**PLEASE COMPLETE THE APPLICATION FORM IN FULL, ANY GAPS WILL RESULT IN A DELAY PROCESSING YOUR APPLICATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position applied for:** |  | **How many hours are you looking to work?** |  | 0-16 hours |
|  | 16-20 hours |
| **How did you hear of the vacancy?** |  |  | 20-35 hours |
|  | 35+ hours |
| **PERSONAL DETAILS** | | | | |
| **Title:** |  | **National Insurance Number:** |  | |
| **First name(s):** |  | **Surname:** |  | |
| **Current address:** |  | *Previous surnames:* |  | |
| **Date of Birth:** |  | **Marital Status:** |  | |
| **Telephone:** |  | **Email:** |  | |
| **Own Transport:** | Yes No | **Country of Birth:** |  | |
| **Clean current driving licence:** | Yes No | **Nationality:** |  | |
| **How long have you held your licence?** |  | **Right to work within the UK?**  (Proof required) | Yes No | |

**NEXT OF KIN**

|  |  |
| --- | --- |
| **Full name:** |  |
| **Relationship:** |  |
| **Tel no:** |  |
| **Address:** |  |

**CRIMINAL RECORD**

The Company requires all employees to disclose full details of all criminal convictions, cautions or bind-over orders that are spent and not spent. You must disclose such matters, but you can be assured that only deemed relevant to the appointment will be considered. Failure not to disclose all the information may result in an offer of appointment being withdrawn, or dismissal following appointment.

|  |  |
| --- | --- |
|  | I declare that I have **no spent** or **unspent** criminal conviction, caution, or bind-over orders to disclose |
|  | I declare below details of **spent** or **unspent** convictions, cautions, or bind-over orders, as follows (use a separate paper if required) |

|  |  |  |
| --- | --- | --- |
| **Date** | **Nature of Offence(s)** | **Outcome(s)** |
|  |  |  |

I understand that if my application for employment is successful, I will be subjected to Enhanced DBS Check, which will be **paid at my own expense**. This will be refunded upon completion of probation. I understand that I will be required to register with the DBS update service (within 28 days of receiving my DBS) to ensure my DBS is kept up to date and should I fail to join the update service, I will be required to pay the appropriate fee on a yearly basis to update my DBS which will be deducted from my salary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

**QUALIFICATIONS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **School/University/College** | **Dates To/From** | **Qualification Gained** | **Grade** |
|  |  |  |  |
|  |  |  |  |
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**EMPLOYMENT HISTORY**

Please detail below your **full employment history for the past 10 years** – with the most recent employer first. Please ensure that you provide an explanation of any gaps between periods of employment. If necessary, please use a continuation sheet, and/or append a full CV, ensuring any gaps between periods of employment and explained on the CV.

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation**  **Name & Address** | **Job Title** | **Dates From – To** | **Reason for leaving** |
| *Current or Most Recent Employer* |  |  |  |
| *Previous Employer 1* |  |  |  |
| *Previous Employer 2* |  |  |  |
| *Previous Employer 3* |  |  |  |
| *Previous Employer 4* |  |  |  |
| *Previous Employer 5* |  |  |  |

**REFERENCES**

You must provide references from your two most recent employers. 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Name:** |  |
| **Position of referee:** |  | **Position of referee:** |  |
| **Organisation/ Company:** |  | **Organisation/ Company:** |  |
| **Company Address:** |  | **Company Address:** |  |
| **Telephone:** |  | **Telephone:** |  |
| **Email:** |  | **Email:** |  |

|  |
| --- |
| **Have you ever been dismissed from employment?**  Yes No  **If yes, please provide details:** |
| **Gaps within Employment:**  *Please clearly explain any gaps throughout your employment history which are more than 2 weeks at a time and continue a separate sheet of paper if necessary.* |

**DATA PROTECTION**

By submitting your application, you are required to give certain information to the Company, for the Company to carry out its duties, rights and obligations as your employer. The Company will process and control such data, principally for personnel, administrative and payroll purposes. For example, the company needs your information such as your name, address, and bank details, to be able to pay you. Where relevant, the company may need to transfer that data to third parties, such as our pension provider, if you are a member of the pension scheme.

The term “processing” may include the Company obtaining, recording, or holding the information or date, or carrying out any search in the information or date, including organising, altering, retrieving, consulting, using, disclosing, or destroying the information or data. The Company will adopt appropriate technical and organisational measures to prevent the unauthorised or unlawful processing or disclosure of data.

The Company operates in accordance with the General Data Protection Regulations (GDPR). This requires that we hold and process your data based upon your consent, which we ask you to confirm by returning and signing this document.

I consent to the Company holding and processing my data, for the purposes set out above.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

**DECLARATION**

I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminations my employment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

**CARER STANDARDS**

**In order to guide the application process, we would like you to indicate your personal philosophy of care by completing the following statements:**

|  |  |
| --- | --- |
| I believe that the purpose of Care from a Care service is: |  |
| If I were a Service User in The Agency I would like: |  |
| I believe that the Service User’s family and relatives would like from The Agency: |  |
| I believe that I can support a Service User in The Agency because: |  |
| As a member of The Agency 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: |  |