**GUIDENCE NOTES ABOUT AND ON COMPLETING THE APPLICATION FORM. PLEASE REFER TO THIS INFORMATION BEFORE AND DURING COMPLETION.**

**GENERAL INFORMATION:**

* Please ensure all questions on this form are answered, using N/A or not applicable when a question does not apply to you.
* Applicants with incomplete application forms will not be considered for interview.
* Applications submitted after the deadline provided in the JOB SUMMARY INFORMATION will not be considered.
* We will accept both electronic and hand written copies of the application form.
* If completing the form by hand please write clearly using a black ink pen and **BLOCK CAPITALS.**
* All completed documentation (i.e. Application Form, Criminal Offences Declaration and the Recruitment Monitoring Form) should either be emailed to: [*romanie.palmer@jivahealthcare.co.uk*](mailto:romanie.palmer@jivahealthcare.co.uk) or posted to: *Recruitment Team,*

*17-19 Walsingham Road, Hove, East Sussex, BN3 4FE.*

* We do our best to notify all applicants of their outcome, however in busy periods this is not always possible. Please feel free to contact us and enquire whether you have been shortlisted. Applicants shortlisted for interview will be notified by the Monday prior to the interview date. If you have not had any contact from us or an invitation to interview by this time, then your application will not have been successful on this occasion.
* When completing the application electronically, the boxes expand for you to include more information where necessary.
* Completing the application by hand may require the use of additional pages. Please ensure you indicate the number of separate additional pages used at the end of the document, include your name on each additional sheet and attach all sheets together.
* Please ensure that one of your references is either your current or most recent employer.
* Jiva Healthcare would like to thank you for your interest in working with us.

## JOB INFORMATION:

|  |  |  |
| --- | --- | --- |
| Job title: |  | |
| When can you start: | |  |
| Where did you see this advert? | |  |

## PERSONAL DETAILS:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title (√): Mr: Ms: Mrs: Miss: Other (please state): | | | | | | | |
| Surname: | |  | | | | | |
| Forename(s): | |  | | | | | |
| House Number/Name: | |  | | | | | |
| Street: | |  | | | | | |
| Town: | |  | | | | | |
| County: | |  | | | | | |
| Post Code: | |  | | | | | |
| Telephone Numbers(STD codes too please). | | | | | | | |
| Home: |  | | Work: |  | | Mobile: |  |
| E-mail: |  | | | | | | |
| Do you hold a current driving licence? (Yes/No): | | | | |  | | |
| If yes, do you own a vehicle? (Yes/No): | | | | |  | | |

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| Would you consider a bank work (0 hours contract) position with us to cover annual leave or staff sickness? (Yes/No):  If you would prefer a job share please indicate here (Yes/No):  If applying for the part time position and would prefer less than 20 hours, please indicate how many hours here: |

**EMPLOYMENT HISTORY:**

## List your most recent employment/voluntary work first.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job Title: |  | | | |
| Start Date: |  | | End Date: |  |
| Employer: |  | | Salary: |  |
| Outline of key duties: | | | | |
| Reason For Leaving: | |  | | |
| Why does the job with Jiva Healthcare interest you and if currently employed, why are you looking for a new job? | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job Title: |  | | | |
| Start Date: |  | | End Date: |  |
| Employer: |  | | Salary: |  |
| Outline of key duties: | | | | |
| Reason For Leaving: | |  | | |

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| --- | --- | --- | --- | --- |
| Job Title: |  | | | |
| Start Date: |  | | End Date: |  |
| Employer: |  | | Salary: |  |
| Outline of key duties: | | | | |
| Reason For Leaving: | |  | | |

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| --- | --- | --- | --- | --- |
| Job Title: |  | | | |
| Start Date: |  | | End Date: |  |
| Employer: |  | | Salary: |  |
| Outline of key duties: | | | | |
| Reason For Leaving: | |  | | |

**EDUCATION, QUALIFICATIONS, TRAINING & CURRENT COURSES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date From and To:** | **Course Title:** | **Qualification, Grade or Level:** | **Course Length (1 day/1 year etc):** |
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**PERSONAL STATEMENT:**

Refer to the **person specification,** included in the job pack, when completing this section. It is essential that you clearly explain how you meet the criteria with an asterisk in front of it. Draw from your abilities and experiences while giving examples.

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**Continue on the next page....**

**PERSONAL STATEMENT:**

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## REFERENCES:

Please provide the details requested below for two referees. You are asked to make your referee’s aware that we may contact them and check that they are happy for us to do so. One of these must be your current or most recent employer, line manager or supervisor. Reference requests will only be issued after interviews and only for those candidates who are offered the position.

Current/most recent employer:

|  |  |  |  |
| --- | --- | --- | --- |
| Referees Name: |  | Job Title: |  |
| Organisation Name: |  | | |
| Address: |  | | |
| Telephone Numbers: |  | | |
| Email: |  | | |
| How do you know this person? | | | |

Previous employer, colleague, friend or person who has known you for five years or more:

|  |  |  |  |
| --- | --- | --- | --- |
| Referees Name: |  | Job Title: |  |
| Organisation Name: |  | | |
| Address: |  | | |
| Telephone Numbers: |  | | |
| Email: |  | | |
| How do you know this person? | | | |

## DECLARATIONS:

Declaration of any Relationships with Jiva Healthcare Staff Members.

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| **Jiva Healthcare** feels it is good practice to keep a record of any partners or relatives of current employees in employment with us. Therefore, please provide the following information:  Are you the partner or relative of any Jiva Healthcare staff member that is currently employed with us? (Yes/No):  Please provide the employee’s name and details of your relationship: |

**DECLERATION:**

|  |  |
| --- | --- |
| **The details provided in this form, are to the best of my knowledge, a true and accurate reflection. I am aware that my employment may be terminated if any of the details disclosed on this form are found to be misrepresentative or incorrect.** | |
| Signed (please print full name in capitals if typing): | Date: |

On completion of the required documentation, please email them to: [*romanie.palmer@jivaheatlhcare.co.uk*](mailto:romanie.palmer@jivaheatlhcare.co.uk) *or post them to: Recruitment Team, 17-19 Walsingham Road, Hove, East Sussex, BN3 4FE.*

**DOCUMENT SENDING CHECKLIST:**

* Application form.
* Including any additional pages for the personal statement.
* Criminal Offences Declaration Form.
* Recruitment Monitoring Form.

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| Number of additional pages included (if any): |