

*Application Pack*

PLEASE COMPLETE FULLY AND IN CAPITALS.

<b>Position applied for:</b>	
<b>Approx. no. of hours wanted</b>	
<b>Full-time / part-time</b> <i>(please circle which you want to work)</i>	<b>Days / Evenings / Weekends / Sitting Services (Overnight)</b>  <i>(please circle which you are able to work)</i>
<b>How would you like your timesheets to be sent?</b>	<b>E-mail / post</b>
<b>Surname:</b>	<b>First name(s):</b>
<b>Previous surnames:</b>  <i>Please also supply the date of any name changes here for CRB purposes (You must supply documentary evidence e.g. marriage certificate, deed of name change etc. If it is your maiden name please state)</i>	
<b>Current address:</b>	
Post code:	Moved to this address on (date):
<b>Previous address/s</b> <i>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.</i>	
Post code:	Moved to this address on (date):
<b>Telephone number</b>  <b>Home:</b> <b>Mobile:</b>	<b>E-mail address:</b>
<b>Own Transport (Yes/No):</b>  <b>How long has your license been held? _____</b>	<b>Clean current driving license:</b>  <b>Endorsements:</b>
<b>Details:</b>	
<b>Please confirm your place of birth: (For CRB purposes)</b>	





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### EDUCATION

School/College/University	Examinations Passed/Qualifications gained
	<i>(Please supply copies of certificates)</i>

### TRAINING HISTORY/PROFESSIONAL STATUS

Date of Graduation/Qualification	Location/Details	Notes
	<i>(Please supply copies of certificates/membership details)</i>	

### SHORT COURSES ATTENDED

Subjects	Location



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**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 and sign.

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



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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.

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**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 give details:

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

GP's name:

Tel no:

Address:

*(Your GP will not be contacted without your permission)*

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Full name:	
Relationship:	
Tel no:	
Address:	

**IDENTITY DETAILS**

Nursing and Midwifery Council PIN number:	(Nurses only)
National Insurance Number:	(all applicants)

**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.	
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>

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**Note: Minimum age** legislation dictates that care workers in general must be 16 years old or older. **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:	
Address:	
Post code:	
Tel No:	
Job title:	

**Previous employer to the one above**

Name:	
Address:	
Post code:	
Tel No:	
Job title:	

**Character reference**

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





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**CRIMINAL RECORD**

Workers of 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 that will be recorded on a DBS check. in the space provided below.**

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**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:** \_\_\_\_\_



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**MY STANDARDS**

I believe that the purpose of a care service is	
If I were Service User I would like:	
I believe that the Service User's family and relatives would like	
I believe that I can support a Service User because:	
As a member of care team I feel valued when:	
I believe that a good relationship between me and the Service User 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 Service User is	
My other beliefs and values of relevance to my job are:	



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Independent Homecare Team