



## Application form

**The recruitment process within this organisation has a minimum of two stages.**

The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether to proceed to stage two, the interview, based on this information. PLEASE COMPLETE FULLY AND IN CAPITALS

|   |  |
|---|--|
| <b>Position Applied For</b>   |  |
| <b>Approx. no. of hours wanted</b>  |  |
| <b>Full time / part time</b><br><i>(please circle which you want to work)</i>   | <b>Days/ Nights/ Mornings/Afternoons/ Evenings/ Weekends only</b><br><i>(please circle which you are able to work)</i> |
| <b>Surname</b>  | <b>First name(s)</b>   |
| <b>Previous surnames</b> <i>(Supply documentary evidence e.g. marriage certificate, deed of name change etc.)</i>   |  |
| <b>Current address</b>  |  |
| <b>Post Code</b>  | <b>Moved to this address on</b> <i>(date)</i>  |
| <b>Previous address</b><br><i>Note: For Criminal Record check purposes, addresses covering the ten years up to the application date must be supplied. If necessary, use another sheet of paper.</i> |  |
| <b>Moved to this address on</b> <i>(date)</i>   |  |
| <b>Email Address</b>  |  |
| <b>Telephone number</b> <i>(home)</i>   | <b>Telephone number</b> <i>(work)</i><br><i>(will be used with discretion)</i>   |
| <b>Mobile number</b>  |  |
| <b>Own Transport</b> Yes/No   | <b>Clean current driving licence</b> Yes/No  |
| <b>Transport Details</b>  | <b>How long has licence been held?</b>   |
|   | <b>Endorsements</b>  |

**EDUCATION**

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

**TRAINING HISTORY/PROFESSIONAL STATUS**

| Date of Graduation/<br>Qualification | Location/<br>Details | Notes<br><i>Please supply copies of certificates / membership details</i> |
|--------------------------------------|----------------------|---|
|                                      |                      |   |

**SHORT COURSES ATTENDED**

| Subjects | Location |
|----------|----------|
|          |          |

## EMPLOYMENT HISTORY

Current or last first. 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; please sign that sheet(s).

|  |  |
|--|--|
| <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)                              |  |
|  |  |
|  |  |
|  |  |

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.

## HEALTH DETAILS

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

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|              |
|--------------|
| Full Name    |
| Relationship |
| Tel No       |
| Address      |

## IDENTITY DETAILS

|   |  |
|---|--|
| Nursing and Midwifery Council PIN number <i>(Nurses only)</i> |  |
| National Insurance Number <i>(all applicants)</i>             |  |

## 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<br><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<br><i>(delete as appropriate)</i> |

**Note: Minimum age** - legislation dictates that care workers in general must be 18 years old or older, and Carers working with people with learning disabilities must be 21 or older. Please inform your interviewer immediately if you do not meet these specifications.

## 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 |

## CRIMINAL RECORD

Workers in this establishment are subject to the Care Standards Act, and will be subject to a Police Record Check through the Criminal Record Bureau. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warning and cautions.

You will not be eligible for work in a care setting if you are on the ISA Register(s).

|  |  |
|--|--|
| Notice period with existing employer   |  |
| Please indicate where you found out about the vacancy  |  |
| <b>SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING</b>   |  |
| <p>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.</p> <p>I understand that I cannot be offered a post until a satisfactory response has been received in respect of my ISA 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 Criminal Records Bureau. I understand that until a satisfactory response is received from the Criminal Records Bureau, 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 Home Angels to request a ISA Register check and a criminal records check from the Disclosure, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my ISA 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.</p> <p>Signed: _____ Date: _____</p> |  |

## Equal Opportunities Monitoring

Home Angels is committed to equal opportunities for all its employees and all prospective employees.

To ensure that all applicants are dealt with equally, we wish to monitor your recruitment process. Please place a ✓ in the appropriate box - this will allow Home Angels to monitor its policies.

**PLEASE NOTE** - You do not have to complete this form. The information is given on a voluntary basis and the information provided will only be used for the monitoring purpose. Please do not enter any identifying marks on this form, so that your information remains confidential. This information will be stored on a computer.

|   |  |                         |                    |
|---|--|-------------------------|--------------------|
| 1 | Gender                                 | Male                    | Female             |
| 2 | Registered Disabled                    | Yes                     | No                 |
| 3 | Marital Status                         | Married                 | Single<br>Divorced |
| 4 | Children                               | Yes                     | No                 |
| 5 | Please indicate your Ethnic background | African                 |                    |
|   |  | Asian                   |                    |
|   |  | Afro-Caribbean          |                    |
|   |  | UK European             |                    |
|   |  | European                |                    |
|   |  | Other ( please specify) |                    |

Please tick as appropriate.