

Employment Application Form.

Completing your form

Post to

Human Resources

Westfield Health

Westfield House

60 Charter Row

Sheffield

S1 3FZ

Or email jobs@westfieldhealth.com

If you have any questions, please call us on 0114 250 2000.



We are proud to use the 'two ticks' symbol to show our commitment to best practice in employing people with a disability. Applicants who meet the minimum criteria for the post and who have declared their disability are guaranteed an interview and will be considered on their skills for the role.

Immigration, Asylum and Nationality Act 2006

All appointments are subject to you providing appropriate documentation confirming your right to reside in the UK and permission to undertake the work involved in the post. Guidance can be found on the Border and Immigration website www.bia.homeoffice.gov.uk

Pre-employment checks

We complete pre-employment checks on successful candidates which will involve giving details of referees for at least the preceding two years of employment. An external agency completes Disclosure and Barring Service checks, Financial checks and confirmation of address checks for each person offered employment. We also ask for a satisfactory declaration of your health via a medical questionnaire in the event of an offer of employment being made.

Probation

Appointments are normally subject to a six month probationary period.

Data protection

We comply fully with the requirements of the Data Protection Act 1998. This requires us to tell you we will hold details of your name, address and the post applied for electronically to assist the recruitment process, as well as the information supplied on your equal opportunities monitoring form. We keep records of recruitment for six months after which the records are destroyed.

Application form

Job title

Department

Vacancy reference

Personal details

Title

Mobile telephone

Forename(s)

Email

Surname

Would you need a work permit to do this job?

Address

Yes

No

National Insurance Number

Postcode

Driving Licence number

Work telephone

Home telephone

Details of present/most recent employment

Employer

Start date and leave date

Job title and main duties

Reason for leaving

Previous employment history/experience

Please give full details of any period not accounted for by full-time education or employment, including unpaid voluntary work.

Employer/organisation	Start date and leave date	Job title and main duties	Reason for leaving

Education and qualifications (secondary and higher education only is required) in chronological order

Establishment	Qualification and subjects	Class of award	Awarding body	Date of award

Membership of professional bodies

Date	Professional body	Membership number

Further education and training please give details of relevant training courses

Date	Course title	Grade or level of award

Information in support of your application

Please pay close attention to the role profile and/or person specification provided and use this space to provide information relevant to the selection criteria stated. This should include how your skills, qualifications and experience fit the requirements of the job along with any other information that you consider relevant to your application.

Please continue on a separate sheet if necessary.

References

Please supply at least two referees for your current or most recent employer (or educational institution) to cover the last two years. Referees should be people you know in a professional capacity.

If we do not receive a reply from your referee(s) or receive a reference from your referee(s) that is not satisfactory to us, we will contact any previous employers stated in the employment history section. If you do not agree to this please let us know.

Name	Relationship	
Job title		
Address		
Telephone		
Can we approach the referee before interview stage? Yes No		

Name	Relationship	
Job title		
Address		
Telephone		
Can we approach the referee before interview stage? Yes No		

Name	Relationship	
Job title		
Address		
Telephone		
Can we approach the referee before interview stage? Yes No		

Name	Relationship	
Job title		
Address		
Telephone		
Can we approach the referee before interview stage? Yes No		

Pre-employment checks

We will carry out these pre-employment checks in the event of an offer of employment being made. Please indicate if the checks can be made.

The Disclosure and Barring service (if no, please state reason)	Yes	No
Address checks (if no, please state reason)	Yes	No
Financial (CCJ, Bankruptcy, Credit Checks) (if no, please state reason)	Yes	No
Will you need permission from the UK Border Agency to do this job?	Yes	No
Do you know anyone who works at Westfield Health? (please state who)	Yes	No
Have you previously worked for Westfield Health? (please state date and job title(s))	Yes	No

Declaration

I declare that to the best of my knowledge, the information I have supplied on this application form is correct. I understand that deliberate omissions and incorrect statements could lead to my application being rejected, or if in post, to my dismissal.

Signed

Date

I accept that if this document is sent via email to Westfield Health, that this constitutes an acceptance of the above declaration.

Applicant declaration and data consent

The information you have provided will be used to process your application. It will not be passed to third parties or used for other purposes, other than those stated. If you are successful, we will keep your application form. If you are unsuccessful, we will destroy it twelve months after this vacancy closes. Security procedures are in place for protecting your data in accordance with the Data Protection Act 1998. Your details may be stored electronically in a password-protected system and/or as paper copies in secure storage. Please read the statements below and then sign, date and confirm your acceptance of them.

I have read the above, and I understand and accept how the Company will use and store my personal data.

I confirm that the information I have given in this application for employment form and any supporting documents is correct and complete.

I understand that failure to disclose any relevant information or the provision of false information may lead to dismissal/withdrawal of any offer of employment made to me.

I understand that the Company may check all or any of the information provided as part of my application or given in references.

I understand that an appointment, if offered, will be subject to the receipt of references, and the outcome of any relevant pre-employment checks, which the Company regards as satisfactory.

Signed

Date

I accept that if this document is sent via email to Westfield Health, that this constitutes an acceptance of the above declaration.

Request for reasonable adjustments to the selection process

We welcome applications from individuals with disabilities and are committed to ensuring fair treatment throughout the recruitment process. We will make adjustments to enable applicants to compete to the best of their ability wherever it is reasonable to do so, and, if successful, to assist them during their employment. We encourage applicants to declare their disabilities in order that any special arrangements, particularly for the selection process, can be accommodated.



Applicants who meet the minimum criteria for the post and who have declared their disability are guaranteed an interview and will be considered on their skills for the role.

If you wish to do so, please enter any reasonable adjustments connected with a disability which you require to be made to the selection process in the box below. If you would prefer to discuss any special arrangements with us, please email the HR Team at jobs@westfieldhealth.com

A large, empty light grey rectangular area intended for applicants to enter their request for reasonable adjustments.