

Position Applied For	Branch/Location	Where did you find the vacancy advertised?

**1). Personal Details (TO BE FILLED OUT IN CAPITAL LETTERS IN BLACK INK)**

Surname:	Title: Mr / Mrs / Miss / Ms (Circle appropriate)
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Forenames:	NI No:
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Address:

Postcode	Email:
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Home Tel No:	Mobile Tel No:
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**2). Additional Information**

Do you hold a valid Full UK Driving license? (Please Tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have use of a vehicle for work? (Please Tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you require a Work Permit to be able to work in this country? (Please Tick)  Yes  No

Are you related or do you know anyone who works for Hebe?  Yes  No  
If Yes please give the name of the employee and your relationship to them.  
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Do you have any other commitments Paid/Unpaid, which you would wish to continue with if offered employment by New Hope? (If Yes please specify at interview)  Yes  No

**3). Criminal Record Declaration**

**The position for which you have applied is exempted from the Rehabilitation of Offenders Act 1974. This means that you must declare all criminal convictions, including those that would otherwise be considered "spent". Answering 'Yes' to any of the questions below will not necessarily bar you from appointment. This will depend on the nature of the position for which you are applying and the particular circumstances.**

Have you ever been convicted of a criminal offence?  Yes  No

Have you ever received any official cautions, reprimands or warnings?  Yes  No

Are you subject of any criminal proceedings or police investigations?  Yes  No

If you have answered YES to any of these 3 questions please provide details below:

#### 4). Education & Training

Secondary Education:  
(Subjects Covered)

Qualifications / Grades:

Further / Higher Education

Qualifications / Grades

Other relevant training, professional qualifications or work related skills.

Any details of membership to professional bodies.



## 6). Relevant Experience

Please use this section to state how your skills, experience and training would enable you to meet the requirements of the role for which you are applying. Please make reference to the person specification. Please use a continuation sheet if necessary.

## 7). Availability to Work

	Mornings	Lunch	Evenings	Sleep Over	Waking Nights
Weekdays					
Saturday					
Sunday					

## 8). References

Name:	Name:
Address:	Address:
Daytime Tel No:	Daytime Tel No:
Email Address:	Email Address:
Relationship to referee:	Relationship to referee:
Do we have your consent to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do we have your consent to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

## 9). Character Reference

Name:	Name:
Address:	Address:
Daytime Tel No:	Daytime Tel No:
Email Address:	Email Address:
Relationship to referee:	Relationship to referee:
Do we have your consent to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do we have your consent to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

## 10). Applicant Declaration

a) The information in this form is true and complete. I agree that any deliberate omissions, falsification or misrepresentation on this form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. This equally applies to any medical questionnaires I may complete.

b) I confirm that I have not been subject to any cautions or convictions (other than those given above), investigation, disciplinary action, or enquiry into adult/child protection matters or inappropriate behaviour, and that the information I have given in the Criminal Record declaration section is to the best of my knowledge correct.

**Name (please print):** \_\_\_\_\_

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

### What happens now:

- If you wish to send this back to us via post, please contact our head office on 0121 643 2748 for the relevant postal address
- If you have downloaded this application form please email to [david.w@hebehealthcare.co.uk](mailto:david.w@hebehealthcare.co.uk)
- If you have not received any correspondence within 14 days then please assume on this occasion you have been unsuccessful, and your application form will be kept on file for 6 months.

## **CONFIDENTIAL DECLARATION FORM**

Before you can be considered for appointment in a position of trust with Hebe Healthcare Ltd we need to be satisfied about your character and suitability.

Please read the following notes carefully before completing this declaration Form. If you require further information, please contact

Hebe Healthcare Ltd  
78 Hill Street, Birmingham B5 4AH  
Tel: 0121 643 2748  
All enquires will be treated in confidence.

Hebe aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion, disability, sexual orientation, age or offending history. We undertake not to discriminate unfairly against on the basis of criminal conviction or other information declared.

Prior to making a final decision concerning your application, we shall discuss with you any information declared by you that we believe has a bearing on your suitability for the position. If we do not raise information with you, this is because we do not believe that it should be taken into account. In that event, you remain free to discuss any of that information or any other matter that you wish to raise. As part of assessing your application, we will only take into account relevant criminal record and other information declared.

The Data Protection Act 1998 requires us to provide you with certain information and to obtain your consent before processing sensitive data about you. Processing includes: obtaining, recording, holding, disclosing destruction and retaining information. Sensitive personal data includes any of the following information: criminal offences, criminal convictions, criminal proceedings, disposal or sentence. The information that you provide in this Declaration Form will be processed in accordance with Data Protection Act 1998, and will only be used for the purpose of determining your applicant for this position. Once a decision has been made concerning your appointment, we will not retain this Declaration Form longer than is necessary.

This Declaration Form will be kept securely and in confidence, and access to it will be restricted to designated persons within Hebe and other persons who need to see it as part of the selection process and who are authorised to do so.

**Please answer all of the following questions:** If you answer 'Yes' to any of the questions, please provide full details in the space indicated. Please also use the space below to provide any other information that may have a bearing on your suitability for the position for which you are applying. You may continue on a separate sheet if necessary and you may attach supplementary comments should you wish to do so.

**The position for which you have applied is exempted from the Rehabilitation of Offenders Act 1974. This means that you must declare all criminal convictions, including those that would otherwise be considered "spent".**

With the exception of question 8 answering 'Yes' to any of the questions below will not necessarily bar you from appointment. This will depend on the nature of the position for which you are applying and the particular circumstances.

	Response	Details
<b>1. Are you currently bound over or have you ever been convicted of any offence by a court or court-Martial in the United Kingdom or in any other country?</b>		
<b>2. Have you ever received a police caution, reprimand or final warning?</b>		
<b>3. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?</b>		
<b>4. Are you aware of any current police investigation in the United Kingdom or in any other country following allegations made against you?</b>		
<b>5. Have you ever been dismissed by reason of misconduct from any employment office or other position previously held by you?</b>		
<b>6. Have you ever disqualified from the practice of a profession or require to practice subject to specified limitations following fitness to practice proceedings by a regulatory or licensing body in the United Kingdom or in any</b>		

other country?		
7. Are you subject to any other prohibition, limitation, or restrictions that means we are unable to consider you for the position for which you are applying?		

**DECLARATION**

I confirm that the information that the information that I have provided in the Declaration Form is correct and complete. I understand and accept that if I withhold information or provide false or misleading information this may result in my application being rejected, or if I am appointed in my dismissal.

Please sign and date this form.

**SIGNATURE**\_\_\_\_\_

**NAME (in block capitals)**

\_\_\_\_\_

**DATE**\_\_\_\_\_

Note: if you wish to withdraw your consent at any time after completing this Declaration Form, please contact Hebe Healthcare Ltd on: 0121 643 2748

**EQUAL OPPORTUNITIES**

Hebe Healthcare Ltd is opposed to discrimination on any grounds. In particular, we oppose discrimination on the grounds of race, religion, ethnic origin, sex, sexuality, marital status, disability or age. Hebe is committed to ensuring that ability and potential for the job are criteria used for all staff selection.

**Monitoring**

The Company has adopted the provisions contained in the Code of Practice published by the Equal Opportunities Commission for Racial Equality and the Code of Practice published by the Equal Opportunities Commission that employers should regularly monitor the effects of selection decisions to assess whether equal opportunities is being achieved. **For this purpose you are asked to complete and return the form below with your application form.** This information is for statistical reasons only and will be treated as confidential.