

APPLICATION FORM

The recruitment process within this organisation has a minimum of two stages:

The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether to proceed to stage two, the interview, based on this information.

PLEASE COMPLETE FULLY AND IN CAPITALS

Surname:	First name(s):
Date of Birth:	Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc):
Current address:	
Post code:	Moved to this address on (date):
Previous address: Note: For Criminal Record check purposes, addresses covering the five years up to the application date must be supplied. If necessary, use another sheet of paper.	
Post code:	Moved to this address on (date):
Telephone number:	Email:
Full-time / part-time (please underline which you want to work)	Days/ Nights/Mornings/Afternoons/Evenings/Weekends only (please underline which you are able to work)
Clean current driving license: Endorsements:	Own Transport (Yes/No): How long has your license been held?
Details of experience:	

EDUCATION

(Please supply copies of certificates)

School/College/University	Examinations Passed/Qualifications gained

TRAINING HISTORY/PROFESSIONAL STATUS

(Please supply copies of certificates/membership details)

Date of Graduation/Qualification	Location/Details	Notes

SHORT COURSES ATTENDED

(Please supply copies of certificates)

Subjects	Location

EMPLOYMENT HISTORY

Current/most recent (first), information must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).

Name and address of your most recent/last employer:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Name and address of employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Name and address of employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Other roles (use additional sheet):	

Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if insufficient space is available. Please sign that sheet(s).

ASSISTANCE WITH INTERVIEW AND ASSESSMENT

Do you require us to make any special arrangements in order for you to participate in the recruitment process? For example, large print forms? Or additional time to complete forms?

Yes / No (please underline)

If yes, please give details:

Any offer of employment may be made subject to a satisfactory medical report.

GP's name:

Tel no:

Address:

Signature
(permission to
contact GP)

(Your GP will not be contacted without your permission)

NEXT OF KIN

Full name:	
Relationship:	
Tel no:	
Address:	

IDENTITY DETAILS

Please provide original documents as proof:

Passport number:	
National Insurance Number (if (If cannot provide NI card; applicant needs to provide copy of P45, P60 or old payslip)	(all applicants)
Nursing and Midwifery Council PIN number (Nurses only):	

CAPACITY TO WORK IN THE UK

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?	Yes / No (<i>delete as appropriate</i>)
If yes, please provide details and proof of residence:	
If you are successful in the application, would you require a work permit prior to taking up employment?	Yes / No (<i>delete as appropriate</i>)

Note: Minimum age legislation dictates that care workers in general must be 16 years old or older. Please inform your interviewer immediately if you do not meet these specifications.

REFEREES

You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

Current or most recent Employer

Name:	
Contact Person:	
Address:	
Post code:	
Email address:	
Tel No:	
Job title:	

Previous employer to the one above

Name:	
Contact Person:	
Address:	
Post code:	
Email address:	
Tel No:	
Job title:	

Character reference

Name:	
Address:	
Post code:	
Email Address:	
Tel No:	
Relationship to you:	

CARER STANDARDS

In order to guide the interview process, we would like you to indicate your personal philosophy of care by completing the following statement:

I believe that the purpose of care from a carer is:	
If I were Client in The Agency I would like:	
I believe that a client's family and relatives would like from The Agency:	
I believe that I can support a Client in The Agency because:	
As a member of The Agency care team I feel valued when:	
I believe that a good relationship between me and the Client depends on:	
I believe that I learn best when:	
I believe that a good working team is made by:	
I believe that my role in relation to the Client is:	
My other beliefs and values of relevance to my job are:	

PAYROLL AND TAX DETAILS

Please provide original documents as proof:

Bank Details:	
P45 - previous employer	
Are you currently working somewhere else:	Yes /No (please underline)

Tick ONE of the box A, B or C below. If you have to a STUDENT LOAN tick the 4th box also:

A – This is my first job since last 6 April and I have not been receiving taxable Jobseeker’s Allowance, Employment and Support Allowance, taxable incapacity Benefit, State or Occupational Pension.	
B- This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker’s Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational Pension.	
C – As well as my new job, I have another job or receive a State or Occupational Pension.	
STUDENT LOANS – I have a Student Loan which is not fully repaid& I left a course of UK higher education before last 6 April & I received my first Student Loan instalment on or after 1 September 1998. If you are required to repay your Student Loan through your bank or building society account do NOT tick this box.	

SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING

I, _____ (print full name), declare that to the best of my knowledge and belief the above information given by me is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.

Signed: _____ **Date:** _____

CRIMINAL RECORD

Workers of The Agency are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.

You will not be eligible for work in a care setting if you are on the DBS Register(s).

Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below.

SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING

I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.

I understand that I cannot be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS. I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people. If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature, I authorise the organisation to request a DBS Register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred care workers, or withdrawal of any registration required by my employment status.

Signed: _____ Date: _____