



CARE4U2DAY Limited
Home Care Services

Job Application

Care Assistant

JOB APPLICATION FORM

POST APPLIED FOR : Post Number:

SOURCE OF EMPLOYMENT: Who Recommended you:

Are you permitted to work in the United Kingdom? Yes No I require a work permit

Section 1 : PERSONAL DETAILS

Surname Home Tel:

First Name Mobile Tel:

Email:

Home Address

Post Code National Insurance No:
(Letters / Numbers)

Daytime Tele Can we contact you at work Yes No

Do you have a full Driving Licence that allows you to drive in the UK? Yes No

Do you have access to a car that you can use for work? Yes No

Have you ever been banned from driving, or do you have any current endorsements on your licence? Yes No

Does your car insurance include Class 1 business insurance? Yes No

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Section 2 : PRESENT EMPLOYMENT HISTORY BACKGROUND

PRESENT EMPLOYMENT

Dates (month & year)

From:

To:

Present Employment (If now unemployed give details of last employer)

Employers Name

Address

Contact Name

Job Title

Telephone Number:

Department

Email Address

Period of Notice:

Last day of service
(if no longer employed)

Brief description of duties

Reason for leaving

May we contact any your employer prior to making a job offer

Yes

No

Section 3 : PREVIOUS EMPLOYMENT

EMPLOYMENT

Dates (month & year)

From:

To:

Employers Name

Address

Position Held

Postcode:

Summary of Duties:

Reason for Leaving

EMPLOYMENT

Dates (month & year)

From:

To:

Employers Name

Address

Position Held

Postcode:

Summary of Duties:

Reason for Leaving

EMPLOYMENT

Dates (month & year)

From:

To:

Employers Name

Address

Position Held

Postcode:

Summary of Duties:

Reason for Leaving

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EDUCATION/QUALIFICATIONS/TRAINING

Please give information about qualifications gained relating to the role you are applying for – please continue on a separate sheet where necessary:

Section 4 : EDUCATION / PROFESSIONAL MANAGEMENT / QUALIFICATIONS

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

Qualifications	Date	Grade

Section 5 : TRAINING (If you have undertaken any relevant training to this post please give details)

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Course details	Date	Training provider / Duration

Section 6: Personal Statement

Abilities, Skills, Knowledge and experience.

Please use this section to explain in details how you meet the requirements of the employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Section 7: Rehabilitation of Offenders Act (1974)

Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 provides that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any convictions which would otherwise be spent. The Care Home Regulations provide that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any criminal convictions, conditional discharges, bound overs or cautions that they have been subject to at any time in the past.

Do you have any convictions that are unspent under the rehabilitation of offenders act 1974? Yes No

Your answer to the following question should include any 'spent' convictions, conditional discharges, bound overs or cautions. The 'Company' actively promotes equality of opportunity for all as stated in its Equal Opportunities policy, which can be found in your handbook or at your local office.

Have you ever been convicted of a criminal offence or received a Police Conditional discharge, bound-over, caution, warning or reprimand? Yes No

Have you ever been issued with a Penalty Notice for Disorder Yes No

If yes, please give details / dates of offence(s) and sentence:

Section 8: Protecting Children and Vulnerable Adults

The following information may be required if the post you are applying for has a requirement for a Criminal Records Bureau police check

Enhanced Checks Only (refer to Job Application Pack) Yes

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post?

No

Section 9: Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application? Yes No

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview? Yes No

Section 9: Disability Discrimination Act ... cont.

If yes, please give details:

Section 10: Health

Number of days sickness absence in the last 2 years:

Please state number of occasions in the last 2 years:

Section 11: References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Reference 1

Reference 2

<p>Name:</p> <p>Position (job title):</p> <p>Work Relationship:</p> <p>Organisation:</p> <p>Address:</p> <p>Post Code</p> <p>Telephone No</p> <p>Email</p>	<p>Name:</p> <p>Position (job title):</p> <p>Work Relationship:</p> <p>Organisation:</p> <p>Address:</p> <p>Post Code</p> <p>Telephone No</p> <p>Email</p>
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Are you willing for this referee to be approached prior to the interview?

Reference 1

Yes No

Reference 2

Yes No

Section 12: Recruitment Monitoring

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes.

Application for the post of:

CARE ASSISTANT

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason)

Please **COMPLETE THIS SECTION OF THE APPLICATION FORM.**

Section 12: Recruitment Monitoring ... Cont.

Gender MALE FEMALE

Disability

Disability is defined as "physical or mental impairment, which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities"

Do you consider yourself disabled Yes No

If yes, Please give details:

Present Status

Internal Applicant External Applicant

Age Group

16-25 26-35 36-45 46-55 56-65 66-70 Over 70

Media Please state where you saw the post advertised

A: White

White UK
Irish
White non-uk
Any other

B: Mixed

White & Black Caribbean
White & Black African
White & Asian
Any other

C: Asian or Asian British

Indian
Pakistani
Bangladeshi
Any other

D: Black or Black British

Black Caribbean
Black African
Any other

E: Chinese or ethnic group

Chinese
Vietnamese
Any other

F: I do not wish to provide

Section 13: Declaration

Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold

I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.

Thank you for your interest in this post. If you would like to know if we have received your application form please enclose a stamped addressed envelope

If you are returning this form by email, you will be asked to sign your application at interview

The Data Protection Act 1998

Requires that any staff handling personal data on others must follow certain principles in relation to the data that they hold. Individuals have rights of access to data that is held on them and rights to claim for damages if various offences occur. This covers manual as well as computerised records.

In implementing the legislation, Care4u2day adopts a simple and straightforward policy that is, so far as is possible, easy to understand and unambiguous in its application.

If you are unsuccessful in this application, we will keep this form on file for 6 months should you wish to be considered for other vacancies within the organisation.

Please tick to show your agreement to this

Making a false statement or any attempt to conceal information regarding this declaration will lead to the rejection of your application for employment with this company. Any details provided will be treated in the strictest confidence and will not automatically exclude anyone from being considered for any vacancy.

DECLARATION

I have completed an Application for a Criminal Disclosure and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults.

I also give permission for a copy of the disclosure to which I am subject, being made available to a named Authorised Person upon written request, who acts on behalf of a National Government or Local Government Department for auditing purposes.

Name: _____ Signature: _____

Date: _____

I declare that all the information given is true and I understand that any false or misleading information may result in my removal from Care4u2day register of applicants. I consent to the processing of sensitive personal data as referred to on the front page of this form.

Print Name:

Signed:

Date:

End of Document