

APPLICATION FORM

 Social Care

PLEASE ENSURE YOU COMPLETE ALL PARTS OF THE FORM INCLUDING THE DECLARATION OF CONVICTIONS

Please indicate position(s) applied for:

Support Work Care Assistant Domestic Catering Nursery Assistant Social Worker

Please complete all sections of this form in block capitals.

# PERSONAL DETAILS

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| --- | --- |
| **First Name:** **Surname:**  | ***Company Use Only*****Ref No:** |
| **Address:****Postcode:**  | **Date of Birth:** |
| **Home Tel No:** | **Mobile No:** |
| **National Insurance Number:** | **E-mail Address:** |
| **Do you need a permit to work in the UK? Yes / No****If yes, please provide your work permit / visa number:****Are there any restrictions on your visa? Yes / No****If yes, please detail:****Visa expiry date (if applicable):** | Are you lawfully resident in the UK? Yes / No**Are there any restrictions on your continued residence in the UK?**  **Yes / No****If yes, please state your home office / port reference number here:** |
| **Do you have a full driving licence? Yes / No****Is the licence clean? Yes / No****If not, please give details and reference number of offence:****Do you have daily use of a car? Yes / No****How long are you prepared to spend travelling to work?****NEXT OF KIN:** **Relationship:** **Tel. Number:** **Address:**  |
| **What kind of work are you looking for?** **Permanent / Temporary / Both** | **When are you available to start work?****Notice period (if applicable):** |

# EDUCATION & QUALIFICATIONS

**Please include both educational and vocational qualifications starting with the most recent and going backwards in time.**

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| --- | --- | --- |
| **Dates (mm/yy)** | **Educational Institution** | **Qualifications Obtained** |
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# TRAINING RECORD

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| --- | --- | --- | --- | --- |
|  | **ATTENDED** **Yes No** | **DATE** | **DATE BOOKED** | **CERTIFICATES COPIED** |
| Moving & Positioning |  |  |  |  |  |
| Health & safety |  |  |  |  |  |
| Food Hygiene |  |  |  |  |  |
| Infection Control |  |  |  |  |  |
| Fire Safety |  |  |  |  |  |
| First Aid |  |  |  |  |  |
| Dementia |  |  |  |  |  |
| Medication |  |  |  |  |  |
| NVQ 2 in Social Care |  |  |  |  |  |
| NVQ 3 in Social Care |  |  |  |  |  |
| Safeguarding vulnerable Adults |  |  |  |  |  |
| Safeguarding vulnerable children |  |  |  |  |  |
| Basic life support |  |  |  |  |  |
| Mental Capacity Act and Dols |  |  |  |  |  |
| Complaints handling and conflict management |  |  |  |  |  |
| Lone working |  |  |  |  |  |
| Information Governance |  |  |  |  |  |
| Equality and diversity |  |  |  |  |  |
| Any Other... |  |  |  |  |  |
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# EMPLOYMENT HISTORY

**Please detail your full employment history (Since the age of 18) starting with your most recent employer (stating if it was a recruitment agency), and continuing backwards in time 18). Please ensure that dates provided include both month and year. Continue on separate page if necessary.**

|  |  |
| --- | --- |
| **Current Employer** **Company Name** |  |
| **Dates of Employment** |  |
| **Job Title** |  |
| **Reasons for Leaving**  |  |
| **Salary on Leaving** |  | **Notice Period (if relevant)** |  |
| **Duties / Responsibilities of Role** |  |

|  |  |
| --- | --- |
| **Company Name** |  |
| **Dates of Employment** |  |
| **Job Title** |  |
| **Reasons for Leaving**  |  |
| **Salary on Leaving** |  |
| **Duties / Responsibilities of Role** |  |

|  |  |
| --- | --- |
| **Company Name** |  |
| **Dates of Employment** |  |
| **Job Title** |  |
| **Reasons for Leaving**  |  |
| **Salary on Leaving** |  |
| **Duties / Responsibilities of Role** |  |

|  |  |
| --- | --- |
| **Company Name** |  |
| **Dates of Employment** |  |
| **Job Title** |  |
| **Reasons for Leaving**  |  |
| **Salary on Leaving** |  |
| **Duties / Responsibilities of Role** |  |

# Personal Statement:

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Please continue on a separate sheet if necessary

# REFERENCES

**Please provide details of two previous employers from whom we can obtain references. Any offer of employment is conditional on our receiving two satisfactory references. We will not approach your present employer until an offer of employment has been made and verbally accepted.**

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| --- | --- |
| **Reference 1- Most Recent Employer** | **Reference 2**  |
| **Contact Name:** |  | **Contact Name:** |  |
| **Contact Job Title:** |  | **Contact Job Title:** |  |
| **Company Name:** |  | **Company Name:** |  |
| **Address:** |  | **Address:** |  |
| **Telephone Number:** |  | **Telephone Number:** |  |
| **E-mail Address:** |  | **E-mail Address:** |  |

# ADDITIONAL INFORMATION, HOBBIES & INTERESTS

**Please provide any further information that you feel may support your application.**

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**Criminal record declaration form (exempt positions)**

**This part of the form MUST be completed by all applicants. The information disclosed on this form will not be kept with your application form during the application process.**

**Policy statement on recruiting applicants with criminal records**

**This post is EXEMPT from the Rehabilitation of Offenders Act 1974 and therefore applicants ARE required to declare any convictions, cautions, reprimands and final warnings that are not protected (i.e. that are not filtered out) as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013).**

**For further information on filtering please refer to** [**Nacro guidance**](http://www.nacro.org.uk/data/files/practical-guidance-on-dbs-filtering-1032.pdf) **and the** [**DBS website**](https://www.gov.uk/government/publications/dbs-filtering-guidance)**.**

**We recognise the contribution that ex-offenders can make as employees and volunteers and welcome applications from them. A person’s criminal record will not, in itself, debar that person from being appointed to this post. Any information given will be treated in the strictest confidence. Suitable applicants will not be refused posts because of offences which are not relevant to, and do not place them at or make them a risk in, the role for which they are applying.**

**All cases will be examined on an individual basis and will take the following into consideration:**

* **Whether the conviction is relevant to the position applied for.**
* **The seriousness of any offence revealed.**
* **The age of the applicant at the time of the offence(s).**
* **The length of time since the offence(s) occurred.**
* **Whether the applicant has a pattern of offending behaviour.**
* **The circumstances surrounding the offence(s), and the explanation(s) offered by the person concerned.**
* **Whether the applicant's circumstances have changed since the offending behaviour.**

**It is important that applicants understand that failure to disclose all convictions, cautions, reprimands or final warnings that are not protected could result in disciplinary proceedings or dismissal. Further advice and guidance on disclosing a criminal record can be obtained from** [**www.nacro.org.uk**](http://www.nacro.org.uk)

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **Forenames:** |  |
| **Do you have any convictions, cautions, reprimands or final warnings which are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?** **Yes No** **If you have answered yes, please provide details of your criminal record in the space below.**  |

# DECLARATION

**I confirm that the information I have given is correct and that I have not withheld any information of which the company should be made aware. I also understand that giving any incorrect or misleading information could lead to my subsequent dismissal, or withdrawal / termination of assignment.**

**I give my explicit consent for T&S Health Care Services to collect, process and share data with relevant internal and external third parties in order to process my application, support my job search and meet all data protection legislation.**

**If you are submitting this form electronically by your submission you undertake the truthfulness of this application and confirm you will sign the declaration at interview**

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

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