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| Private and confidential Return this form to: HR.DUC@northerntrust.hscni.net Ref. No MC HCA 06/22/\_\_  Position applied for **MC HEALTH CARE ASSISTANT/NURSING ASSISTANT with Driving Duties**  Name: Title Forname(s) Surname  Address:  Postcode  N.I. number  Telephone number Landline Work Mobile  Email Address: |

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| Are there any restrictions on you taking up employment in the UK? Yes [ ] No [ ] (If ***Yes***, please provide details) |

**DALRIADA URGENT CARE**

#### APPLICATION FOR EMPLOYMENT

***Form AP2(H)NI***

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| Education Schools/Colleges/University (type only, e.g. comprehensive, Qualifications Gained   grammar etc) \*List the most recent first -      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other training |

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| Current driving licence? Yes [ ] No [ ] Groups: Expiry date  Details of endorsements: |

\*Please complete each section in full and use a separate sheet where necessary using co-ordinating page number/s

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| Employment history: \* Please complete each section in full and use a separate sheet where necessary using co-ordinating page number/s ***From To Name and address***  Job title Rate of pay Weekly hours  Duties    Reason for leaving  ***From To Name and address***  Job title Rate of pay Weekly hours  Duties    Reason for leaving    ***From To Name and address***  Job title Rate of pay Weekly hours  Duties    Reason for leaving  ***From To Name and address***  Job title Rate of pay Weekly hours  Duties    Reason for leaving  ***From To Name and address***  Job title Rate of pay Weekly hours  Duties    Reason for leaving  Notice required in current post:  Registration/PIN Number (Nursing):  GMC Certificate Number (Doctors):  Registration/PIN Number (Pharmacist):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Current membership of professional bodies Please note any professional bodies you are a   member of or are registered with. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Other employment (Voluntary etc.) |

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| Leisure Please note here your leisure interests, sports and hobbies, other pastimes etc. |

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| References You are required to provide the name, full address (business) and telephone number of two referees, one of whom must be your current or most recent employer. Referees selected must be able to provide information over a two year employment period. One referee must occupy a management position with your current or most recent employer. The individual selected must have direct knowledge of your abilities and will therefore have had supervisory responsibility for you. One referee may supply you with a character reference, however, references are not acceptable from relatives or partners.  Name 1. Name 2.   Position Position    Address Address       Postcode Postcode     Telephone TelephoneEmail EmailMay we approach the above prior to interview? Yes/No May we approach the above prior to interview? Yes/No |

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| General comments Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the person specification). |

**Note 1** – Prospective employees should note that employment with Dalriada Urgent Care is conditional upon the receipt of satisfactory references and proof of qualifications. **Note 2** – The employer also reserves the right to take up references with previous employers. No contact, however, will be made with your present employer without your permission.

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| ***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 authorize us to obtain any necessary information in connection with this application for employment? YES/NO (delete as required)  Is there any reason why you cannot work in regulated activity? YES/NO (delete as required).  Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? YES/NO (delete as required).  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. Our written policy on the Recrutiment of Ex-Offenders can be found on our website:- [www.dalriadacare.org](http://www.dalriadacare.org) / Working For Us section. |

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| ***Special requirements***  Because this position involves 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. |
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| Declaration **(Please read this carefully before signing this application)**   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: |