retention of Disclosure information is available on our website:-** [**www.dalriadacare.org**](http://www.dalriadacare.org) **/ Working For Us section.**

3) Proof of identity – birth or marriage certificate (where appropriate) and passport (if available).

4) Two satisfactory written references.

5) That you will supply a photograph of yourself for retention in your records.

6) Evidence of physical or mental suitability for your work.

Declaration

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves right the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that my previous employers may be approached for references. I also agree that should I be successful in this application, I will, if required, apply for a full disclosure of criminal records, including any spent convictions. I understand that should I fail to do so, or should the disclosure or reference not be satisfactory, any offer of employment may be withdrawn or my employment terminated.

Signed: Date: