Application Form- Private and Confidential

## Please Note That CVs Will Not Be Considered

**Healthwatch Bucks is an equal opportunities employer and welcomes applications from all sections of the community.**

Please complete ALL sections in type or black ink and use only A4 size paper as continuation sheets as required.

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| Job Details |
| Post applied for: |  | Job Reference: |  |
| If the post is full-time, would you be prepared to consider working on a job-share basis? | Yes/No |
| If job-share, please state preferred days/hours per week: |
| Personal Details |
| Family Name: | Forename(s): |
| Preferred title (eg Mr/Mrs/Miss/Ms/Dr/Other): |
| Address:Post Code: |
| Telephone numbersHome: | Mobile:Work: |
| Personal email:  |
| **Asylum and Immigration Act 1996**It is a criminal offence to employ persons whose immigration status prevents them from working in the United Kingdom. Prior to appointment, you will be required to provide evidence of a passport or other documents on the approved list to satisfy Healthwatch Bucks that the Asylum and Immigration Act 1996 is being complied with. |
| Do you require a work permit to work in the UK? | Yes/No |
| References(please refer to the Guidance Notes for Job Applicants below) |
| Name: | Name: |
| Job Title: | Job Title: |
| Name of Organisation: | Name of Organisation: |
| Address:Post Code: | Address:Post Code: |
| Tel No: Email:  | Tel No: Email:  |
| How long have you know this person and in what capacity? | How long have you know this person and in what capacity? |
| Are you happy for us to contact this referee prior to interview? Yes/No (please indicate) | Are you happy for us to contact this referee prior to interview? Yes/No (please indicate) |

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| Present or Most Recent Employment |
| Name & Address of employer:Post Code: |
| Job Title: | Dates employed: |
| Current or final salary: | Period of notice required: |
| Please give a brief outline of your main responsibilities: |
| **Previous Employment**Please list all previous employment in chronological order (most recent first) |
| DatesFrom to | Name & Address of Employer | Job Title and outline of main responsibilities | Reason for leaving |
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| Education & QualificationsPlease give details of all educational qualifications obtained and those currently being pursued |
| Name of School, College, University, etc |  | Subjects studied / Qualifications worked towards | Grades obtained |
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| TrainingThis includes trade/professional training, government training schemes, apprenticeships, short courses and secondments |
| Course Title | Organisation | Dates |
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| Membership of Professional Institutes (optional) |
| Institute | Level of Membership | Year of Award |
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| Other ExperienceDetails should be given for any period not accounted for by full-time employment, education and training, eg unemployment or voluntary work. |
| Experience | From/To |
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| Information in Support of Your Application(please refer to the Guidance Notes for Job Applicants below)If further space is needed, please continue on a separate A4 sheet. |
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| The Working Time Regulations 1998Please complete and sign either Part 1 or Part 2. Please declare any other job whether it is with local authorities, public bodies or with private companies.(please refer to the Guidance Notes for Job Applicants below) |
| Part 1 – No other EmploymentI confirm that I do not have any other employment.Signature: Print Name: Date: |
| Part 2 – Other Employment (including any freelance or self-employed work)All other employment that I have is detailed below |
| Job Title & Organisation | Number of hours per week including overtime | Start Time*(please use 24 hour clock)* | End Time*(please use 24 hour clock)* |
|  |  |  |  |
| Signature: Print Name: Date: |

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| Additional Information |
| Driving Licence |
| Do you hold a current driving licence? | Yes/No | Are you a car owner or do you have access to a car? | Yes/No |
| If YES, please state the type of licence you hold: |
| Do you have any current endorsements? | Yes/No |
| If YES, please specify: |

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| Declaration |
| I, [insert name] declare that the information contained in this application form is true and correct. I understand that any false or misleading information may disqualify my application or may render my Contract of Employment, if I am appointed, liable to dismissal without notice.Disclosure and Barring ChecksI understand that if my application is successful, the position may require an Enhanced DBS check. If the position is not eligible for an Enhanced DBS check, I understand that I may be asked to get a basic DBS check myself and share it with Healthwatch Bucks.Signed: Date:**If this form has been completed electronically and you are invited for interview, please remember to bring a signed copy of this form with you.**Data ProtectionWe process your personal data on the basis that you may enter into a contract of employment with Healthwatch Bucks. We will only process your personal data for this reason. All recruitment documents, including application forms for unsuccessful applicants, will be kept for a period of 12 months from submission, after which they will be destroyed. A [full privacy notice](https://communityimpactbucks1.sharepoint.com/%3Aw%3A/g/HealthWatchBucks/Eagk9oVrijZMmF9livOyaiYBzmddWrJqFehH3RvgmOHd0A?e=c2Qmf3) is available online. |

# Guidance Notes for Job Applicants below

Please complete the different sections of the application form to the best of your ability and only append additional sheets when you have run out of space.

## Equality of Opportunity

The use of our own Application Form rather than individual CVs helps to ensure equality of opportunity during the selection process. Please note therefore that CVs will be disregarded.

## References

A minimum of two references is required and we would prefer them to be your two most recent employers including your current employer, if you are in employment. If you have only just finished your education and have little or no work experience, please provide a referee from your school, college or university as well as a personal referee. If in the job advertisement, the position is subject to a successful Enhanced CRB disclosure, at least one referee must be someone who has directly supervised you in a similar role. References will not be taken up without your prior agreement.

## Information in Support of your Application

This is your opportunity to tell us why we should offer you the position.

Please give your reasons for applying for this post and explain how you meet the person specification, in particular the essential criteria, ensuring that you give evidence and examples of how your skills, knowledge and experience meet these short-listing requirements. If further space is need, please continue on a separate A4 sheet.

When posts require regular travel throughout Buckinghamshire and Milton Keynes, if you do not have a driving licence or access to private means of transport, you will need to demonstrate how you will meet these criteria

## Working Time Regulations 1998

The Working Time Regulations were introduced in 1998 as a health and safety measure. Average weekly working hours are limited to 48 hours (normally calculated over a 17 week period).

Employers are required to take all reasonable steps to ensure that the limits to working times are not exceeded. This includes inquiring whether a person is working elsewhere. All applicants are therefore asked to declare all other employment.

Please note that if you do have other jobs, your application will still be assessed on your suitability to do the job you are applying for. At this stage, any other jobs you declare will be ignored. If you are selected for interview, the implications will be carefully discussed with you. Healthwatch Bucks may consider it necessary to discuss the situation with your other employer (s) but only with your permission.

Depending on the overall situation and the outcome of discussions with you, Healthwatch Bucks will have the following options:

* Not to offer you the appointment.
* Offer the appointment on reduced hours.
* Offer the appointment providing the other work is relinquished (or the hours reduced).
* Offer the appointment and enter into an agreement with you to opt out of the weekly working time limit.

## Returning this form

Please return completed form to:

Healthwatch Bucks (Belinda Burke)

6 Centre Parade

Place Farm Way

Monks Risborough

Buckinghamshire

HP27 9JS

Or by email to belinda@healthwatchbucks.co.uk

Thank you for completing this form