

Application for Employment

PRIVATE & CONFIDENTIAL

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|--|--|
| POSITION APPLIED FOR: | |
| Company: Flexicare at Home, 14 Appleton Court, Wakefield, WF2 7AR | |
| Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> | Address: |
| Surname: | |
| Forename(s): | |
| Date of Birth: | Postcode: |
| Tel Nos (please include code): (Home) (Work) (Mobile) | Are there any restrictions on you taking up work in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please state: |
| Email Address: | NI No: |
| Current Driving Licence? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please give details of any endorsements: | |
| Would you describe yourself as disabled? Yes No <i>As a Disability Symbol employer this information is requested so that all disabled applicants who meet the minimum criteria for the position are offered an interview.</i> If you have a disability do you require any reasonable adjustments to be made during the recruitment process, including interview. If so, please give details: | |

EDUCATION (Schools)

| Year | Establishment/School | Qualification | Grade |
|------|----------------------|---------------|-------|
| | | | |

FURTHER EDUCATION (College/University)

| Year | Establishment | Qualification | Grade |
|------|---------------|---------------|-------|
| | | | |

OTHER TRAINING

| Year | Establishment | Qualification | Grade |
|------|---------------|---------------|-------|
| | | | |

Desired Hours, Part or Full time, please state: _____

How many hours are you ideally looking to work a week? _____

With all Carers we ask the following (which can be subject to change depending on the needs of the business):

Everyone works a 5-day week with 4 days worked between Monday and Friday

Everyone works one full day on a weekend

Your own vehicle is required for the role of Home Care Assistant.

Please provide evidence below that you have a safe and reliable vehicle (e.g. regular oil check, upto date MOT etc.)

What alternative arrangements do you have should your car break down, puncture a tyre or any other car fault? (E.G. if your car had problems how would you still make it to your Clients?)

Please state below.

EMPLOYMENT HISTORY

Please complete in full, using a separate sheet if necessary, starting with your most recent employment and give reasons for any gaps in employment.

| Dates | Name & Address of Employer | Job Title & Duties | Salary on leaving | Reason for leaving |
|-------|----------------------------|--------------------|-------------------|--------------------|
| | | | | |
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All employment must be recorded.

PERSONAL STATEMENT

Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the Person Description).

Please continue on a separate sheet if required

LEISURE ACTIVITIES/INTERESTS

Please note here your leisure interests, sports and hobbies, or other pastimes, etc.

CAUTIONS, REHABILITATION AND CRIMINAL RECORDS

Because of the nature of the work for which you were applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

Have you ever been convicted of an offence? Yes No

If 'Yes' please list offences in the table below

If 'No' please write ' NO CONVICTIONS, CAUTIONS OR BIND OVERS'

| Date | Details of Offence |
|------|--------------------|
| | |
| | |

REFERENCES

Please provide details of two references who can provide information relating to your competency in a caring role, one of whom must be your most recent employer (referees for qualified Nurses must be professionals). If you are a student, please give an academic referee. If you are applying for a post which requires unsupervised access to vulnerable adults, we reserve the right to approach any past employer for a reference.

| | | | |
|----|---|----|---|
| 1. | Name: | 2. | Name: |
| | Position: | | Position: |
| | Organisation: | | Organisation: |
| | Address: | | Address: |
| | Postcode: | | Postcode: |
| | Tel No: | | Tel No: |
| | Email: | | Email: |
| | Capacity Known: | | Capacity Known: |
| | May we contact this person prior to initiation of work Yes <input type="checkbox"/> No <input type="checkbox"/> | | May we contact this person prior to initiation of work Yes <input type="checkbox"/> No <input type="checkbox"/> |

SPECIAL REQUIREMENTS

Because this position involves the care of vulnerable adults employment is dependent on the following:

1. Your written consent to obtaining an enhanced disclosure certificate from the Criminal Records Bureau.
2. Such Disclosure being acceptable.
3. Proof of Identity and current address.
4. Two satisfactory written references.
5. You agree to the Company taking your photograph for an ID badge and personnel file.

Privacy Notice for Job Applicants

In accordance with the General Data Protection Regulation (GDPR), we have implemented this privacy notice to inform you, as prospective employees of our Company, of the types of data we process about you. We also include within this notice the reasons for processing your data, the lawful basis that permits us to process it, how long we keep your data for and your rights regarding your data. For full details please visit our website at www.flexicareathome.co.uk

DECLARATION (please read carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give the Company the right to terminate any employment contract offered.
2. Should the Company require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires the Company to inform you of our intention and obtain your permission prior to doing so.

I agree that the Company reserves the right for me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the General Data Protection Act.

3. I agree that should I be successful in this application, I will allow the Company to apply to the Criminal Records Bureau for an enhanced disclosure. I understand that should I fail to do so, or should the disclosure including ISA Barred lists, not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.
4. I hereby give Flexicare At Home my consent to contact my previous employers and or any professional body provided in the application with the view of gaining satisfactory references. I understand if these references are deemed unsatisfactory my employment may be terminated.

Signed:

Date:

Thank you for completing this application. Please return to:

HR Department
Flexicare At Home
14 Appleton Court
Calder Park
Wakefield
WF2 7AR

Email: HR@flexicareathome.co.uk