

APPLICATION FORM: PLEASE COMPLETE FULLY AND IN CAPITALS.

Position applied for:	
Date of Application:	
Full-time / Part-time Approx. no. of hours wanted: _____pw	Days / Nights / Mornings / Afternoons / Evenings / Weekends / Live in / Overnights / How flexible are you with your availability? Very all Mostly Somewhat Not at
When would you be available to start work with us?	
Title:	First name:
Middle Name:	
Surname: _____	
Please list below ALL previous 'surnames' and the 'dates of change':	
<i>Full Name:</i> _____	<i>Date of change:</i> _____
<i>Full Name:</i> _____	<i>Date of change:</i> _____
<i>Full Name:</i> _____	<i>Date of change:</i> _____
Date of Birth:	Place of Birth:
Current address:	Moved in Month/Year:
Telephone number:	Mobile Number:
Email address	
Previous address(s) 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.	(Please cover 5 years addresses up to date) Previous address: From: To: ----- Previous address: From: To: ----- Previous address: From: To:

Motor Cars and Driving	
Do you have your own 'reliable' Transport:	Yes / No
Have you got business insurance on your vehicle?	Yes / No / Not sure
Do you have a copy of your MOT certificate?	<i>(we need to see your current MOT and insurance certificate)</i>
Do you have a clean current driving license:	Yes / No How long has your license been held? _____
Do you have any endorsements:	Yes / No
Details of any Endorsements:	

PLEASE COMPLETE FULLY AND IN CAPITALS.

EDUCATION

School/College/University	Examinations Passed/Qualifications gained
	<i>(Please supply copies of certificates if relevant to care)</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
<i>(Please supply copies of certificates/membership details)</i>	

EMPLOYMENT HISTORY

Current / most recent first. Please note: Information must cover the whole of your working life to date. State the reasons for any breaks in employment. Use the separate attached sheet if required and ensure that it is signed and dated by you.

Name and address of your most recent/last employer:				
Dates employed:	From: Month	Year	To: Month	Year
Nature of business:				
Position held :				
Reason for leaving:				
Salary / Rate:				
Name and address of Employer prior to the employer listed above:				
Dates employed:	From: Month	Year	To: Month	Year
Nature of business:				
Position held:				
Reason for leaving:				
Salary / Rate:				
Name and address of Employer prior to the employer listed above:				
Dates employed:	From: Month	Year	To: Month	Year
Nature of business:				
Position held:				
Reason for leaving:				
Salary / Rate:				
Other roles i.e. voluntary work				

Employment Continuity Check

It is essential for us to check the continuity of employment, as stated in the application form, and to note and investigate any gaps in employment. Failure to carry through such checks has been identified as a significant factor in several recent abuse cases. The period considered must be the whole working life of the applicant, to date.

Therefore can you please complete any times when you were **not employed** please see [example below](#):

Gaps in working life identified			
Dates to/from	Reason	Evidence (if required)	Notes
<i>(Example: Feb 2007 to Feb 2009)</i>	<i>Had children was a full Time Mum</i>	<i>Child benefit book)</i>	

NEXT OF KIN

Full name:	
Relationship:	
Tel no:	
Address:	

IDENTITY DETAILS

Nursing and Midwifery Council PIN number:	(Nurses only)
Other professional registrations:	

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 or No
If yes, please provide details.	
If you are successful in the application, would you require a work permit prior to taking up employment?	Yes or No

HEALTH DETAILS

Do you have any mental or physical disability or illness (currently or recurring) which is relevant to the post for which you are applying? Yes or No	
If yes, please give details:	
What adjustments (if any) need to be made to the working environment to accommodate your disability?	
Please give details of all absences from work in the last 12 months, except holidays:	
What is your National Insurance (NI) number: _____	
Please give details of any illnesses/accidents/injuries in the last 2 years:	
GP's name:	
Tel no:	
Address:	
<i>(Your GP will not be contacted without your permission)</i>	

CARE WORKER'S MEDICAL QUESTIONNAIRE

This questionnaire is intended to assess your suitability as a sole worker for Care in the community. However, all applicants for night workers **MUST** sign the declaration on this page.

Do you suffer from any of the following conditions?

Diabetes, requiring insulin injections to a strict timetable?	Y / N
A heart or circulatory disorder which affects your physical stamina?	Y / N
Stomach or intestinal disorder, such as ulcers?	Y / N
Any other condition which makes the timing of meals of particular importance?	Y / N
A medical condition affecting sleep?	Y / N
A chronic chest condition?	Y / N
Any medical condition requiring medication to a strict timetable?	Y / N
Any other medical condition in which the symptoms get worse at night?	Y / N

Please give further details for any questions for which you have answered Yes above

NON-OPTIONAL SECTION – Applicants Declaration – Read and understand before signing

1. I confirm that the information given above is complete and correct, and that I understand that any incomplete, untrue or misleading information given to the employer will entitle the employer to reject my application, withdraw any employment offer made, or, if I am employed, dismiss me without notice.
2. By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems which I have declared above.
3. I agree that the employer reserves the right to require me to undergo a medical examination to assess my suitability for night work.
4. I do not wish complete the questionnaire, and I do not wish to have a free health assessment Delete as appropriate (i.e. either strike out 1, 2 and 3, or only 4).

Signed: _____ Date: _____ Print name: _____

Sign

Employer's initial assessment (no further action required?):	Y / N
Further investigation or action required: Specify investigation or action required:	Y / N

REFEREES

You must provide references from a minimum of one recent employer and one character reference. 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

	References sent	References Received
Name of Contact:		
Company :		
Contacts Job Title:		
Address:		
Tel No:		
Email address:		

Previous employer to the one above

	References sent	References Received
Name of Contact:		
Company :		
Contacts Job Title:		
Telephone number:		
Address:		
Email Address:		

Character reference **Please do not use close friends or family members as a reference*

<i>(i.e. Someone who you have known for a few years but not a family member or close personal friend)</i>	References sent	References Received
Name of Contact:		
Their relationship to you : _____		
How long have you known them: _____		
Address:		
Telephone number:		
Email: Address:		

CRIMINAL RECORD- Non Optional Section for UK or ABROAD

Workers of The Service are subject to the UK Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS. Please declare all criminal convictions cautions in UK or ABROAD, bind overs, ASBO orders whether spent or otherwise. You will not be eligible for work in a care setting if you are **barred** from working with vulnerable adults and/or children. The role of care worker with In Home care will require you to work with both vulnerable and adults and/or children in a lone working capacity. In Homecare will rescind any offer of employment subject to the satisfaction and contents of a completed DBS check, successful completion of training and receipt of satisfactory references. Please note that disclosure of the requested information will not prevent you from being offered employment. Any disclosure will be discussed and a decision taken on merit of the information disclosed.

Please declare all criminal convictions cautions, bind overs, ASBO orders whether spent or otherwise 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 if I am successful and offered such an opportunity. 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 a DBS Full Check, and that should I subsequently be offered a post, that offer will be subject to receipt of satisfactory written references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory DBS Full Check from the DBS. I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will not 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 Full 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 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: _____



IDENTIFICATION FOR DBS

PLEASE BRING IDENTIFICATION TO INTERVIEW – SEE BELOW

When applying for a DBS Certificate, we must confirm your identity by seeing the originals of the following documents. Please indicate which documents by ticking the appropriate boxes (ideally a maximum of three documents only) you will be using for your DBS Application as only these will be checked before your application is submitted. Please bring the original documents along to interview with you to prevent unnecessary delay to the process. Please note that your identity will only be viewed and confirmed at this stage.

ROUTE ONE: You must provide at least One (1) document from **Group 1** and Two (2) documents from **Group 1, 2a or 2b** (i.e. Three (3) documents in total. **One (1) MUST** verify your **current address**)

Group 1 - Primary Trusted Identity Credentials (tick the documents you can produce)

- Current valid Passport
- Birth Certificate (**UK and Channel Islands**) - issued at the time of birth;
- Full or Short form acceptable including those issued by **UK** authorities overseas, such as Embassies, High Commissions and HM Forces. (**Photocopies are not acceptable**)
- Current Driving Licence (**UK**) (Full or Provisional) Isle of Man/Channel Islands;
- Photo Card only (a photocard is only valid if presented with the associated counterpart licence; except Jersey)
- Biometric Residence Permit (**UK**)

Group 2a –Trusted Government/State Issued Documents (tick the documents you can produce)

- Current **UK** Driving Licence (old style paper version)
- Current Non-UK Photo Driving Licence (valid for up to 12 months from the date the applicant entered the UK). (Valid only for applicants residing outside of the UK at time of application). Please note this document may be used to verify the identity of an individual prior to arriving in the UK.
- Birth Certificate (**UK & Channel Islands**)- (issued after the time of birth by the General Register Office/relevant authority i.e. Registrars – (**Photocopies are not acceptable**)
- Marriage/Civil Partnership Certificate (**UK & Channel Islands**).
- Adoption Certificate (**UK & Channel Islands**).
- HM Forces ID Card (**UK**).
- Fire Arms Licence (**UK & Channel Islands**)

Group 2b –Financial/Social History Documents (tick the documents you can produce)

- Bank/Building Society Statement* (UK or EEA) (**Non-EEA** statements **MUST NOT** be accepted).
- Credit Card Statement* (UK or EEA) (**Non-EEA** statements **MUST NOT** be accepted).
- Utility Bill* (UK) – (Mobile Phone Bill **MUST NOT** be accepted).
- Benefit Statement*- e.g. Child Allowance, Pension.
- A document from Central/Local Government/Government Agency/Local Authority giving entitlement (UK & Channel Islands)*- e.g. from the Department for Work & Pensions (DWP), the Employment Service, HM Revenue & Customs (HMRC), Job Centre, Job Centre Plus, Social Security
- Mortgage Statement** (UK or EEA) (**Non-EEA** statements **MUST NOT** be accepted).
- Financial Statement ** - e.g. pension, endowment, ISA (UK).
- P45/P60 Statement ** (UK & Channel Islands).
- Council Tax Statement ** (UK & Channel Islands).
- Work Permit/Visa ** (UK) (UK Residence Permit) (Valid up to expiry date).
- Bank/Building Society Account Opening Confirmation Letter (UK).
- Letter of Sponsorship from future employment provider (**Non-UK/Non-EEA only- valid only for applicants residing outside of the UK at the time of application**).
- EU National ID Card.