



**Vivacity Healthcare  
Job Application Form**

Please complete all sections of this form. CVs are not accepted. The information you supply will be treated in confidence.

**Section 1: Job Details**

Post Applied For: \_\_\_\_\_

Closing Date: \_\_\_\_\_

**Section 2: Personal Details**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone (Home/Daytime/Mobile): \_\_\_\_\_

Can we contact you at work?  Yes  No

National Insurance Number

Are you free to remain and take up employment in the UK?  Yes  No

If relevant to post applied for, do you hold a full, clean UK Driving Licence?  Yes  No

**IF YOU ARE SUCCESSFUL, YOU WILL BE REQUIRED TO PROVIDE EVIDENCE OF THE ABOVE DETAILS PRIOR TO YOUR APPOINTMENT.**

**Section 3: Present Employment**

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Position Held: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_ Salary: \_\_\_\_\_

Period of Notice: \_\_\_\_\_ Last Day of Service (if no longer employed): \_\_\_\_\_

Reason for Leaving (if applicable): \_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

**Section 4: Previous Employment (most recent first). Please cover the last 10 years.**

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Position Held: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_ Salary: \_\_\_\_\_

Department/Section: \_\_\_\_\_

Period of Notice: \_\_\_\_\_ Last Day of Service (if no longer employed): \_\_\_\_\_

Reason for Leaving (if applicable): \_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Position Held: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_ Salary: \_\_\_\_\_

Department/Section: \_\_\_\_\_

Period of Notice: \_\_\_\_\_ Last Day of Service (if no longer employed): \_\_\_\_\_

Reason for Leaving (if applicable): \_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Position Held: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_ Salary: \_\_\_\_\_

Department/Section: \_\_\_\_\_

Period of Notice: \_\_\_\_\_ Last Day of Service (if no longer employed): \_\_\_\_\_

Reason for Leaving (if applicable): \_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

Please continue on a separate sheet if necessary

**Section 5: Education & Qualifications**

College/University	Course	Qualification & Grade	Year completed

School	Subject	Grade	Year completed

Please continue on a separate sheet if necessary

## Section 6: Training & Development

Title of Course / Duration: \_\_\_\_\_

Please give details of any training and development courses or non-qualification courses which support your application. Include any on the job training as well as formal courses.

Title of training programme/course

Duration of course

Title of training programme/course	Duration of course

Please continue on a separate sheet if necessary

## **Section 7: Personal Statement**

**Please explain how your skills, knowledge and experience meet the requirements of the role. Include voluntary or unpaid activities if relevant.**

## **Section 8:Rehabilitation of Offenders Act (1974)**

**Do you have any unspent convictions?  Yes  No**

**If yes, please provide details: \_\_\_\_\_**

**Are you aware of any police enquiries following allegations made against you?  Yes  No**

## **Section 9 Protecting Children and Vulnerable Adults**

**The following information may be required if the post you are applying for has a requirement for a Criminal Records Bureau police check.**

**Enhanced Checks Only (refer to Job Application Pack)**

**Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post?  Yes  No**

## **Section 10 Disability Discrimination Act**

**This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.**

**Do you have a disability which is relevant to your application?  Yes  No**

**If yes, please give details:**

**We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.**

**Do we need to make any specific arrangements in order for you to attend the interview?**

**Yes  No**

**If yes, please give details:**

## **Section 11 Health**

**Number of days sickness absence in the last 2 years:**

**Please state number of occasions in the last 2 years:**

**Section 12: References** Reference 1: Name:

**Position: Relationship: Organisation:**

**Address: Email: Phone: Permission to Contact  Yes  No**

**Reference 2: Name: Position: Relationship: Organisation:**

**Address: Email: Phone: Permission to Contact  Yes  No**

**Section 13: Declaration**

**I declare that the information given is correct and complete. I understand that false information may disqualify my application.**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**

**Returning this form:**

**By Email: [hello@vivacityhealthcare.co.uk](mailto:hello@vivacityhealthcare.co.uk)**

## Recruitment Monitoring Form

This section will be separated and used for monitoring only. Please complete the equal opportunities information as required.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM.

What is your Ethnic Group?

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

**A. White**

White UK

Irish

Whitenon-UK

Any otherWhitebackground

(pleasegivedetails):

**D.Black or Black British**

Black Caribbean

Black African

Any other Blackbackground

(please give details):

**B. Mixed**

White & Black Caribbean

White & Black African

White & Asian

Any other Mixedbackground

(please give details):

**E.Chinese or other ethnic group**

Chinese

Vietnamese

Anyother ethnic background

(please give details):

**C. Asian or Asian British information**

Indian

**F. I do not wish to provide this**

**Pakistani**

**Bangladeshi**

**Any other Asianbackground**

**(please give details):**

### **Gender**

**Male**

**Female**

### **Disability**

**Disability is defined as “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”.**

**Do you consider yourself disabled?**  **Yes**  **No**

**If yes, please give details:**

### **Age Group**

**16-25**

**26-35**

**36-45**

**46-55**

**56-65**

**66-70**

**Over 70**