Viva Heights
Application Form

Job Title			
PERSONAL DETAILS			
Surname		Forename(s)	
TELEPHONE NUMBER(S)			
Home No		Mobile No	
May we telephone your during work hours?		YES NO	
Are you over 18? DOB:		Email Address:	
Home Address			

Right to Work and Employment Permissions

1. Are you an Isle of Man Worker? *YES / NO

If **Yes**, please provide details of your qualifying status:

If **No**, please complete the following questions:

2. Are you a British or Irish Citizen? *YES / NO

3. Do you currently hold a visa or other immigration permission allowing you to work in the Isle of Man? *YES / NO / Not Applicable

If **Yes**, please specify the visa category:

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4. Do you currently hold a valid Certificate of Employment? *YES / NO

If **Yes**, please provide the expiry date:

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5. Will you require the employer to apply for or support a Certificate of Employment application on your behalf? *YES / NO

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6. Will you require any visa sponsorship or other immigration-related support from the employer?

*YES / NO

If **Yes**, please provide details:

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7. Are there any restrictions on your right to work, working hours, or the type of work you can undertake? *YES / NO

If **Yes**, please provide details:

PREVIOUS ADDRESSES IN THE LAST FIVE YEARS

Date from	Date to	Address

PRESENT EMPLOYMENT	
Current position	
Employer's name	

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Employer address	
Basic salary	
Date employment commenced	
Notice period required	
Please describe your current responsibilities	
REASONS FOR SEEKING THIS POSITION Please tell us about your motivation in applying for this position and describe why you feel you are suited to it. Include any personal attributes, relevant experience, training and skills you possess which would be relevant to your application – use a separate continuation sheet if required	
QUALIFICATIONS **Please list all your qualifications, especially any relevant to the position.**	

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DRIVING	
Do you have a current driving licence?	YES NO Provisional / Full
Do you have any current endorsement? *(If yes please details below)*	YES NO
OTHER EMPLOYMENT	
Are you involved in any non-paid voluntary activities? If yes please give name of the organisation and brief details of duties)	YES NO
PREVIOUS EMPLOYMENT	
Please list your previous employment, include dates and brief details of duties, and also reason for leaving.	
HOBBIES AND INTERESTS **Please give detail of your personal interests and pastime**	

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MEDICAL DECLARATION

If Yes give details

Have you any disability? YES / NO_____

Are you a registered disabled person? YES / NO_____

Please state details of sickness absence from work/education during the past two years.

Number of absences_____ Total number of days_____

Please list below medical conditions and any related medication taken in the management of your condition.

Medical Condition	Yes/No	Details
Diabetes		
Heart Condition		
Lung Condition		
Back Problems		
Joint Problems		
Stroke		
Epilepsy		
Cancer		
Mental Health Condition		

Please use this space to tell us of anything medically that may be relevant to the post you have applied for:-

REHABILITATION OF OFFENDERS ACT

Because of the nature of the work for which you are applying, the post is exempt from the provisions the Rehabilitation of Offenders Act 2001, by virtue of the Rehabilitation of Offenders Act 2001. Applicants are

therefore not entitled to withhold information about convictions which for other purposes are "spent" under provision of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action.

Any information given will be completely confidential.

Have you had any cautions, criminal conviction(s) or criminal convictions pending, warnings or reprimands? *YES / NO

If YES, please give details.

Date of Conviction(s)

You are required to declare if you are currently the subject of any investigation or proceedings by anybody having regulatory functions relating to Health/Social Care Professionals including such a body in another country.

Are you currently the subject of any investigation or proceedings? *YES / NO

If yes please give details

**Delete as applicable*

You must also disclose if you have ever been disqualified from the practice of a profession or required to practice it subject to specified limitations following fitness to practice proceedings by a regulatory body in the Isle of Man, UK or in another country.

Have you ever been disqualified from the practice of a profession or required to practice it subject to specified limitations? *YES / NO

If yes please give details:

Where such a post involves regularly caring for, training, supervising or being in sole charge of persons aged under 18 or vulnerable adults, you are required to state whether you are currently the subject of any police investigation in the Isle of Man, UK or any other country.

Are you currently the subject of any police investigation? *YES / NO

If yes please give details:

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Please state whether you have previously been dismissed from any employment, office or other position by reason of misconduct.

Have you previously been dismissed by a reason of misconduct? *YES / NO

If yes please give details:

Please give dates on which you would be able to attend for interview if you were invited in the next few weeks.

If unsuccessful do you wish to have this application?

A) Destroyed *YES / NO

B) Held on file for consideration for other posts that may arise. *YES / NO

Please use this space if you wish to add anything to support your application.

If offered this position, will you continue to work in any other capacity?
(eg part time work with Youth Service, etc)

REFERENCES
(*Please list the name and addresses of two referees (one of whom should be your present or most recent employer)*

Name		
Position		
Capacity in which candidate is known		

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Address		
Telephone No(s)		
Email address		
May we contact this referee prior to interview	YES NO	YES NO

DECLARATION (Please complete all parts of this application form, before signing this declaration)

I certify, to the best of my knowledge, all the information I have given is correct. I understand that deliberately giving false or incomplete answers would disqualify me from consideration, or in the event of my appointment, make me liable to dismissal without notice

Signed		Date	