

REVELATION HEALTHCARE LTD APPLICATION FORM

Strictly Confidential

PLEASE USE BLACK PRINT – An application form MUST be completed/submitted for each vacancy.

The completed form should be e-mailed to: info@revelationshealth.com

Application for the post of:

Personal Details

First Name(s):	Surname:
Address:	
Post Code:	Home Tel. No:
How long have you lived at this address?	Daytime Tel. No:
E-mail address:	Mobile Tel. No:
**If you have provided an e-mail address, this will be the method by which you will be contacted. However, if you DO NOT wish to be contacted by e-mail, please tick the box. <input type="checkbox"/>	
Do you need a work permit? (a) No. <input type="checkbox"/> (Click to select or deselect boxes). (b) Yes, and I already have one. <input type="checkbox"/> Expiry Date: (dd/mm/yyyy) (c) Yes, but I do not have one. <input type="checkbox"/>	

Present Employment (if unemployed give details of last employer)

Name and address of current employer:	
Post title:	Department/Section:
Date of appointment:	Date appointment ended:
Total salary (per annum):	Full or part time (FTE):
Brief description of job:	
Period of notice:	
Reason for leaving:	

Previous Employment Start with the most recent employer first. Please cover all jobs (**all** periods/gaps between jobs must be accounted for).

Dates (dd/mm/yy)		Name & Address of Employer (nature of business)	Position, brief description of job and salary	Reason for Leaving
From	To			
 <p>REVELATIONS HEALTHCARE L I M I T E D</p>				

(Please continue on a separate sheet if necessary)

Voluntary/Unpaid Activities

Dates (dd/mm/yy)		Name & Address of Organisation	Position, brief description of role
From	To		

Education, Qualifications & Membership of Professional Associations/Institutes

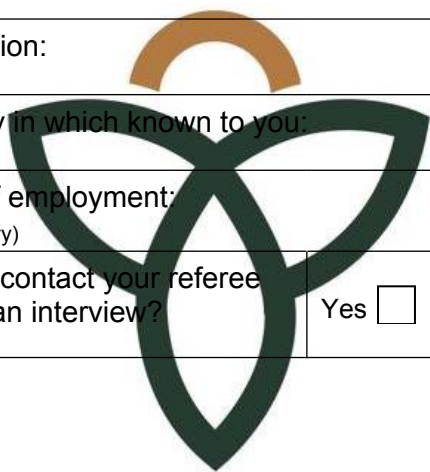
Please give details of your education and qualifications obtained. This includes any qualification which you are studying for now. Primary school details are not required. You will be required to prove you have obtained these qualifications. If you are a member of a professional association/institute, please provide details. (Professional body, registration number, expiry date)

Name of awarding body	Date gained	Examinations passed, qualifications/level, skills gained	Grades (where applicable)

References

All candidates – Please give details of two employment referees whom we may ask about your suitability for the post. One of these should be your most recent employer. Referees must not be related to you. If you are a school/college leaver, please give the name and address of a head teacher/tutor and the manager of your most recent work experience placement – if applicable. We reserve the right to approach your current and any previous employer.

Reference 1:	Reference 2:
Name of referee:	Name of referee:
Name & address of organisation:	Name & address of organisation:
Tel. No:	Tel. No:
E-Mail:	E-Mail:
Occupation:	Occupation:
Capacity in which known to you:	Capacity in which known to you:
Dates of employment: (dd/mm/yyyy)	Dates of employment: to (dd/mm/yyyy)
May we contact your referee prior to an interview?	May we contact your referee prior to an interview?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>



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HEALTHCARE**
LIMITED

Supporting Information

Please provide any information you consider relevant, including your reason for applying for the post and why you consider yourself to be suitable for the post. *You can also draw on experience you may have gained outside the work environment.*

Remember to provide examples that demonstrate your skills, knowledge, and experience.



(Please continue on separate sheet if necessary)

IMPORTANT INFORMATION

Criminal Convictions (Rehabilitation of Offenders Act)

The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers and cannot be considered.

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the [Rehabilitation of Offenders Act 1974 \(Exceptions\) Order 1975 \(as amended in 2013\)](#)

Yes ☐ No ☐

If yes, please give full details in a separate document. We will only take them into account if we consider them relevant to the post for which you have applied.

Equality Act 2010

Revelations Healthcare Ltd wishes to encourage disabled people to apply for jobs – all information will be treated in confidence. The company operates a "Guaranteed Interview Scheme" for disabled people, Looked After Child in care (LAC) and Children in Care (CIC) who demonstrate on their job application form that they meet the specified selection criteria for the job.

Do you have a disability which entitles you to qualify under the "Guaranteed Interview Scheme"?

Yes ☐ No ☐

In relation to any disability, do you have any particular requirements in order to attend an interview?

Yes ☐ No ☐

If yes, please give details :

General

Do you hold a current driving licence?

Yes ☐

No ☐

Do you have the daily use of a car?

Yes ☐

No ☐

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HEALTHCARE**

Declaration

I certify that the information provided is true and accurate and that I have not omitted any facts which may have a bearing on my application. I understand that any subsequent contract of employment with Revelations Healthcare Ltd will be made based on the information I have provided. I understand that a false declaration which results in my appointment will render me liable to dismissal without notice.

Mark box to agree and sign below. ☐

I acknowledge that the information which I give on this form may be processed in accordance with the company's Privacy Notice for Job Applicants and registration under the Data Protection Act 2018.

Mark box to agree and sign below. ☐

I agree to Revelations Healthcare Ltd carrying out pre-employment screening relevant to my application.

Mark box to agree and sign below. ☐

Signature:

Date:

(dd/mm/yyyy)



**REVELATIONS
HEALTHCARE**
L I M I T E D

**This page is blank to allow the confidential Recruitment Monitoring Form
to be separated from your application form prior to shortlisting**



STRICTLY CONFIDENTIAL RECRUITMENT MONITORING FORM

This form will be separated from your application form upon receipt and will not be part of the selection process.

Application for the post of:	Job Reference
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Revelations Healthcare Ltd aims to be an equal opportunities employer, and selects staff on merit, irrespective of race, colour, nationality, ethnic or national origins, gender, marital status, family responsibility, age, disability, sexual orientation, or religious belief. To monitor the effectiveness of our equality policies, Revelations Healthcare Ltd requests that all applicants complete this form.

What is your Ethnic Group

Choose ONE section from A to F, then tick the appropriate box.

A. White

British ☐

Irish ☐

Any other White background, please state:

D. Black or Black British

Caribbean ☐

African ☐

Any other Black background, please state:

B. Mixed

White and Black Caribbean ☐

White and Black African ☐

White and Asian ☐

Any other Mixed background, please state:

E. Chinese or other ethnic group

Chinese ☐

Other, please write in

C. Asian or Asian British

Indian ☐

Pakistani ☐

Bangladeshi ☐

Sikh ☐

Any other Asian background, please state

F. I do not wish to provide this information. ☐

Gender

Date of Birth

Male <input type="checkbox"/>	Female <input type="checkbox"/>	(dd/mm/yyyy)	Age:
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Do you have a disability? Please tick one box.

00 - None. <input type="checkbox"/>	06 - You have mental health difficulties. <input type="checkbox"/>
01 - You have a specific learning difficulty (for example dyslexia). <input type="checkbox"/>	07 - You have a disability that cannot be seen, for example diabetes, epilepsy, or a heart condition. <input type="checkbox"/>
02 - You are blind or partially sighted. <input type="checkbox"/>	08 - You have two or more of the above. <input type="checkbox"/>
03 - You are deaf or hard of hearing. <input type="checkbox"/>	09 - You have a disability, special need or medical condition that is not listed above. <input type="checkbox"/>
04 - You use a wheelchair or have mobility difficulties. <input type="checkbox"/>	10 - I do not wish to provide this information. <input type="checkbox"/>
05 - You have Autistic Spectrum Disorder or Asperger Syndrome. <input type="checkbox"/>	

What is your sexual orientation?

Bisexual <input type="checkbox"/>	Heterosexual/Straight <input type="checkbox"/>
Gay Man <input type="checkbox"/>	Other <input type="checkbox"/>
Gay Woman/Lesbian <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

What is your religion/faith/belief?

Christian <input type="checkbox"/>	Buddhist <input type="checkbox"/>	Hindu <input type="checkbox"/>	Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>
Sikh <input type="checkbox"/>	None <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>	

Data Protection

Under the Data Protection Act 2018, we are required to gain your permission to process special categories of personal data for you. Revelations Healthcare Ltd uses the data contained in the monitoring form to monitor our recruitment policy and practice for its compliance with our equality and diversity policy. Revelations Healthcare Ltd and its agents may share information, in anonymised format, with government and local authority departments and other authorised organisations for administrative, statistical and research purposes.

Completing this form and ticking the box gives us your informed consent.

By ticking the box, I authorise Revelations Healthcare Ltd to process and retain my special category personal data in accordance with its Privacy Notice for Job Applicants ☐