

**Application for Employment**

Please return this form to:

Martin House, Grove Road, Boston Spa, Wetherby, LS23 6TX

Tel: 01937 845045

Email: [hr@martinhouse.org.uk](mailto:hr@martinhouse.org.uk)

Please contact us if you require this form in an alternative format.

This form must be completed in full in order for your application to be considered.

Position applied for:	How did you hear about this position?

**Personal details**

Title	Forename(s)	Surname
Contact Details		Next of Kin
Address:		Address:
Postcode:		
Tel:		Tel:
Email:		
National Insurance Number	Do you require a work permit to work in the UK? (If yes, please give details)	
	Yes	
	No	
Do you have a current driving licence? (If yes, please give details of any points)	Yes	
	No	

Reason for applying

**Using the Person Specification for this role as a guide, please outline under each point how your skills and abilities meet the requirements of this particular post. It will not be sufficient to simply list skills and abilities - you should provide examples of these in your application.**

[Empty rectangular box for content]

**Education and qualifications**

Professional training and qualifications (Include professional registration number and expiry date if applicable)	
Other training or experience which may be relevant	

**Present or most recent employment**

Job title	Start date	Date left/notice required	Salary
Name of employer	Address		
Main duties and responsibilities		Reason for leaving	

**Employment history**

(Please note: there must be no gaps in your employment history.)

Job title	Start date	Date left/notice required	Salary
Name of employer	Address		
Main duties and responsibilities		Reason for leaving	

Job title	Start date	Date left/notice required	Salary
Name of employer	Address		
Main duties and responsibilities		Reason for leaving	

Job title	Start date	Date left/notice required	Salary
Name of employer	Address		
Main duties and responsibilities		Reason for leaving	

Job title	Start date	Date left/notice required	Salary
Name of employer	Address		
Main duties and responsibilities		Reason for leaving	

Job title	Start date	Date left/notice required	Salary
Name of employer	Address		
Main duties and responsibilities		Reason for leaving	

Job title	Start date	Date left/notice required	Salary
Name of employer	Address		
Main duties and responsibilities		Reason for leaving	

Job title	Start date	Date left/notice required	Salary
Name of employer	Address		
Main duties and responsibilities		Reason for leaving	

Job title	Start date	Date left/notice required	Salary
Name of employer	Address		
Main duties and responsibilities		Reason for leaving	



**Additional details**

Language skills Do you speak, write or use any language other than English?
Speak:
Write:
Use:

**References**

Please give the details of two people who are available to give work experience references. This should include one from your present or most recent employer. NB: References will not be requested until a post has been offered.	
Name:	Name:
Address:	Address:
Tel:	Tel:
Email:	Email:

The Rehabilitation of Offenders Act 1974
<p>By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975, the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access of persons in receipt of such services in the course of his/her normal duties.</p> <p>If the role you are applying for does <b>NOT</b> involve working with children or vulnerable adults, please complete <b>Section A</b>. If the role you are applying for involves working with children or vulnerable adults, please complete <b>Section B</b>.</p>

Section A	
<p><b>Have you ever been convicted of a criminal offence in the UK or any other country?</b> (You do not need to disclose convictions deemed as 'Spent' under the Rehabilitation of Offenders legislation)</p> <p>If YES, please give details:</p>	<p>Yes</p> <p>No</p>
Section B	
<p><b>Have you ever been convicted of a criminal offence in the UK or any other country?</b></p> <p>If YES, please give details:</p>	<p>Yes</p> <p>No</p>
<p><b>Are you the subject of any police investigation or prosecution?</b></p> <p>If YES, please give details:</p>	<p>Yes</p> <p>No</p>
<p><b>Are you, or have you ever been, the subject of any investigation or proceeding by any Professional Regulatory Body or any other organisation?</b></p> <p>If YES, please give details:</p>	<p>Yes</p> <p>No</p>
<p><b>Have you ever been disqualified from practising your profession, or been the subject of any limitations to your practice following investigation by a regulatory body in the UK or any other country?</b></p> <p>If YES, please give details:</p>	<p>Yes</p> <p>No</p>

Declaration and Consent	
<p>I confirm that the information given on this form is true and complete to the best of my knowledge. I agree that any deliberately false or misleading information will be sufficient cause to reject my application, withdraw any offer made, or if employed to dismiss without notice.</p>	<p>Yes</p> <p>No</p>
<p>I am fit to carry out the duties of the position applied for.</p>	<p>Yes</p> <p>No</p>

If required, I agree to give consent to approach my medical practitioner for a medical report, or to attend an Occupational Health Practitioner in order to confirm that I am fully fit and able to carry out the functions/duties intrinsic to the job and/or, where appropriate, provide assistance on whether any reasonable adjustments can be made		Yes
		No
If I am unsuccessful, the employer may process the information contained on this form in accordance with Data Protection Legislation.		Yes
		No
If I am unsuccessful, the employer may retain my details in accordance with Data Protection Legislation and may contact me should other vacancies arise that I may be more suitable for.		Yes
		No
I agree to my employer releasing information where appropriate in circumstances where the validation of the information given is required.		Yes
		No
<b>Signed</b>		<b>Date</b>

**Confidential**



Here when  
families  
need us most

**THIS PAGE IS LEFT BLANK INTENTIONALLY**

**Equal Opportunities Monitoring Form**

We ask you to complete this form to assist us in monitoring our practice in recruitment only. This will be separated from your application on receipt by the HR Administrator and any shortlisting panel will not be allowed to see it. If you have an impairment or disability that might affect an interview with us, and you would like us to make some adjustment for you, you should inform us of this in the body of your application.

You are not obliged to complete this equal opportunities monitoring form, but we would respectfully ask that you do.

Please place an 'X' in each section for the answer which best describes you.

Gender					
	Male		Female		Prefer not to say
	Intersex		Non-binary		If you prefer to use your own term, please specify here:

Age					
	16-24		25-29		30-34
	35-39		40-44		45-49
	50-54		55-59		60-64
	65+		Prefer not to say		

Ethnicity					
White			Mixed/Multiple ethnic groups		
<b>A</b>		English	<b>B</b>		White and Black Caribbean
		Welsh			White and Black African
		Scottish			White and Asian
		Northern Irish			Prefer not to say
		Irish			Any other mixed/multiple ethnic group, please specify here:
		British			

		Gypsy or Irish Traveller			
		Prefer not to say			
		Any other White background, please specify here:			
<b>C</b>		<b>Asian/Asian British</b>	<b>D</b>		<b>Black/African/Caribbean/Black British</b>
		Indian			African
		Pakistani			Caribbean
		Bangladeshi			Prefer not to say
		Chinese			Any other Black/African/Caribbean background, please specify here:
		Prefer not to say			
		Any other Asian background, please specify here:			
<b>E</b>		<b>Other ethnic group</b>			
		Arab			
		Prefer not to say			
		Any other ethnic group, please specify here:			

**Do you consider yourself to have a disability or health condition?**

	Yes		No		Prefer not to say
--	-----	--	----	--	-------------------

If you answered yes to the above, what is the effect or impact of your disability or health condition on your ability to give your best at work? Please specify here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with HR, or the recruiting manager if you are a job applicant.

What is your sexual orientation?					
	Heterosexual		Gay		Lesbian
	Bisexual		If you prefer to use your own term, please specify here:		

What is your religion or belief?					
	No religion or belief		Buddhist		Christian
	Hindu		Jewish		Muslim
	Sikh		Prefer not to say		If other religion or belief, please specify here:

**Thank you for completing this form**