

APPLICATION FORM

Private & Confidential

POSITION APPLIED FOR:

PERSONAL DETAILS:

Title:	<input type="text"/> Mr / Mrs / Miss / Ms / Other	Surname:	<input type="text"/>
Forename(s):	<input type="text"/>	NI Number:	<input type="text"/>
Address:	<input type="text"/>		
Postcode:	<input type="text"/>	Email:	<input type="text"/>
Mobile:	<input type="text"/>	Home Phone:	<input type="text"/>
Date of Birth:	<input type="text"/>	Place of Birth:	<input type="text"/>
		Nationality:	<input type="text"/>
Next of Kin:	<input type="text"/>	Relationship:	<input type="text"/>
		Contact Number: (for emergencies)	<input type="text"/>
Dependents: (include ages):	<input type="text"/>		
Do you smoke?	<input type="text"/> YES / NO	Are you flexible towards hours work?	<input type="text"/> YES / NO
Do you have holidays booked in next 12 months?	<input type="text"/> YES / NO	If YES, please give dates	<input type="text"/>

PERSONAL SPECIFICATON:

Do you have a criminal record?	<input type="text"/> YES / NO	Do you have a clean driving licence?	<input type="text"/> YES / NO
Do you have effective communication skills – verbal and written?	<input type="text"/> YES / NO	Do you have a flexible outlook on hours of work?	<input type="text"/> YES / NO
Do you consider yourself alert enough to cope with emergencies?	<input type="text"/> YES / NO		<input type="text"/>
Do you have training in any of the following:			
Food Hygiene	<input type="text"/> YES / NO	First Aid	<input type="text"/> YES / NO
Moving and Handling	<input type="text"/> YES / NO	Health & Safety at Work	<input type="text"/> YES / NO
Have you ever studied any NVQ in care or care related?			<input type="text"/> YES / NO

AVAILABILITY INFORMATION:

In order for Village Care Limited to offer you a position within the company, we find it particularly beneficial if you can inform us before employment commences of your availability. Village Care Limited delivers care to vulnerable service users 24 hours a day, 7 days a week, EVERY day of the year. We highly recommend that you understand this before informing us of your availability as the company needs ALL staff to be aware of the needs of our clients and the importance of the clients' complete satisfaction at ALL times. Please indicate below your availability by circling what you COULD do:

Morning = 6.45am - 11am	Lunchtime = 11am – 2.30pm	Early Evening = 2.30pm – 6.00pm
Evening = 6.00pm until 10.30pm		Overnight = 11pm – 7.00am

Monday:	Morning	Lunchtime	Early Evening	Evening	Overnight
Tuesday:	Morning	Lunchtime	Early Evening	Evening	Overnight
Wednesday:	Morning	Lunchtime	Early Evening	Evening	Overnight
Thursday:	Morning	Lunchtime	Early Evening	Evening	Overnight
Friday:	Morning	Lunchtime	Early Evening	Evening	Overnight
Saturday:	Morning	Lunchtime	Early Evening	Evening	Overnight
Sunday:	Morning	Lunchtime	Early Evening	Evening	Overnight

No of Hours Required:		Full Time or Part Time
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Please use the following space to add any further detail that may help us in perfecting your 'perfect role':

DRIVING RECORD:

Do you drive?	YES / NO	Do you own a car?	YES / NO	Do you consider it reliable?	YES / NO
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Driving licence valid from:		Is your current driving licence:	PROVISIONAL / FULL
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Details of any endorsements:

Have you ever been disqualified from driving or had insurance refused?	YES / NO
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If YES please provide details:

Please describe any other work that you have been involved in, eg voluntary, freelance, project work, etc.

Please use this space to inform Village Care Limited of any other detail which may support your application.

INTERESTS: Please give details of any interests, hobbies or pastimes that you enjoy

REHABILITATION OF OFFENDERS ACT 1974

EXCEPTIONS ORDER 1975

Do you have any details of spent / unspent criminal convictions you may have (as in accordance with the Rehabilitation of Offenders Act 1974)? **YES / NO**

If YES please provide details: [Redacted]

Have you ever been convicted of any court offence? **YES / NO**

If YES please provide details: [Redacted]

Have you ever been cautioned by the police? **YES / NO**

If YES please provide details: [Redacted]

Do you have any pending prosecutions? **YES / NO**

If YES please provide details: [Redacted]

Do you have any current or past disciplinary hearings against you from any current or past employers? **YES / NO**

If YES please provide details: [Redacted]

Any further details please inform us here:
[Redacted]
[Redacted]
[Redacted]
[Redacted]

Please Note: Under the provision of the Rehabilitation of Offenders Act 1974 (Exceptions Order 1975) applicants are required to disclose information concerning convictions including those which for other purposes are regarded as spent on the Act. If you take up a position with Village Care Limited and you have FAILED to disclose such information, then this could result in disciplinary action and/or dismissal. Any information divulged will be treated in the strictest of confidence and will be considered only in relation to applications/posts subject to the provision of the above Order.

The company NEVER allows any member of staff to carry out work on behalf of the company without having an enhanced Criminal Record Bureau Disclosure check.

REFERENCES:

Village care Limited follows procedures given by CQC on gaining references. Please give three references, one personal, and two from your most recent employers. Full employment will not be offered until these references are obtained (please note that none of these references can be supplied by relatives under any circumstance). If you have not had two previous employers please provide references from educators or an explanation as to why references cannot be obtained.

REFERENCE 1 : CURRENT OR MOST RECENT EMPLOYER

Name of Employer:		Telephone Number:	
Address:			
Email:		Type of Business	
From: Month/Year		To: Month/Year	
Position Held:		Reason for Leaving:	
Describe the work you did:			

REFERENCE 2 : FORMER EMPLOYER

Name of Employer:		Telephone Number:	
Address:		Type of Business:	
Email:		Type of Business	
From: Month/Year		To: Month/Year	
Position Held:		Reason for Leaving:	
Describe the work you did :			

REFERENCE 3 : PERSONAL

Name of Referee:		Telephone Number:	
Address:			
Email:		Relationship	

HEALTH & DISABILITIES

Do you have any form of disability which may be relevant to this job application YES / NO

If YES please describe them:

Are you registered disabled?

YES / NO

If YES, please provide RDP Number:

YES / NO

If YES please provide details:

Overall general state of health:

EXCELLENT

GOOD

POOR

Hearing:

EXCELLENT

GOOD

POOR

Eyesight:

EXCELLENT

GOOD

POOR

Please give details of any medical condition for you have received treatment in the past three years:

Have you had any treatment for any condition relating to the abuse or misuse of drugs or alcohol within the last 5 years?

YES / NO

If YES please provide details:

Are you prepared to undergo a medical examination?

YES / NO

Do you have any special requirement in order to assist you with your interview?

YES / NO

If YES please provide details:

Any further details please inform us here:

Village Care Limited reserves the right to withdraw any offer of employment or to terminate employment already commenced if the information given on this application is deemed inaccurate. Any offer of employment is subject to the receipt of satisfactory references.

This post is subject to a satisfactory response to a criminal record bureau enhanced disclosure.

Please note, the applicant, by returning this application form gives consent to Village Care Limited to give references about you to potential employers of yourself.

SIGNED (Applicant):

DATE:

RECRUITMENT MONITORING FORM

Village Care Limited is an equal opportunities employer. We do not discriminate against applicants on the basis of gender, marital status, sexual orientation, race, ethnic origin, disability, religion or age.

The questions below help Village Care Limited monitor the effectiveness of our equal opportunities policies and practices.

This information is confidential and will be used for monitoring purposes only.

Thank you for your co-operation.

Position Applied for:

Please circle your chosen answer

I have read the questions but DO NOT wish to complete them

WILLING / UNWILLING

On what basis are you applying for this post:

FULL TIME or PART TIME

Gender:

MALE / FEMALE

Marital Status

MARRIED / SINGLE / SEPARATED / DIVORCED

Ethnic Origin (White):

WHITE ENGLISH / WHITE IRISH / WHITE WELSH / WHITE SCOTTISH / OTHER

Ethnic Origin (Mixed Race):

WHITE & BLACK CARIBBEAN / WHITE & BLACK AFRICAN / WHITE & ASIAN / OTHER

Ethnic Origin (Asian):

INDIAN / BANGLADESHI / PAKISTANI / OTHER

Ethnic Origin (Black or Black British):

CARIBBEAN / AFRICAN / OTHER

Ethnic Origin (Chinese or Other Group):

CHINESE / OTHER

DISABILITY

Do you consider yourself to have a disability under the terms of the 1995 Disability Discrimination Act (ie do you have a physical or mental disability which has a substantial or long term effect on your ability to carry out normal day to day duties?)

YES / NO

Do you consider that you meet all of the essential criteria on the person specification form?

YES / NO

EMPLOYMENT STATUS

Currently Employed:

YES / NO

Currently Unemployed:

YES / NO

Other (please specify)