

## Application Form Carers

### STRICTLY CONFIDENTIAL Application for Employment

Please type or complete this form in black ink

| POSITION APPLIED FOR | Date of Application |
|----------------------|---------------------|
|                      |                     |

### 1 PERSONAL DETAILS

|                                                                |     |                    |  |
|----------------------------------------------------------------|-----|--------------------|--|
| Surname                                                        |     | First names        |  |
| Address                                                        |     | Previous Names     |  |
|                                                                |     | Home Telephone No. |  |
| National Insurance No.                                         |     | Mobile No.         |  |
| Immigration Details                                            |     | E-mail             |  |
| Please notify us of any dates you are available for interview: |     |                    |  |
| Are you a citizen of the EU?                                   | Yes | No                 |  |
| Do you need a work permit?                                     | Yes | No                 |  |
| Current driving licence?                                       | Yes | No                 |  |
| Do you have a car for work use?                                | Yes | No                 |  |

### 2 NEXT OF KIN

|         |  |              |  |
|---------|--|--------------|--|
| Surname |  | First names  |  |
| Address |  | Relationship |  |
|         |  | Telephone    |  |

### 3a PREVIOUS EMPLOYMENT

A full employment history must be detailed beginning with your current employment and covering all reasons for gaps in any given year.

| Date |    | Employer's name<br>(most recent first) | Position held | Salary & Benefits | Reason for leaving |
|------|----|----------------------------------------|---------------|-------------------|--------------------|
| From | To |                                        |               |                   |                    |
|      |    |                                        |               |                   |                    |
|      |    |                                        |               |                   |                    |
|      |    |                                        |               |                   |                    |
|      |    |                                        |               |                   |                    |
|      |    |                                        |               |                   |                    |
|      |    |                                        |               |                   |                    |

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|--|--|--|--|--|--|
|  |  |  |  |  |  |
|  |  |  |  |  |  |

### 3b PREVIOUS EDUCATION

(Original documents as proof of qualification will be required at interview)

| Secondary School / College / University | Examinations taken | Result |
|-----------------------------------------|--------------------|--------|
|                                         |                    |        |
|                                         |                    |        |
|                                         |                    |        |
|                                         |                    |        |
|                                         |                    |        |
|                                         |                    |        |
|                                         |                    |        |
|                                         |                    |        |
|                                         |                    |        |

### MANDATORY TRAINING

Please tick if you have completed the following training within the last 12 months

Please enclose copies of your training certificates

|                                          |  |                                                      |  |                                              |  |                                                 |  |
|------------------------------------------|--|------------------------------------------------------|--|----------------------------------------------|--|-------------------------------------------------|--|
| Moving and Handling                      |  | Basic Life Support                                   |  | Intermediate Life Support                    |  | Advanced Life Support                           |  |
| Complaints Handling                      |  | Handling Violence and Aggression                     |  | Fire Safety                                  |  | COSHH                                           |  |
| RIDDOR                                   |  | Caldicott Protocols                                  |  | Data Protection                              |  | Infection Control                               |  |
| Lone Worker Training                     |  | Equality & Inclusion                                 |  | Food Hygiene (where required to handle food) |  | Personal Safety (Mental Health & Learning Dis') |  |
| Resuscitation of the Newborn (Midwifery) |  | Interpretation of Cardiotocograph Traces (Midwifery) |  | Practical                                    |  |                                                 |  |

### 4 REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose?

|     |    |
|-----|----|
| Yes | No |
|-----|----|

Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

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

**Failure to declare or the falsification of any of the above details will result in the withdrawal of any job offer.**

### Your DBS status

*Please send a copy of your most recent DBS Disclosure (formally known as CRB)*

|                                                        |     |    |  |                   |    |  |
|--------------------------------------------------------|-----|----|--|-------------------|----|--|
| Current DBS Disclosure (formally known as CRB)         | Yes | No |  | Yes               | No |  |
| Issue Date                                             |     |    |  | Disclosure Number |    |  |
| Is this certificate registered with the update service | Yes | No |  |                   |    |  |

*All applicants who cannot provide a registered DBS or full immunisation record will be required to complete at their own cost. D&G Care Services will cover the cost of any Mandatory Training updates however cancellations outside of 48 hours and late attendances will be*

### 5 ADDITIONAL PERSONAL DETAILS

|                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------|
| Outside interests, leisure time activities and other personal information which you think may assist us in evaluating your application. |
|                                                                                                                                         |

### 6 REFERENCES

Please give the name and address of at least two referees, one of whom must be your present employer or your most recent employer.

|   | Name | Status | Address and Telephone No |
|---|------|--------|--------------------------|
| 1 |      |        |                          |
| 2 |      |        |                          |
| 3 |      |        |                          |

This organisation seeks to work in a flexible and family-friendly manner with its staff, however, unsocial hours are part and parcel of a quality care service. Weekend working is a requirement for all staff, the frequency of which will be determined at interview.

Please indicate holiday dates if already booked \_\_\_\_\_

Period of notice required in the present post \_\_\_\_\_

Earliest start date \_\_\_\_\_

Thank you for completing this application form.

I declare that to the best of my knowledge, all of the information contained and documented herein is complete and truthful.

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

### Equal Opportunities Monitoring

This section of the application will be detached and used for monitoring purposes only. Our organisation recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation religion or belief. We welcome applications from all sections of the community.

|                |                          |                                |  |
|----------------|--------------------------|--------------------------------|--|
| Date of Birth: |                          |                                |  |
| Gender         | <input type="checkbox"/> | Male                           |  |
|                | <input type="checkbox"/> | Female                         |  |
|                | <input type="checkbox"/> | I do not wish to disclose this |  |

### Race Relations (Amendment) 2000

I would describe my ethnic origin as (please indicate with a tick)

| Asian or Asian British   |                            | Mixed Raced              |                             | Other Ethnic Group       |                                |
|--------------------------|----------------------------|--------------------------|-----------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | Bangladeshi                | <input type="checkbox"/> | White & Asian               | <input type="checkbox"/> | Chinese                        |
| <input type="checkbox"/> | Indian                     | <input type="checkbox"/> | White & Black African       | <input type="checkbox"/> | Any other ethnic group         |
| <input type="checkbox"/> | Pakistani                  | <input type="checkbox"/> | White & Black Caribbean     | <input type="checkbox"/> | I do not want to disclose this |
| <input type="checkbox"/> | Any other Asian background | <input type="checkbox"/> | Any other missed background |                          |                                |
| Black or Black British   |                            | White                    |                             |                          |                                |
| <input type="checkbox"/> | African                    | <input type="checkbox"/> | British                     |                          |                                |
| <input type="checkbox"/> | Caribbean                  | <input type="checkbox"/> | Irish                       |                          |                                |
| <input type="checkbox"/> | Any other Black background | <input type="checkbox"/> | Any other White background  |                          |                                |

### Employment Equality Regulations 2003

I Please select the option which best Please indicate your religion or belief describes your sexuality.

|                          |                                |                          |              |                          |                                |
|--------------------------|--------------------------------|--------------------------|--------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | Lesbian                        | <input type="checkbox"/> | Atheism      | <input type="checkbox"/> | Sikhism                        |
| <input type="checkbox"/> | Gay                            | <input type="checkbox"/> | Buddhism     | <input type="checkbox"/> | Judaism                        |
| <input type="checkbox"/> | Bisexual                       | <input type="checkbox"/> | Christianity | <input type="checkbox"/> | Hinduism                       |
| <input type="checkbox"/> | Heterosexual                   | <input type="checkbox"/> | Islam        | <input type="checkbox"/> | Other                          |
| <input type="checkbox"/> | I do not wish to disclose this | <input type="checkbox"/> | Jainism      | <input type="checkbox"/> | I do not wish to disclose this |

I declare that to the best of my knowledge, all of the information contained and documented herein is complete and truthful.

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

### FOR OFFICE USE ONLY

|                       |                              |                             |
|-----------------------|------------------------------|-----------------------------|
| Applicant shortlisted | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Interview Date:       |                              |                             |
| References requested: |                              |                             |

|                        |     |    |
|------------------------|-----|----|
|                        |     |    |
| Verbal reference check | Yes | No |
| Date:                  |     |    |

**Additional Notes from application**

|                          |     |    |
|--------------------------|-----|----|
| Applicant shortlisted    | Yes | No |
| Full employment history? | Yes | No |

**Notes for interview**

**Your Registration Checklist**

To complete your registration you will be required to provide the following documentation

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Completed Registration Form – signed in all requested areas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> | CV – E-mailed in word format – Your CV must cover full work history from education                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> | Your Right to Work in the UK as well as your passport and forms of I.D - <b>We require to see the originals of these documents.</b> (Posted originals will be returned the same day received by recorded delivery).                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> | Birth Certificate and Driving License                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> | HPC or NMC Entry Certificate and up to date renewal card                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> | Copy of your most recent DBS – less than 1-year-old                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> | Training Qualifications – Diploma/Degree/NVQ – Any other training Certificates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> | Mandatory Training Certificates > 1 Year <ul style="list-style-type: none"> <li>• Manual Handling</li> <li>• Basic Life Support, Paediatrics need Paeds Life support and Midwives New Born Life Support</li> <li>• Data Protection, Complaints Handling, COSHH, Fire, Infection Control, Lone worker, Riddor, Violence and Aggression, Health &amp; Safety, 'Quality, Diversion &amp; Inclusion', Safe Guarding Children &amp; Young People Level 2 minimum (if you need to update these please let us know and we will arrange this for you)</li> <li>• Mental Health Nurses will need Restraint Training</li> </ul> |
| <input type="checkbox"/> | 2x Passport Size Photos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> | Proof of National Insurance Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>2x Reference forms</p> <p>Please ask 2 senior members of staff to complete the reference forms and return them to us. This is to speed up your application. If we apply for them ourselves we often struggle to get them returned and it delays the process. We are happy to apply for them if it is not possible for you to get them. Please ensure they include verification. We will contact the referee to verify once they have been received. All references will be verified by a member of the compliance team, via phone or e-mail</p> |
|  | <p>If you do not want to be paid as an employee and instead you want us to be paid as a limited company, please ensure you send us:</p> <ul style="list-style-type: none"> <li>• Certificate of Incorporation</li> <li>• Evidence of limited bank details and company name ie bank statement or blank cheque</li> <li>• VAT Certificate</li> <li>• Signed Self Billing Form (enclosed)</li> </ul>                                                                                                                                                  |

I declare that the information given is correct to the best of my knowledge. I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer the right to investigate all references.

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