



EMPLOYMENT APPLICATION FORM

Date: 09/10/2025

Review Date: October 2026

Version: 1.1

Authorised by: Omosefe Ewere

Role: Nominated Individual

All sections must be completed in full. Incomplete forms may delay your application.

1. Position Details

- Position Applied For: _____
- Preferred Start Date: _____
- How did you hear about this vacancy? _____

2. Personal Information

- Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other _____
- Full Name: _____
- Previous Names (if applicable): _____
- Date of Birth: _____
- National Insurance Number: _____
- Right to Work in the UK: ☐ Yes ☐ No
- If Yes, type of eligibility: _____
- Home Address: _____

Postcode: _____

- Contact Telephone: _____

BloomSDale Care Solutions Ltd
20a – 30 Abington Street Northampton
NN1 2AJ, United Kingdom

Phone Number: 01604 345618
Mobile Number: 07908 721234
Email: info@bloomSDalecaresolutionsltd.co.uk

CQC Provider ID: 1-159780366715

CQC Location ID: 1-18969872745

www.bloomSDalecaresolutionsltd.co.uk



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- Email: _____
- Do you hold a valid driving licence? ☐ Yes ☐ No
- Do you have access to a vehicle for work purposes? ☐ Yes ☐ No
- Do you hold **Business Car Insurance**? ☐ Yes ☐ No

3. DBS (Disclosure and Barring Service)

In accordance with the Safeguarding Vulnerable Groups Act 2006, all roles involving regulated activity require an enhanced DBS check.

- DBS Certificate Number: _____
- Date of Issue: _____
- Are you registered with the DBS Update Service? ☐ Yes ☐ No
- If yes, Update Service Number: _____
- Have you ever been barred or are currently under investigation by the DBS?

☐ Yes ☐ No

If yes, provide details: _____

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4. Right to Work

- Do you require a work visa or permit? ☐ Yes ☐ No

If yes, provide details: _____

You will be required to provide original documentation (e.g., passport, biometric residence permit, or share code).

5. Health Declaration

This information will be treated as confidential and used only to ensure compliance with the Equality Act 2010.

- Do you have any health conditions, disabilities, or impairments that may affect your ability to perform the duties of this role? ☐ Yes ☐ No

If yes, provide details and any reasonable adjustments required:

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6. GP / Medical Practitioner Details

- GP Name: _____
- Practice Name: _____
- Address: _____
- Postcode: _____
- Telephone: _____

☐ I consent to Bloomsdale Care Solutions Ltd contacting my GP or occupational health provider if required for legitimate health and safety or fitness-to-work purposes.

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7. Education and Qualifications

Institution Qualification Grade Year Completed

- Relevant professional registrations (e.g., NMC, NVQ, Care Certificate):

Institution	Qualification	Grade Awarded	Year Completed

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8. Employment History (Last 10 Years)

Please provide **full employment history** covering the last **10 years**.

Include any gaps with explanations (e.g., study, childcare, unemployment).

Employer Name & Address	Job Title	From (MM/YYYY)	To (MM/YYYY)	Reason for Leaving

☐ **Additional sheets attached if needed.**

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9. References

Please provide **two professional references**, one of which must be your **most recent employer**. Personal references (family/friends) will not be accepted.

Reference 1

- Name: _____
- Position: _____
- Organisation: _____
- Relationship: _____
- Email: _____
- Phone: _____

Reference 2

- Name: _____
- Position: _____
- Organisation: _____
- Relationship: _____
- Email: _____
- Phone: _____

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☐ I give permission for Bloomsdale Care Solutions Ltd to contact my references prior to employment offer being confirmed.

10. Criminal Convictions / Cautions Declaration

Roles in health and social care are exempt from the Rehabilitation of Offenders Act 1974.

You must disclose any:

- Spent or unspent convictions
- Cautions, warnings or reprimands
- Police investigations or pending charges

Have you ever been convicted or cautioned? ☐ Yes ☐ No

If yes, provide details (continue separate sheet if necessary):

Failure to disclose relevant information may result in withdrawal of offer or dismissal.

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11. Equal Opportunities

Bloomsdale Care Solutions Ltd is an equal opportunities employer. No applicant will be treated less favourably on the grounds of protected characteristics as defined by the Equality Act 2010.

12. Declaration

- I declare that the information I have provided in this application is **true, complete and accurate** to the best of my knowledge.
- I understand that any false statements or omissions may result in the withdrawal of any offer of employment or dismissal.
- I consent to the processing of my personal data for recruitment purposes in accordance with the Data Protection Act 2018 and UK GDPR.
- I understand that any offer of employment is subject to:
 - Satisfactory references
 - Enhanced DBS check and barred list clearance
 - Health and fitness declaration
 - Proof of right to work in the UK
 - Completion of mandatory training

Signature of Applicant: _____

Name (Print): _____

Date: _____

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13. For Office Use Only (Employer)

- Application Received Date: _____
- Shortlisted: ☐ Yes ☐ No
- Interview Date: _____
- ID Verified: ☐ Passport ☐ Driving Licence ☐ BRP ☐ Share Code
- Right to Work Check: ☐ Pass ☐ Fail
- DBS Check: ☐ Existing ☐ New Application
 - DBS Number: _____ Issue Date: _____
 - Update Service: ☐ Yes ☐ No Update No.: _____
- References Received: ☐ Yes ☐ No
- Employment Gaps Reviewed: ☐ Yes ☐ No
- Offer of Employment: ☐ Yes ☐ No
- Start Date: _____
- Manager Signature: _____

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☒ **Legal & Regulatory Compliance Checklist:**

- Safer recruitment requirements (CQC Regulation 19)
- DBS disclosure & Update Service verification
- 10-year employment history with gap explanation
- Health declaration & GP consent
- Criminal records disclosure (ROA Exceptions Order)
- Right to work verification
- GDPR-compliant data collection.

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