



## **Instructions for Submitting Required Documents**

Please follow the steps below, emailing this file and documents listed to **Boreland Youth Care** at **borelandyouthcare@gmail.com**:

### **Documents Required:**

1. **Proof of Address (Last 5 Years)** – Utility bills, bank statements, council tax letters, tenancy agreements, etc.
2. **National Insurance (NI) Number** – Official NI card, letter from HMRC, or payslip showing NI number.
3. **Passport and Driving Licence** – Clear scans or photos of both documents.
4. **Bank Details** – A copy of a bank statement or a letter from your bank confirming account details.
5. **Biometric Residence Permit (BRP)** – A clear copy of the front and back.

### **How to Submit:**

- Attach all documents to an email.
- Use the subject line: **"Submission of Required Documents – [Your Full Name]"**
- In the email body, include your **full name, contact number, and any additional relevant details**.
- Send the email to: **borelandyouthcare@gmail.com**

**Ensure all documents are legible and up to date.** If you have any issues, contact Boreland Youth Care for guidance.



**Boreland  
Youth Care**

## **BORELAND YOUTHCARE JOB APPLICATION FORM**

### **GUIDELINES**

- Please ensure you complete all sections and sign all required areas.
- Please either type directly in this form or print out and complete the form in **black ink** and **BLOCK CAPITALS**.

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**Full Name:** \_\_\_\_\_

**Post Applied for:** \_\_\_\_\_

**Are you looking for:**

Full time employment

Part time employment

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>



## 1. PERSONAL DETAILS

Title: (MRS, MISS, MR, DR, or other title)		Date of Birth: DD/MM/YYYY	
Name:			
Nationality:		National Insurance Number:	
Address:		Home phone:	
		Mobile phone:	
Postcode:		Email:	
Do you hold a current driving license?		Yes	
		No	
		Are you willing to travel?	Yes
			No
What form of transport will you use to get to work? (tick where appropriate).	Car		
	Walk		
	Bus		
	Cycle		
	Other (state)		

How much notice are you required to give your current employer?

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If you have an area of expertise please explain further in the box below.

	A&E		Cardiac		Clinics		Community
	Diagnostic Imaging x-ray		Elderly care		Endoscopy		General Wards
	Gynaecology		HDU		Health Visitor		Homecare
	ITU		Learning Disabilities		Medical		Mental Health
	Midwifery		Neonatal		NICU		Nurse prescriber
	Nursing home		Occupational Health		Challenging behavior		Oncology
	Chemotherapy		Orthopedics		Dysphagia		Paediatrics
	Palliative		PICU		Practice Nurse		Prison
	Hoisting		Stroke		Renal		Dialysis
	Personal Care		Surgical		Epilepsy		Triage
	Urology		Walk in Centre		Other <i>(please specify)</i>		

<b>What qualities do you have which make you suitable for this type of work?</b>



## 2. GENERAL EDUCATION AND QUALIFICATION

### Secondary Education

School/College Name	Subjects	Qualification gained/ grades	Date Achieved DD/MM/YYYY

### Further Education and Professional Training

University/College/Institute Name	Course & Qualifications obtained	Date Achieved DD/MM/YYYY	Result

### Other Relevant Training *(Short courses, In-service training, etc)*

Training Provider	Title of Course	Date Obtained DD/MM/YYYY	Result



### 3. PREVIOUS EMPLOYMENT

Please start with most recent or current employer, you **MUST** cover previous **10 years**. Please include any time spent working or studying abroad. All gaps must be explained.

Employer	Start Date (MM/YY)	Leave Date (MM/YY)	Duties	Reason for Leaving



### EMERGENCY CONTACT DETAILS

<b>Name</b>	<b>Relationship to you</b>
<b>Address</b>	<b>Telephone Number</b>
	<b>Home</b>
<b>Postcode</b>	<b>Mobile</b>

### References

Please give details of two referees. One must be your present or most recent employer. References will only be taken up for successful candidates. **References from friends and relatives are not acceptable.**

<b>Name:</b>	<b>Name:</b>
<b>Position/Job Title:</b>	<b>Position/Job Title:</b>
<b>Address:</b>	<b>Address:</b>
<b>Telephone Number:</b>	<b>Telephone Number:</b>
<b>Email:</b>	<b>Email:</b>
<b>May we contact this person prior to the interview?</b>	<b>May we contact this person prior to the interview?</b>
<b>Yes</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/>
<b>No</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

<b>Name:</b>	<b>Name:</b>
<b>Position/Job Title:</b>	<b>Position/Job Title:</b>
<b>Address:</b>	<b>Address:</b>
<b>Telephone Number:</b>	<b>Telephone Number:</b>
<b>Email:</b>	<b>Email:</b>
<b>May we contact this person prior to the interview?</b>	<b>May we contact this person prior to the interview?</b>



**Boreland  
Youth Care**

**Yes**  
**No**


**Yes**  
**No**






#### **4. IMPORTANT INFORMATION**

##### **Immigration Regulations & Eligibility to Work**

**Please tick the appropriate box:**

I am eligible to work in the UK and do not require a work permit.

I am already in possession of a work permit to work in the UK

I need to obtain a work permit to work in the UK

If other, please specify in the space below

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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##### **DBS CHECKS**

Delight Supported Living requires the successful applicant to register with DBS if they have not already done so. A satisfactory Disclosure check will be completed prior to appointment. This check is necessary to ensure that DSL fulfils its legal duties.

If you are successful in your application, the offer of employment will be subject to a satisfactory Enhanced Disclosure Report. DSL will make a Disclosure application to Criminal Records Bureau / Disclosure Scotland, which will reveal any past criminal convictions (spent or unspent). Any non-conviction information held locally by the police may also be disclosed should this be considered relevant to the position.

**Do you have any criminal convictions?**                      **Yes** ☐ **No** ☐

If yes, please give details on a separate sheet. This should include any spent convictions under Section 4(2) of the Rehabilitation of Offenders Act 1974



**5. DECLARATION - APPLICANT**

I confirm that the information provided in this application is accurate and that all relevant details have been disclosed. I agree that I possess good integrity and character, and I am physically and mentally fit to carry out the work that Boreland Youth Care will assign to me. I am fully aware that I will be required to undergo a Criminal Records Bureau Check to assess my suitability for the position. I understand that if any information provided in this application is found to be incorrect at a later date, my employment may be terminated. I have read and understood the above statement and have disclosed any criminal convictions I may have.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing and returning this application form, you consent to Boreland Youth Care using and retaining information provided by you or third parties (such as referees) in relation to your application or future employment. This information will solely be used for the recruitment process and will be kept for six months from the date you are informed whether you have been invited to an interview, or six months from the interview date. This information may include details related to ethnic monitoring and disability, which will be used exclusively for internal monitoring purposes.

**PERMISSION TO RELEASE AND/OR SHARE PERSONAL INFORMATION:**

I,  
Hereby grant permission to Boreland Youth Care to release and/or share my personal information contained in my personal file to the Police, Local Authority, Social Services, Regulatory Bodies, and any other statutory bodies authorized by law to access such information for the lawful execution of their duties.

I further grant permission to Boreland Youth Care to release or share my personal information with its clients, those to whom I have provided services, or those with whom contract negotiations are in progress, for audit purposes or any other purpose aligned with its operations.

I understand that such information sharing may occur even after the termination of my employment with Boreland Youth Care, and the consent provided herein will continue to cover such actions.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_



Please send the completed application form to:

	<b>E Mail:</b>  <b>borelandyouthcare@gmail.com</b>
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**Office Use only**

Interview Date	Accept?	Start date	All requirements met (new starter checklist)	ID/ UNIFORM Given?

<b>Proof of Address (Last 5 Years)</b>	
<b>National Insurance (NI) Number</b>	
<b>Passport /Driving Licence</b>	
<b>Bank Details</b>	
<b>Biometric Residence Permit (BRP)</b>	

Interviewed by .....

Checked By .....