



Position Applied For

Location

Work Preference

☐ Full time ☐ Part time ☐ Bank

Hours Requested

I understand this role may include: Shift work, Unsociable Hours, Lone working involved.
(Please indicate your availability below)

Monday

☐

Tuesday

☐

Wednesday

☐

Thursday

☐

Friday

☐

Saturday

☐

Sunday

☐

Personal Details

Prefix

First Name

Last Name

Address:

Postal Code:

Nationality

NI Number

Email

Telephone Number

Mobile

Own a transport

☐ Yes ☐ No

Date of Birth

Place of Birth

Gender

Are you a United Kingdom (UK), European Community (EC), European Economic Area (EEA) National?

☐ Yes ☐ No

Are you related to any of our current members of staff or Service Users?

☐ Yes ☐ No

Are you a driver?

How long have you had a license?

☐ Yes ☐ No

Equality Act 2010 - Under the Equality Act 2010, the definition of disability is if you have a physical or mental impairment that has a "substantial" and "long-term adverse effect" on your ability to carry out normal day-to-day activities. Further information regarding the definition of disability can be found at: www.gov.uk/definition-of-disability-under-equality-act-2010.

For the purposes of this application and interview stage only, is there anything you would like us to be aware of so that we can make reasonable adjustments during the process? **Please indicate**

Education

(All qualifications will be subject to a satisfactory check).

School / University *

Date from*

Date To*

Examination*

Training Courses attended or completing (evidence of attending courses is required)

School / University *

Date from*

Date To*

Examination*

Professional Memberships / Registrations

Name of Organization *

Registration Number *

Renewal Date

Details*

Employment History

Start Date

End Date

Salary

Job Role

Employer Name

Reason for leaving

Contact Name

Duties

Address

Post Code

Email address

Telephone Number

References

Name:

Position

Company

Address

Email Address:

Description (who is this reference to you?):

Safeguarding/Ex-Offenders Declaration: Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest confidence.

The Rehabilitation of Offenders Act 1974 aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. Genius Care Limited undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

Answering 'yes' to the question below will not necessarily prevent your employment. This will depend on the relevance of the information you provide in respect of the nature of the position and the particular circumstances.

Are you currently bound over or do you have any current UNSPENT convictions that have been issued by a Court or Court-Martial in the United Kingdom or in any other country? ☐Yes ☐No

Do you have any current UNSPENT police cautions, reprimands or final warnings in the United Kingdom or in any other country? ☐Yes ☐No

We will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this application form, you consent to holding the information contained within this application form. If successfully shortlisted, data will also include short listing scoring and interview records. We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you). When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles.

We have privacy policies. Please be assured that your data will be securely stored by the Registered Manager and only used for the purposes of recruiting for this vacant post.

You have the right for your data to be deleted, corrected, or accessed, to restrict processing, to revoke consent, and to be kept informed about the processing of your data. If you would like to talk about this more or revoke your consent at any time, please get in touch with the registered manager to discuss.

Declaration

The information in this application form is true and complete. I accept that any willfully omission, fabrication, or mis representation in the application form will result in the rejection of this application or, if employed, the subsequent termination. Where applicable, I consent that can seek clarification regarding professional registration details.

Name

Signature

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