



APPLICATION FOR EMPLOYMENT

Please complete this form in black ink so that it may be easily photocopied.

JOB DETAILS	
Job Title:	
Closing Date:	
Location:	

When completed please return the form to:

JSR HEALTHCARE
Unit 23
806 High Road Leyton,
London E10 6ae
Tel: 02078708424
Email: Info@jsrlocums.co.uk

PERSONAL DETAILS				
Surname		Forename(s)		
Address				
		Preferred Title		
		(e.g. Mr/Mrs/Miss/Ms/Dr etc.)		
		Telephone Number(s)	Where we may contact you	
Postcode		Daytime		
Email		Evening		
Do you hold a current driving licence?		YES	☐	NO ☐
Please give details of any current endorsement(s):				

Do you require a work permit?	YES	☐	NO	☐
If so, do you have a valid work permit?	YES	☐	NO	☐

Are you related to any member of staff at Winraycare Housing	YES	☐	NO	☐
If YES, please give details:				

CURRENT POST	
Employer	_____
Address	_____
Job Title	Current Salary £ _____
Date Commenced	Notice Required _____
Brief description of duties: _____	
Reason for wanting to leave: _____	

EDUCATION/QUALIFICATIONS

Please give details of your education, starting with most recent:

School/College/University	Examination(s) Passed	Grade(s)

Other Training	Course(s) studied	Result(s)

Please give details of membership of professional bodies

Name of professional Body/Organisation	Type of Membership	Date Membership commenced

EMPLOYMENT HISTORY

Please start with most recent employment

Date From/To	Name of the Organisation	Position Held/ Job Title	Brief Outline of Duties and Responsibilities	Reason for Leaving

HEALTH

1. Do you have a health problem which may affect your ability to do the job?

YES ☐ NO ☐

If YES, please give details:

2. Have you had any periods of illness during the past 3 years?

YES ☐ NO ☐

If YES, please give details:

Dates from/to	Reason

REFERENCES

Please give names and addresses of your two most recent employment referees, or academic referees if you are a student.

If you do not wish an approach to be made at this stage, please enter a cross in the box alongside their name.

Name <input style="float: right;" type="checkbox"/> _____ Position/Job Title _____ Address _____ _____ _____ Postcode _____ Telephone No. _____ Relationship to you _____	Name <input style="float: right;" type="checkbox"/> _____ Position/Job Title _____ Address _____ _____ _____ Postcode _____ Telephone No. _____ Relationship to you _____
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REASON FOR APPLICATION

Please use this part of the application form to **describe how you meet the criteria for the job which is set out in the person specification.**

Make sure that you include all relevant skills and knowledge – this may have been gained from your current or previous jobs, from voluntary work or from working in the home or in the community. Give specific examples wherever possible. Consider all the relevant skills and knowledge you have and make sure you tell us about it. Explain why you are interested in this post and what you can bring to it. Continue on a separate sheet if necessary, but please **do not attach CV's.**

Continued on another sheet YES / NO

DECLARATION

I confirm that the information provided in this application is to the best of my knowledge correct and complete. I understand that false information or deliberate omission of any material fact may result in dismissal or withdrawal of a job offer.

Data Protection Act (DPA) 1998

JSR Healthcare is the Data Controller.

The personal data that you provide will only be used for the selection process, to establish and maintain any subsequent employment contract and to monitor the provision of Equality and Diversity within JSR Healthcare as dictated by statutory legislation.

We will not disclose your personal details to anyone outside of the company who is not acting on our behalf unless we are required to in line with the DPA 1998. We would ask that you keep us informed of any changes to your personal details so that the information we hold is accurate. You also have the right to request to see personal details that we hold and is personal to you.

I give JSR Healthcare permission to process personal information about me as described above and in line with the DPA 1998.

SIGNED

DATE

If you submit this form via e-mail, you will be required to sign it if short-listed for interview.

This post is exempt from the Rehabilitation of Offenders Act 1974 and a comprehensive screening process will be undertaken on successful application including an enhanced CRB disclosure check.

If you have been convicted of a criminal offence please give details unless the conviction is considered "spent" under the terms of the Rehabilitation of Offenders Act 1974

Date	Court	Offence	Sentence

I certify that the information provided is complete and correct. I understand that failure to provide complete and correct information may result in the withdrawal of an offer of employment, or if already employed instant dismissal.

Applicants Signature.....Date.....

EQUAL OPPORTUNITIES IN EMPLOYMENT

Policy

It is the policy of JSR Healthcare not to discriminate on the grounds of race, skin colour, religions or cultural beliefs or because of gender, sexual orientation, age, HIV status, disability or health.

Monitoring

In order to assist us in monitoring the effectiveness of our policy you are asked to complete the section below. This information is for statistical purposes only, and will not be used by those involved in the selection process. This sheet will be treated as confidential and will be separated from your job application before short listing.

1 Gender I am: Male ☐ Female ☐

2 Ethnic Origin I would describe my ethnic origin as:

White: British	☐	Black or Black British: Caribbean	☐	Mixed: White & Black Caribbean	☐	Asian or Asian British: Indian	☐
White: Irish	☐	Black or Black British: African	☐	Mixed: White & Black African	☐	Asian or Asian British: Pakistani	☐
White: Other	☐	Black or Black British: Other	☐	Mixed: White & Asian	☐	Asian or Asian British: Bangladeshi	☐
Chinese	☐	Other ethnic group	☐	Mixed: Other	☐	Asian or Asian British: Other	☐

3 Disability

A disability or health problem does not preclude full consideration for the job and applications from suitable people with disabilities are welcome. All information provided by applicants will be treated as confidential.

Do you have a long term health problem or disability which we should be aware of?

YES ☐ NO ☐

If yes, please give details:

4 Employment Status Are you presently employed? YES ☐ NO ☐

5 Where did you see/hear about this vacancy?
