

**REGISTERED CHARITY NO 1143118**

**‘*Saving Lives by Saving Time, today, tomorrow and in the future’***

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| **CONFIDENTIAL**  **Staff Application Form**  Please complete **All Sections** of this form as appropriate.  Please note sections 1 & 2 of this application form will be removed prior to shortlisting. |

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| **Please return completed form to:** | recruitment@midlandsairambulance.com | **Midlands Air Ambulance Charity** | | | |
| **Post Title:** |  | **Application Number:** |  | **Closing**  **Date:** |  |

**Please note applications will only be accepted before 12 noon on the closing date.**

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| **SECTION 1: PERSONAL DETAILS** |

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| Title: | Last name: |
| First name (s): | Former names: |
| Home Address:  Post Code: | |
| Day/work Telephone: | Mobile Telephone: |
| E Mail address: | Home Telephone: |
| NI Number: | Driving Licence Yes or No |

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| **disability and accessibility** |
| Midlands Air Ambulance has committed to ensuring that applicants with disabilities or impairments receive equal opportunities and treatment.  Whilst we would encourage you to complete this section in order that we can meet any specific requirements you may have, completion is optional.  If you have a disability or impairment, and would like us to make adjustments or arrangements to assist if you are called for an interview, please state the arrangements you require: |

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| **relationship to OTHERS AT MIDLANDS AIR AMBULANCE** | | |
| Please list any personal relationships that exist between you and any of the following members of the charity:   * Trustees * Staff (Clinical and/or Non-Clinical) * Volunteers/Donors/Corporate Partners   If you have a relationship with any of the above, this does not necessarily prevent them from acting as a referee for you. | | |
| **Name** | **Relationship** | **Role at Midlands Air Ambulance** |
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| **Details of Next to Kin (Person to contact in an emergency):** | | | | | |
| Name: |  | | | | |
| Address:  Post Code: |  | | | | |
| Telephone: |  | Mobile Number: |  | Relationship: |  |

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| **Right to Work in the UK** |
| Midlands Air Ambulance will require you to provide evidence of your right to work in the UK in accordance with the Immigration, Asylum and Nationality Act 2006.  By signing this application, you agree to provide such evidence when requested. |

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| **sign and date** |
| Name (please print):  Sign:  Date: |

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| **SECTION 2: EQUAL OPPORTUNITIES** |

Midlands Air Ambulance is committed to providing equality for opportunity for all and opposes all forms of unlawful or unfair discrimination on the grounds of sex, race, nationality ethnic origin, martial status, age, sexuality, religious belief or disability. This information is optional and used for monitoring purposes only. All information will be treated as confidential and will not be used when shortlisting or deciding on whether an applicant is successful or unsuccessful in obtaining employment. The information you provide will help us to ensure that our recruitment procedures are fair by allowing us to identify and eliminate potential areas of discrimination and may be used for the production of de-personalised statistics

All information will be treated as confidential as it is classified as “sensitive” personal information within the GDPR regulations and is handled as such.

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| Date of birth | | (dd/mm/yyyy) | |
| What is your sex? | | ☐ Male  ☐ Female | |
| What gender are you? | | ☐ Male  ☐ Female  ☐ Other ☐ Prefer not to say | |
| Do you identify as the gender you were assigned at birth? | | ☐ Yes  ☐ No ☐ Prefer not to say | |
| **How would you describe your ethnic origin?** | | | |
| **White**  ☐ British  ☐ Irish  ☐ Gypsy or Irish Traveller  ☐ Any other White background  **Asian or British Asian**  ☐ Bangladeshi  ☐ Indian  ☐ Pakistani  ☐ Chinese | **Black or Black British**  ☐ African  ☐ Caribbean  ☐ Any other Black background  **Mixed**  ☐White and Asian  ☐White and Black African  ☐White and Black Caribbean  ☐Any other mixed background | | **Other Ethnic groups**  ☐ Arab  ☐ Any other ethnic group  ☐ Prefer not to say |

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| **Which of the following best describes your sexual orientation?** | | | |
| ☐ Bisexual  ☐ Heterosexual/straight  ☐ Homosexual | | ☐ Other  ☐ Prefer not to say | |
| **What is your religion or belief?** | | | |
| ☐ Agnostic  ☐ Atheist  ☐ Buddhist  ☐ Christian  ☐ Hindu | ☐ Jain  ☐ Jewish  ☐ Muslim  ☐ No religion | | ☐ Other  ☐ Pagan  ☐ Sikh  ☐ Prefer not to say |
| **Are your day-to-day activities significantly limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?** | | | |
| ☐ Yes  ☐ No  ☐ Prefer not to say | | | |
| **If you answered ‘yes’ to the question above, please state the type of impairment. Please tick all that apply. If none of the below categories applies, please mark ‘other’.** | | | |
| ☐ Physical impairment  ☐ Sensory impairment  ☐ Learning disability/difficulty  ☐ Long-standing illness  ☐ Mental health condition  ☐ Developmental condition  ☐ Other | | | |
| **If you require any adjustments made to the recruitment process, please indicate below** | | | |
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| **Post Title:** |  | **Application Number:** |  |

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| **SECTION 3: EDUCATIONAL DETAILS** |

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| **School/College/**  **University**  **(Name and Address)** | **Subject** | **Level (i.e.GCSE, A-Level, Degree etc)** | **Grade** | **Date Gained** |
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| **SECTION 4: DETAILS of FURTHER EDUCATION/TRAINING**  **(Please list any training you have received)** |

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| **SECTION 5: MEMBERSHIP/REGISTRATION OF**  **PROFESSIONAL INSTITUTIONS** |

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| **Please state Name, level and date of Registration/membership.**  **Please include any relevant membership/registration number.** |

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| **SECTION 6: EXPERIENCE** |

Please complete the following, starting with your current employment and include all employment. Any employment with temporary work agencies must show the agency as the employer as well as the business where the work was carried out. Please also include any breaks in employment history together with the reason for the break. Please complete the following accurately and include all experience since the age of 18, or since leaving full time education.

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| --- | --- | --- | --- | --- |
| Current Post Title: | | |  | |
| Name and Address of Employer: | | |  | |
| Salary: |  | | Grade/Band/Scale: |  |
| How long have you been employed/were you employed there: | | | From: |  |
| To: |  |
| Are you still employed there? | Yes: | No: | If yes, period of notice required: |  |
| If No, reason for leaving: | |  | | |
| Briefly Describe your present duties: | | | | |

**Other Employment Details:**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | | Employers Name & Address | Position Held | Salary | FT/PT | Prop. of Hours | Reason for Leaving/Break in Employment |
| From: Mth/Yr | To:  Mth/Yr |
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| Responsibilities | | | | |
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| Date | | Employers Name & Address | Position Held | Salary | FT/PT | Prop. of Hours | Reason for Leaving/Break in Employment |
| From: Mth/Yr | To:  Mth/Yr |
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| Responsibilities | | | | |
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| Date | | Employers Name & Address | Position Held | Salary | FT/PT | Prop. of Hours | Reason for Leaving/Break in Employment |
| From: Mth/Yr | To:  Mth/Yr |
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| Responsibilities | | | | |
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| Date | | Employers Name & Address | Position Held | Salary | FT/PT | Prop. of Hours | Reason for Leaving/Break in Employment |
| From: Mth/Yr | To:  Mth/Yr |
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| Responsibilities | | | | |
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| Date | | Employers Name & Address | Position Held | Salary | FT/PT | Prop. of Hours | Reason for Leaving/Break in Employment |
| From: Mth/Yr | To:  Mth/Yr |
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| Responsibilities | | | | |
|  | | | | |
| Date | | Employers Name & Address | Position Held | Salary | FT/PT | Prop. of Hours | Reason for Leaving/Break in Employment |
| From: Mth/Yr | To:  Mth/Yr |
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| Responsibilities | | | | |
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***Please create additional boxes within this form if you need to add more employment information.***

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| **SECTION 7: OTHER INFORMATION IN SUPPORT OF YOUR APPLICATION** |

**Please use this page to say why you want to join MAAC.**

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| **SECTION 8: REFERENCES** |

**Please provide the names, addresses and occupations of two referees (one of whom must be your present or most recent line manager) who are willing to support your application:**

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| **First referee (Present or Most Recent Line Manager)** | |
| Name: |  |
| Address:  Post Code: |  |
| Telephone Number: |  |
| E Mail: |  |
| Occupation: |  |
| **Second referee** | |
| Name: |  |
| Address:  Post Code: |  |
| Telephone Number: |  |
| E Mail: |  |
| Occupation: |  |

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| May we contact your current employer at this stage without further reference to you? | **Yes** | **No** |

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| **SECTION 9: PRIVACY AND DATA PROTECTION** |

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| The General Data Protection Regulations (GDPR) and Data Protection Act 1998 regulates your rights as an individual and how Midlands Air Ambulance use and protect your information.    The Charity has a legal obligation to facilitate safe recruitment and to fulfil all legal responsibilities for recruitment and employment. As a result, this information may be disclosed, as appropriate, within the Charity, to the Charity Trustees, to Occupational Health, to payroll providers to the Pension providers, to the relevant statutory bodies.    As part of this process, your “public profile”, i.e. content that relates to you online in the public domain (such as publicly available social media details on Facebook, Instagram or Twitter) may be checked in relation to your application. The Charity will not record this information for any purpose unless you give explicit consent, which you may withdraw at any time (see below).    Once you submit this form, the Charity has a responsibility to retain this document. If you are unsuccessful for the post you can request for it to be destroyed. To do so, you must contact the charity in writing. An email is acceptable and may be sent to [hr@midlandsairambulance.com](mailto:hr@midlandsairambulance.com)  You may also note that because we have a duty to protect public funds we handle; we might need to use the information you have provided on this form to prevent and detect fraud. We may also share this information for the same purposes with other organisations, which handle public/government/charity funds.    The full privacy notice is available from HR and can be found on the charity website. |

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| **SECTION 10: CONSENT, DISCLOSURE AND BARRING AND RECRUITMENT CHECKS** |
| **Consent**  The information collected on this form and other information which constitutes your personnel record will be used in compliance with the Data Protection Act 2018. The information is being collected for the purpose of administering the employment and training of employees.  The information may be disclosed, as appropriate, within Midlands Air Ambulance, to Trustees of the charity, to Occupational Health and to other relevant public and statutory bodies. You should also note that because we have a duty to protect the public funds we handle; we might need to use the information you have provided on this form to prevent and detect fraud. We may also share this information for the same purposes with other organisations, which handle public funds.  I consent to my employer recording and processing the information detailed in this application form. I understand that this information may be used by my employer in pursuance of its business purposes and my consent is conditional upon my employer complying with their obligations under the Data Protection Act 2018.  Application forms of unsuccessful candidates will be destroyed after six months following an appointment to the job.  **Recruitment Checks**  The Charity has a legal responsibility to prevent people who pose a risk of harm from working with children, young people and adults by adhering to statutory responsibilities and undertaking appropriate recruitment checks. Midlands Air Ambulance will act reasonably in making decisions about the suitability of a prospective employee based on checks and evidence, including criminal record checks (Disclosure and Barring Service (DBS) checks), barred list checks, together with references and interview information.  The DBS check will reveal both spent and unspent convictions, cautions, reprimands and final warnings, and any other information held by local police that’s considered relevant to the role. Any information that is “protected” under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 will not appear on a DBS certificate.  For posts in regulated activity, the DBS check will include a barred list check.  **It is an offence to seek employment in regulated activity if you are on a barred list.**  If you’ve lived or worked outside of the UK in the last 5 years for a period of 3 months or more, or for a period of 6 months or more in the last 10 years the Charity may require additional information in order to comply with ‘safer recruitment’ requirements. If you answer ‘yes’ to the question below, we may contact you for additional information in due course.  **Have you lived or worked outside of the UK in the last 5 years?** **☐ Yes** **☐ No**  Any job offer will be conditional on the satisfactory completion of the necessary pre-employment checks.  We will not ask for any criminal records information until we’ve received the results of a DBS check.  Any convictions listed on a DBS check will be considered on a case-by-case basis. Any criminal record will be considered in accordance with the Rehabilitation of Offenders Act 1974 (exceptions) order 1975. (2013 and 2020). |

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| **Personal Declaration:**    For the purpose of the Data Protection Act 1998 and GDPR, I consent to the information contained in this form, and any information received by or on behalf of Midlands Air Ambulance relating to the subject matter of this form, being processed by them in administering the recruitment process.    I declare that the information I have given on this form is complete and accurate and I am not banned or disqualified from working with children, young people or adults and I’m not subject to any sanctions or conditions on my employment imposed by the Disclosure and Barring Service, the Secretary of State or a regulatory body. I also confirm I am in possession of the certificates and registration documents (*if applicable*) I claim to hold. I understand that to knowingly give false information, or to omit any relevant information, could result in the withdrawal of any offer of appointment or dismissal at any time in the future, and possible criminal prosecution.     |  |  |  | | --- | --- | --- | | Signed by : | Print Name: | Date: | |  |  |  |   **Please check that all sections of this form have been completed and if returning by post, that you have signed the declaration above.**  **If sent electronically you will be asked to sign the form if you are interviewed.** |

**Any further information you would like to add – please write on separate sheet**

**N.B. CANVASSING FOR THIS APPOINTMENT WILL LEAD TO DISQUALIFICATION**