

**Post Applied for:**

**CHERISHED CARE**

Application Form

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

You must provide the following at interview. Applicants without this documentation may have their application rejected.

1. **Two forms of identification (preferably passport and driving licence)**
2. **An official letter with YOUR name and address on it (eg. Phone Bill/ Bank Statement etc).**
3. **Proof of ‘Right to Work in the UK’ (if you do not hold an EU passport)**

**Section 1 Personal details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** |  | **Last Name:** |  |
| **First Names:** | |  | |

|  |  |
| --- | --- |
| **Address:** |  |
| **Postcode:** |  |
| **Passport #** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Nationality** |  | |  |
| **Dr. License #** |  | |
|  | | |
| **Home Telephone Number:** | |  |
| **Mobile Telephone Number:** | |  |

**E-mail address:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **National Insurance Number:** |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Are you eligible to work in the UK?** | **Yes** | **No** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Do you hold a full valid UK driving license?** | **Yes** |  | **No** |  |  |

**If yes, Do you have any points or convictions etc? :**

**OFFICE USE ONLY**

Additional ID?

Availability for training

|  |
| --- |
| Available for work: Action  **Training Record** |
| **Certificate Obtained & Date** |
| **Name of training school:** |

Please state current Salary Package including benefits & holidays:

**Section 2 Rehabilitation of Offenders Act**

|  |  |  |
| --- | --- | --- |
| **Have you ever been convicted of a criminal offence?** | **Yes** | **No** |
| **Have you any prosecutions pending?** | **Yes** | **No** |

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

(This information will be disclosed by the Criminal Records Bureau check which will be required if successful. Please note a criminal record will not necessarily be a bar to employment)

**Section 3 Health**

**Number of days absent in the last 2 years:**

**No**

**YES**

**Are you registered disabled?**

**Please state number of times in the last 2 years:**

**Examinations taken and Qualifications Gained (Specify Grades)**

**Name of School**

**Date To**

**Date From**

**Section 4**

**Education**

**If yes please provide your disability number and details:**

**Section 5 Employment Record**

Please list chronologically, starting with current or last employer

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and Address of Employer** | **Date From:** | **Date To:** | **Job Title/Job Function/ Responsibilities:** | **Salary and Reason for Leaving** |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- |
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*Please continue on a separate page if required*

**Section 6 Personal Attributes**

What skills and qualities do you feel make you suitable for the role you are applying for?

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| --- |
|  |

*What is your understanding of safeguarding?*

|  |
| --- |
|  |

**Section 7 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 referees are.

Can we contact your current employer before interview? Yes  No 

|  |  |  |
| --- | --- | --- |
| **Reference 1** |  | **Reference 2** |

|  |  |  |
| --- | --- | --- |
| **Name:** |  | **Name:** |

|  |  |  |
| --- | --- | --- |
| **Their Position**  **(job title):** |  | **Their Position**  **(job title):** |
|  |  |  |
| **Work**  **Relationship:** |  | **Work**  **Relationship:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organisation:** |  | | **Organisation:** |  | |
| **Dates**  **Employed:** | **From:** | **To:** | **Dates Employed:** | **From:** | **To:** |

|  |  |  |
| --- | --- | --- |
| **Address:** |  | **Address:** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Postcode** |  | **Postcode** |

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| --- | --- | --- |
| **Telephone No:** |  | **Telephone No:** |

|  |  |  |
| --- | --- | --- |
| **E-mail:** |  | **E-mail:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 8 Declaration** | | | | | |
| **I confirm that the information provided in this application (and within my Curriculum Vitae if applicable) is both truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place any subsequent employment in jeopardy. I understand that any employment entered into is subject to documentary evidence of my right to work in the UK and satisfactory references. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the post and may form the basis of any subsequent personnel file.** | | | | | |
|  | **Signed:** |  | **Date:** |  |  |
| **Cherished Care undertakes that it will treat any personal information that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998. After initial assessment, Cherished Care may keep your details on file pending suitable opportunities that may arise in the future.**  **Please tick if you do not wish us to hold your details.** | | | | | |
| **Section 9 Recruitment Monitoring Form** | | | | | |

**Application for the post of:**

**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 Human Resources purely for monitoring purposes.**

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented, please COMPLETE THIS SECTION OF THE APPLICATION FORM.

|  |
| --- |
| **What is your Ethnic Group?** |
| Choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background. |

|  |  |
| --- | --- |
| **A. White** | **B. Black or Black British** |
| White UK | Black Caribbean |
| Irish | Black African |
| White non-UK | Any other Black background (please give details): |
| Any other White background (please give details): |  |
|  |  |
| **C. Mixed** | **D. Chinese or other ethnic group** |
| White & Black Caribbean | Chinese |
| White & Black African | Vietnamese |
| White & Asian | Any other ethnic background (please give details): |
| Any other Mixed background (please give details): |  |
|  |  |
| **E. Asian or Asian British** | F. **I do not wish to provide this information** |
| Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Any other Asian background (please give details): |  |

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:** |  |  |
|  |  |  |
| **Age Group** |  |  |
| 16-25 | 26-35 | 36-45 |
| 46-55 | 56-65 | 66-70 |
| Over 70 |  |  |

|  |
| --- |
| **Media** |
| Please state where you saw this post advertised |

**Asylum and Immigration Act 1996**

It is now a requirement that before any offer of employment can be made, all candidates are to provide confirmation of their eligibility to work in the UK. Please bring one of the following original documents with you if invited to interview: a passport or an immigration and nationality directorate application registration card which evidence the right to work in the UK or a UK residence permit issued to an EEA national which confirms right of entry to or residence in the UK.

**Availability**

**Please read this before you complete the Availability Form:** *Standard working requirements are five days each week plus alternative weekends. It is not a requirement that Care Workers should work more than one period per day but you are free to commit to as many as you would like to. Hours are not guaranteed and shift periods are for illustration only. Payment is made for ‘contact time’ only.*

Important: This availability will form the basis of any employment offer, and if you are accepted, forms a commitment on your part.

|  |  |  |
| --- | --- | --- |
| **Availability Form** | Weekdays | Weekends |
| **7am to 2pm** | Tick if available | Tick if available |
| **2pm to 4pm** | Tick if available | Tick if available |
| **4pm to 10.30pm** | Tick if available | Tick if available |
| **Sleep in/ Waking nights** | Tick if available | Tick if available |
| **Live-in Care** | Tick if available | Tick if available |

* **Total number of hours per week you are seeking** …………………

Please note that the amount of work is variable and that staff may not be working throughout the periods marked above as ‘available’.

Declaration [The EEC Working Time Regulation (WTR)]

The EEC Working Time Regulation (WTR) recommends that employees not exceed a 48-hour working week (without sufficient rest periods). All employees must, therefore, sign an agreement stating whether or not they wish to exceed these recommendations. Please tick (√) one of the following: -

I wish to work more than 48 hours.

I do not wish to work more than 48 hours.

**For Office Use Only**

Closing date: Date Received:

Application form checked by: Signature: Date:

Interview date: Job offered? YES NO 

Date References sent: Reference Satisfactory: YES  NO 

Employee Start Date: Employee End Date: