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| https://www.sistersofnazareth.com/wp-content/uploads/9105-Nazareth-Care-Logo-233x300.jpg | |
| **NAZARETH HOUSE MANAGEMENT** | |
| **APPLICATION FORM** | |
| Position Applied For: |  |
| Closing Date: |  |
| Candidate Number: |  |
| Office Use: |  |
| **PERSONAL DETAILS** | |
| First Name: |  |
| Last Name: |  |
| Previous Names (Validation Purposes): |  |
| Address for Correspondence: |  |
| Contact Telephone (Home): |  |
| Contact Telephone (Mobile): |  |
| E-mail address: |  |
| Do you wish to be contacted by email? | **Yes  No** |
| Please provide current professional registration number and title of register (if appropriate) |  |
| Do you have a valid working Visa? | **Yes  No** |
| If yes, what type of Visa? |  |
| What is the expiry date of your Visa? |  |
| Drivers License (please state type and category, if applicable) |  |

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| **EDUCATIONAL ACHIEVEMENTS** | | | | | | | | |
| (Please include second level and third level educational achievements) | | | | | | | | |
| **Date** | **Educational Institution** | | **Conferring Body** | | **Course of Study** | | **Qualification Achieved** | **Grades Achieved** |
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| **MANDATORY TRAINING RECORD** | | | | | | | | |
| **Course** | | | | | **Date Completed** | | | |
| Fetac | | | | |  | | | |
| Manual Handling, including People Handling | | | | |  | | | |
| Safeguarding Vulnerable Adults | | | | |  | | | |
| Fire Safety | | | | |  | | | |
| Infection Control | | | | |  | | | |
| An Introduction to Children First | | | | |  | | | |
| Dementia/Challenging Behaviour | | | | |  | | | |
| End of Life Care | | | | |  | | | |
| **SUMMARY CAREER HISTORY** | | | | | | | | |
| **Dates Employed (From-To)** | | | **Employer Name** | | | | **Job Title** | |
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| **DETAILED CAREER HISTORY** | | | | | | | | |
| **Dates (Start Date – End Date)** | | **Employer Name** | | **Job Title** | | **Main Roles and Responsibilities** | | |
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| **ATTENDANCE RECORD** | | | | | | | | |
| How would you describe your work/college attendance over the past 3 years? | | | | |  | | | |
| Have any of your previous year heads/employers had to engage in discussions with you regarding unsatisfactory attendance? | | | | | **Yes  No** | | | |
| Please identify how many episodes of sick leave that you have had in the past 3 years: | | | | |  | | | |
| None: | | | | |  | | | |
| 1-3 certified by GP/uncertified: | | | | |  | | | |
| 4-6 certified by GP/uncertified: | | | | |  | | | |
| 6-9 certified by GP/uncertified: | | | | |  | | | |
| Greater than 9 periods: | | | | |  | | | |
| Nazareth Care operates a 24 hour care service for 365 days a year – are you available to work a 7 day flexible roster? | | | | | **Yes  No** | | | |
| **ADDITIONAL INFORMATION** | | | | | | | | |
| Please give details of any relevant additional information that will support you application | | | | | | | | |
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| **GARDA CLEARANCE/VETTING** | | | | | | | | |
| Have you ever applied for Garda Clearance/Vetting in the past? | | | | | **Yes  No** | | | |
| When and by whom was this application made? | | | | |  | | | |
| Have you ever committed an offence? | | | | | **Yes  No** | | | |
| If yes, please give details  (This disclosure must include all/any such offences as driving, drug, alcohol related offences, theft, non payment of TV license and public order offenses, and includes the application of probation or community service.) | | | | |  | | | |
| **REFERENCES** | | | | | | | | |
| Please give a minimum of three referees (including your current/most recent employer). We retain the right to contact all previous employers. | | | | | | | | |
| Do you wish for us to contact you prior to contacting your referees? | | | | | **Yes  No** | | | |
| **FIRST REFEREE** | | | | | | | | |
| Name of referee: | | | | |  | | | |
| Address: | | | | |  | | | |
| Professional Relationship to Candidate: | | | | |  | | | |
| Contact telephone: | | | | |  | | | |
| Email address: | | | | |  | | | |
| **SECOND REFEREE** | | | | | | | | |
| Name of referee: | | | | |  | | | |
| Address: | | | | |  | | | |
| Professional Relationship to Candidate: | | | | |  | | | |
| Contact telephone: | | | | |  | | | |
| Email address: | | | | |  | | | |
| **THIRD REFEREE** | | | | | | | | |
| Name of referee: | | | | |  | | | |
| Address: | | | | |  | | | |
| Professional Relationship to Candidate: | | | | |  | | | |
| Contact telephone: | | | | |  | | | |
| Email address: | | | | |  | | | |
| **DECLARATION** | | | | | | | | |
| I declare that to the best of my knowledge and belief, there is nothing in relation to my conduct, character or personal background of any nature that would adversely affect the position of trust in which I would be placed by virtue of this appointment.  I the undersigned, hereby declare all the particulars given above are true. I am aware that wilful misrepresentation of any fact either in writing or at interview/examination concerning the filling of the above post will disqualify my application and render me liable for dismissal, if employed. Furthermore, I am aware of the qualifications and particulars of this position. | | | | | | | | |
| Signed: | | | | |  | | | |
| Date: | | | | |  | | | |
| Name of Applicant: | | | | |  | | | |
| **PLEASE RETURN COMPLETED APPLICATION FORM BY EMAIL TO:** | | | | | | | | |
| Email: [hr.sligo@nazarethcare.com](mailto:hr.sligo@nazarethcare.com) | | | | | | | | |
| Closing Date for Applications: | | | | |  | | | |
| **We will be unable to process application forms without GENERAL DATA PROTECTION REGULATIONS (GDPR) CONSENT ON THE LAST PAGE signed. your application will be destroyed if the gdpr consent is not signed.** | | | | | | | | |

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| **GENERAL DATA PROTECTION REGULATION (GDPR)** |

**Introduction**

At Nazareth Care Ireland we take your privacy seriously. It is important you know exactly what we do with personal information that you and others provide to us, why we gather it and what it means to you.

Nazareth Care Ireland makes protection of your Personal Data a high priority, taking all appropriate measures to ensure your rights and data are protected. The statement below sets out what information we may keep on you, why we need it and how it is used, stored and destroyed when no longer required. We also set out contact details should you want further information or have any concerns.

This information leaflet is being provided to you in line with our obligations under the General Data Protection Regulation (GDPR) which came into force on the 25th of May 2018. If you are unsure of anything within this information leaflet do not hesitate to discuss this with the Nursing Home Manager.

**The information we collect about you and the legal basis**

Information (data) about you is required, to enable us to process your employment application. The lawful basis for processing data are set out in Article 6 of the GDPR.

**Information held about you**

In order for us to process your employment application, develop your contract of employment and meet our legislative requirements in a nursing home we are required to hold information on you.

The sort of information we hold includes:

* your application form, references and associated correspondence;
* Documents that confirm your identity and a photograph;
* contact details;
* Records relating to your career history, such as training records and, where appropriate, professional registration details.

**Access to Information about you**

Access to information contained in your employment application will only be by appropriate people in the nursing home – for example the Managers and administration staff involved in the recruitment process.

We will only disclose information about you and your employment application to third parties if we are legally obliged to do so.

**Storage of Information held about you**

Appropriate safety measures are in place to ensure only authorised people who require access, can access your information. This includes physical measures such as locking of filing cabinets in a secure area with restricted access and technical measures such as passwords for systems, IT security to stop unauthorised access and encryption, etc.

**Retention of information about you**

Successful candidate’s information will be held under the Nazareth Care Ireland GDPR policy guidelines, details of which will be made available upon an offer of employment.

Unsuccessful candidate’s information will be held for a period of 2 years from date employment application was received.

On completion of the identified legal period for retention of your records the information will be destroyed by having your records held on paper destroyed, and electronic records erased. If you require any advice about the retention of your information, please discuss this with the Manager of the Nursing Home.

**The Data Protection Contact**

The Data Protection contact for our nursing home is the Manager of the Nursing Home in the first instance.

**Your rights in relation to your personal data**

You have certain rights in relation to your personal data. You have the right to request from us access to and rectification or erasure of your personal data, the right to restrict processing, object to processing as well as in certain circumstances the right to data portability.

If you would like to see the information held on you by our Nursing Home or receive a copy of your personal data, please make a Subject Access Request by completing a Subject Access Request Form. You can request this form from the Manager of the Nursing Home.

Should you have a concern about your information or how we manage it please contact the Data Protection Contact above. Should you not be satisfied with our response to your concerns or believe that we have not complied with our data protection obligations you may lodge a complaint with the Office of the Data Protection Commissioner.

You also have a right to complain to the Data Protection Commission if you feel this is necessary.

**The details are as follows:**

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| Data Protection Commissioner,  Canal House, Station Road, Portarlington, Laois, Ireland.  R32 AP23 | Opening Hours: 09:15-17:30  Tel: +353 57 868 4800 or Lo-call Number: 1890 252231  Fax: +353 57 868 4757  Website: www.dataprotection.ie Email: info@dataprotection.ie |

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| **GENERAL DATA PROTECTION REGULATION (GDPR)**  **CONSENT** | |
| I have read and consent to my personal information, as detailed above, being held and utilised by Nazareth Care Ireland for the purposes stated. | |
| Signed: |  |
| Date: |  |
| Name of Applicant: |  |
| **PLEASE RETURN SIGNED CONSENT ALONG WITH APPLICATION FORM TO:** | |
| Email: [hr.sligo@nazarethcare.com](mailto:hr.sligo@nazarethcare.com) | |