

THE RECRUITMENT PROCESS WITHIN OUR ORGANISATION HAS A MINIMUM OF TWO STAGES.

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

PLEASE COMPLETE FULLY AND IN CAPITALS.

Stage two in the selection process is an interview, we will inform you if you have been invited for an interview.

Position applied for:	Approx. no. of hours preferred:
Full-time part-time	Days/ Nights/Mornings/Afternoons/Evenings/ Weekends only:
Surname:	First name(s):
Previous surnames:(upload documentary evidence e.g. marriage certificate, deed of name change etc)	
Current address:	
Post code:	Moved to current address (date):
Previous address(s) Note: For Criminal Record check purposes, addresses covering the five years up to the application date must be supplied. If necessary, upload additional sheets.	
House number: Post code:	Moved in date:
House number: Post code:	Moved in date:
Your telephone number:	Your email address:
Do you have your own transport YES NO How long has your license been held (no. of years):	Clean current driving license YES NO If no, please list any endorsements:
D.O.B:	Mothers maiden name:



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 care service is:	
If I were a service user of The Agency I would like:	
I believe that the service user's family and relatives would like the following from the agency:	
I believe that I can support the agency because:	
As a member of an agency care team I feel valued/would feel valued when:	
I believe that a good relationship between me and the service user depends on/would depend on:	
I believe that I learn best when:	
I believe that a good working team is made up from:	

EDUCATION

Please complete this section with the most recent being listed first.
Any extra pages can be uploaded at the end of the application.

School/College/University and dates attended:	
Examinations Passed/Qualifications gained:	
TRAINING HISTORY/PROFESSIONAL STATUS	
Date of Graduation/Qualification (Please upload copies of certificates/membership details)	Location/Details:
Notes you wish to add:	
SHORT COURSES ATTENDED	
Subject and dates attended	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. Upload a separate attached sheet if required; please sign that sheet(s).

Name and address of your most recent/last employer:	
Date employed:	From: To:
Position held:	Reason for leaving:
Salary / Rate:	
Name and address of employer, previous to that above:	
Date employed:	From: To:
Position held:	Reason for leaving:
Salary / Rate:	
Name and address of employer, previous to that above:	
Date employed:	From: To:
Position held:	Reason for leaving:
Salary/Rate:	

EMPLOYMENT HISTORY CONTINUED

Other roles

Please provide details here. Upload any extra sheets you may require at the end of the application.

Relevant Experience Please give details of any relevant experience below. This may be taken from a work situation, voluntary work, charity, or your own home. Please use a separate sheet if insufficient space is available and upload.

OTHER IMPORTANT INFORMATION

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

If yes, please provide details:

MEDICAL STATUS

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

(Your GP will not be contacted without your permission)

GP name:

GP Telephone
number::

GP Address:

NEXT OF KIN

Name:

Address:

Relationship to you:

Telephone number:

IDENTITY DETAILS

Nursing and Midwifery Council
PIN number:

(Nurses only)

National Insurance Number:

(all applicants)

OTHER IMPORTANT INFORMATION

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

If yes, please provide details:

If you have had previous nationalities, please give details including dates:

If you are successful in the application, would you require a work permit prior to taking up employment?	YES NO
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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.

OTHER IMPORTANT INFORMATION

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 in the space provided below.** You will not be eligible for work in a Care setting if you are on the DBS Register(s).

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:

REFEREES

You must provide references from your two most recent employers. Please provide an additional character referee. All referees will be contacted, therefore please inform all named below that you have supplied their details.

If you are unable to provide the required references, please contact the office to discuss.

Most Recent employer	
Name:	Job title:
Company:	Address:
Telephone number:	Email address:
Previous employer, prior to the one named above	
Name:	Job title:
Company:	Address:
Telephone Number:	Email address:
Character Reference	
Name:	Relationship to you:
Address:	
Telephone number:	Email address:



ANY ADDITIONAL INFORMATION

Please use this space to include any overspilled copy such as extra address information, employer information etc. You can also use this space to provide a brief description of why you cannot provide references if this is the case.



EMAIL APPLICATION