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## **EMPLOYMENT APPLICATION FORM**

Thank you for your interest in working for Destiny. Please complete this form in black ink.

Please attach separate pages, if necessary, to support your application.

## 1. PERSONAL DETAILS

Position applied for		Location	
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Where did you hear of this vacancy?	
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Surname		Title:	
Forename(s)		Date and place of birth:	
Address:		Email address:	
Home Telephone:		Mobile Telephone:	
Do you hold a current full driving licence?		Do you have any current endorsements?	
YES    NO		YES    NO	
National Insurance Number:			
Do you require a Visa/Work Permit to work in the UK?		YES    NO	
Are you required to be registered with the Home Office to work in the UK?		YES    NO	

N.B Work Permits are not transferable between employers and any job offer made will be subject to obtaining a new permit

## 2. GENERAL EDUCATION, QUALIFICATIONS AND TRAINING

School/College/University	Dates from and to (including month and year)	Examinations Passed/Qualifications gained

### TRAINING HISTORY/PROFESSIONAL STATUS

Course Title	Date completed	Details of training

Successful applicants will be asked to provide proof of qualifications

### 3. FULL EMPLOYMENT HISTORY

**Please give details of your full employment history starting with the most recent. You must list all employment including part-time and unpaid/voluntary work and career breaks. Please provide a full explanation for any gaps.**

**Please continue on separate sheet if necessary**

Employers name and address of your recent/last employer	
Employment Dates: (Month and Year required)	
Nature of business	
Position held and key responsibilities	
Reason for leaving	
Salary/Rate	
Name and address of Employer prior to the employer listed above	
Employment Dates: (Month and Year required)	
Nature of business	
Position held and key responsibilities	
Reason for leaving	
Salary/Rate	

## 4. SKILLS, KNOWLEDGE, EXPERIENCE AND PERSONAL QUALITIES

Please tell us why you are applying for this post and what personal qualities/skills you have that you will bring to Destiny Integrated Care Limited

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## 5. REFERENCES

**You must provide two references with the most recent employers being compulsory.** If you have currently only had one employment please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please inform your interviewer immediately if you do not meet these specifications.

### Current or most recent employer

Name:	
Address:	
Tel No:	
Email:	
Job Title:	

### Previous employer

Name:	
Address:	
Tel No:	
Email:	
Job Title:	

### Character reference

Only complete and provide a character referee if you have only one current employment

Name:	
Address:	
Tel No:	
Email:	
Relationship to you:	

**NON OPTIONAL SECTION – Applicants Declaration – Read and understand before signing.**

1. I confirm that the information given above is complete and correct, and that I understand that any incomplete, untrue or misleading information given to the employer will entitle the employer to reject my application, withdraw any employment offer made, or, if I am employed, dismiss me without notice
2. I agree that the employer reserves the right to require me to undergo a medical examination to assess my suitability to work

I CERTIFY THAT I HAVE READ AND UNDERSTOOD THE ABOVE AND THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Any appointment to the vacancy for which you are applying will be subject to a satisfactory Standard of Enhanced Level Disclosure from the Disclose and Barring Service. A conviction will not necessarily be a bar to obtaining the position.

## **CONFIDENTIAL DECLARATION FORM**

Before you can be considered for appointment in a position of trust with Destiny Integrated Care Limited we need to be satisfied about your character and suitability.

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

Destiny Integrated Care Ltd  
Unit 224 Bedford Heights  
Brickhill Drive  
Bedford  
MK41 7PH

Tel: 01234 331238  
sharon.destinyservices@gmail.com

All enquires will be treated in confidence.

Destiny Integrated Care Limited 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 application for this position.

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

Please ensure that you read the "Guidance Notes for Applicants" that accompanied your application form carefully before completing this Declaration Form. They provide you with further and more detailed information concerning how your application will be processed, and include details for which information about you will be processed, the persons to whom it will be disclosed and the checks that will be undertaken to verify the information provided before you are offered a position if your application is successful.

**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.**

**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?**

Note: You do not need to tell us about parking offences.

**NO/YES**

If **YES**, please include details of the order bounding you over and/or the nature of the offence, the penalty, sentence or order of the court and the date and place of the Court hearing.

**2. Have you ever received a police caution, reprimand or final warning?**

**NO/YES**

If **YES**, please include details of the caution, reprimand or final warning, including the date and reason administered.

**3. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?**

Please note: you must inform us immediately if you are charged with any offence in the United Kingdom or in any other country after you complete this form and before taking up any position offered to you. You do not need to tell us if you are charged with parking offences.

**NO/YES**

If **YES**, please include details of the nature of the offence with which you are charged, date on which you were charged and details of any on-going proceedings by a prosecuting body.

**4. Are you aware of any current police investigation in the United Kingdom or in any other country following allegations made against you?**

**NO/YES**

If **YES**, please include details of the nature of the allegations made against you and if known to you, any action to be taken against you by the police.

**5. Have you ever been dismissed by reason of misconduct from any employment office or other position previously held by you?**

**NO/YES**

If **YES** please include details of the employment, office or position held, the date that you were dismissed and the nature of allegations of misconduct made against you.

**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 other country?**

**NO/YES**

If **YES** please include details of the nature of the disqualification, limitation or restriction, the date and the name and address of the licensing or regulatory body concerned.

**8. Are you subject to any other prohibition, limitation, or restrictions that mean we are unable to consider you for the position for which you are applying?**

**NO/YES**



If **YES** please include details of the nature of the prohibition, restriction, or limitation when and by whom it was made.

If you have answered "**YES**" to **any** questions above, please use this space to provide details. Please indicate **clearly** the number(s) of the question that you are answering:

**DECLARATION**

I have read the "Guidance Notes for Applicants" that accompanied my application form, and I consent to the information provided in this Declaration Form being used by Destiny Integrated Care LTD for the purpose of assessing my application.

I confirm 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** ..... **DATE:** .....

**NAME (in block capitals)**

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Note: if you wish to withdraw your consent at any time after completing this Declaration Form, please contact Destiny Integrated Care LTD on: 01234 331238

## EQUAL OPPORTUNITIES

Destiny Integrated Care 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. Destiny Integrated Care LTD 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.

### Applicant Details:

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

#### My Sex Is:

- Male
- Female

#### My Marital Status Is:

- Single
- Married
- Separated
- Divorced
- Widowed
- Co-Habiting
- Other \_\_\_\_\_

I would describe my ethnic origin\* as:

White

- White British
- White Irish
- White Other \_\_\_\_\_

Black or Black British

- Caribbean
- African
- Other \_\_\_\_\_

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other \_\_\_\_\_

Chinese or other Ethnic Group

- Chinese
- Other \_\_\_\_\_

Do you consider yourself to have a disability?

- Yes
- No

“Ethnic Origin” refers to a racial group defined by the Race Relations Act 1976 as a group of persons described by reference to colour, race, nationality or ethnic origin.



**CONFIDENTIAL HEALTH QUESTIONNAIRE (form) Last Review - June 2019**

**TO BE COMPLETED BY NEW EMPLOYEE**

**Please complete the following questions about your health, giving details and dates where appropriate.**

Destiny Integrated Care Limited is committed to the health and safety of its staff. As part of these commitments, this Medical Health Questionnaire is required to be completed by all staff and the purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered. Destiny Integrated Care Limited, like every employer is bound by The Management of Health and Safety at Work Regulations 1992, which are supplemented by an Approved Code of Practice. We are required to make assessments of risks to which employees may be exposed at work, and a proper risk assessment involves considering not only the nature of the job, but also the fitness of the employee to carry out that work. In addition the Disability Discrimination Act 1995 imposes a further obligation on the prospective employer to make, where appropriate, reasonable adjustments to enable a suitably qualified candidate to take up the offered employment.

**Please tick (✓) either 'Yes' or 'No' to each question. If the answer to any question is "yes" please give details, including dates where relevant, (please use additional sheet of paper if required)**

	YES	NO	DETAILS
Have you visited your doctor in the last 12 months?			
Are you receiving any medical or homeopathic treatment e.g. pills, injections, inhalers, ointments?			
Have you been off work / school in the past 12 months? If 'Yes', how many times? How many days?			
Have you had any illnesses, operations or injuries in the past which have caused you to be off work / school for more than four weeks?			
Do you have a disability?			
Do you smoke? If "yes," indicate how many cigarettes or how much tobacco you smoke a day.			
Do you drink? If "yes" indicate how much wine / beer / spirits you drink a week e.g. 1 unit = ½ pint beer, measure of spirit / wine etc.			
<b>HAVE YOU EVER HAD AT ANY TIME</b>			
Problems with your hearing? e.g. deafness frequent ear infections, discharging.			
Problems with your eyesight? Do you wear spectacles or contact lenses? Give date of last optician or specialist appointment.			
An occupational disease / accident at work?			
Back injury / strain / pain / disc problems / sciatica?			
Difficulty bending / lifting / standing?			
Neck or shoulder injury / pain?			
Joint trouble / arthritis / stiffness in feet or hands?			
Skin conditions e.g. eczema / dermatitis / psoriasis?			



	Yes	No	DETAILS
Problems with latex gloves?			
Chest infection / pleurisy / bronchitis?			
Tuberculosis or contact with tuberculosis in the family?			
Asthma / hay fever or any other allergic condition including sensitivity to antibiotics?			
Tonsillitis / sinusitis / ear infection?			
Heart or circulation problems / high or low blood pressure / angina / palpitations?			
Varicose veins?			
Menstrual or gynaecological problems (if applicable)?			
Stomach / bowel trouble including frequent and prolonged indigestion?			
Dysentery / typhoid / gastroenteritis / food poisoning?			
Hernia or ruptures?			
Bladder or kidney problems including urinary tract infections?			
Diabetes?			
Thyroid or other glandular illnesses?			
Hepatitis / jaundice / blood disorders?			
Blood-borne infection including Hepatitis B, Hepatitis C, or HIV?			
Migraine / headache / giddiness?			
Epilepsy / attacks of fainting / fits or blackouts?			
Depression, anxiety, phobias, mental illness or experienced mental health problems?			
Any attempt at self-harm? e.g. Overdosing or cutting or injuring yourself.			
An eating disorder (e.g. anorexia, bulimia) or had an unexplained weight loss or gain?			
Counselling, psychological or psychiatric treatment?			
A problem with alcohol consumption or other substance abuse?			
Some other condition requiring hospital treatment or investigation?			

*I certify that to the best of my belief the above answers are true and complete. I understand that medical information gained from this questionnaire will remain confidential but will be used by Destiny Integrated Care to assess my fitness to undertake the duties of the employment relating to the job I have been offered and I consent to this use being made of the information.*

SIGNATURE.....

DATE.....

PRINT NAME: .....