

Starlight Transitional Care Application Form

This application form is very in-depth and covers several pages.

We estimate it will take approximately 15 minutes to complete.

Please be prepared with the following information before you begin:

* A scanned current passport sized photograph
* Current and past addresses for the past 5 years
* Full and complete employment history including start and leave dates for each employment.
* Names and full contact details for referees
* Full details of your education and training
* A supporting statement
* A list of any criminal convictions, including dates (if relevant)
* Any medical requirements or conditions (if relevant)

**Thank you and Good Luck**

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Applicant Details

Please attach below a Current Passport Photo:

Full Name:

Date of Application:

Mobile Phone Number:

Email Address:

Have you ever been known by any other name? if yes please give details including dates of change.

Current Address and Contact Details

Current Address:

Date you moved to this address:

Past Address History

Please provide your address history (if you have lived at your current address for **less than 5 years**)

Please also include month and year of move for each past address. If you know that you will be moving within the next few months, please also note this.

Past Address 1

Date moved to this address:

Date left this address:

Past Address 2

Date moved to this address:

Date left this address:

Past Address 3

Date moved to this address:

Date left this address:

Past Address 4

Date moved to this address:

Date left this address:

Employment Details

Details of all previous employment (**begin with current employer and work backwards to the age of 16 when you left school**)

Important Note:

All past Care Related Work must be listed for reference as required by current government guidelines. Please do not leave any gaps in your employment history. There will be a section of the form directly after the ‘**Employment Details**’ section where you need to list all non-active employment periods.

Job 1 – Current Employer.

Name of Employer:

Address:

Contact Telephone Number:

Employment Start Date:

Employment Leave Date:

Position Held:

Reason for Leaving:

Referee Name / HR Department:

Referee Address:

Referee Email Address:

Referee Telephone Number:

Referee Job Title:

Job 2 – Previous Employer

Name of Employer:

Address:

Contact Telephone Number:

Employment Start Date:

Employment Leave Date:

Position Held:

Reason for Leaving:

Referee Name / HR Department:

Referee Address:

Referee Email Address:

Referee Telephone Number:

Referee Job Title:

Job 3 – Previous Employer

Name of Employer:

Address:

Contact Telephone Number:

Employment Start Date:

Employment Leave Date:

Position Held:

Reason for Leaving:

Referee Name / HR Department:

Referee Address:

Referee Email Address:

Referee Telephone Number:

Referee Job Title:

Job 4 – Previous Employer

Name of Employer:

Address:

Contact Telephone Number:

Employment Start Date:

Employment Leave Date:

Position Held:

Reason for Leaving:

Referee Name / HR Department:

Referee Address:

Referee Email Address:

Referee Telephone Number:

Referee Job Title:

Job 5 – Previous Employer

Name of Employer:

Address:

Contact Telephone Number:

Employment Start Date:

Employment Leave Date:

Position Held:

Reason for Leaving:

Referee Name / HR Department:

Referee Address:

Referee Email Address:

Referee Telephone Number:

Referee Job Title:

Job 6 – Previous Employer

Name of Employer:

Address:

Contact Telephone Number:

Employment Start Date:

Employment Leave Date:

Position Held:

Reason for Leaving:

Referee Name / HR Department:

Referee Address:

Referee Email Address:

Referee Telephone Number:

Referee Job Title:

Job 7 – Previous Employer

Name of Employer:

Address:

Contact Telephone Number:

Employment Start Date:

Employment Leave Date:

Position Held:

Reason for Leaving:

Referee Name / HR Department:

Referee Address:

Referee Email Address:

Referee Telephone Number:

Referee Job Title:

Job 8 – Previous Employer

Name of Employer:

Address:

Contact Telephone Number:

Employment Start Date:

Employment Leave Date:

Position Held:

Reason for Leaving:

Referee Name / HR Department:

Referee Address:

Referee Email Address:

Referee Telephone Number:

Referee Job Title:

Job 9 – Previous Employer

Name of Employer:

Address:

Contact Telephone Number:

Employment Start Date:

Employment Leave Date:

Position Held:

Reason for Leaving:

Referee Name / HR Department:

Referee Address:

Referee Email Address:

Referee Telephone Number:

Referee Job Title:

Job 10 – Previous Employer

Name of Employer:

Address:

Contact Telephone Number:

Employment Start Date:

Employment Leave Date:

Position Held:

Reason for Leaving:

Referee Name / HR Department:

Referee Address:

Referee Email Address:

Referee Telephone Number:

Referee Job Title:

I have now filled in all my Employment History to the best of my knowledge.

Signed:

Non-Active Periods

Please list below any gaps in your employment history. Please include dates of the gaps and the reason for this gap.

Education and Training

Please list below all your Education / Training Information. **We need all your Education History from the age of 16 to present day starting with your High School Education**.

Please ensure you include all from and to dates.

Driving Licence

Starlight Transitional Care has its own company cars which are insured to drive under the company car insurance. As part of the Starlight Transitional Care’s employment contract, it is expected that you may be required to use your own vehicle for transporting residents and for this you must be covered on your own car insurance for ‘business’.

Do you have a current Full UK Driving Licence?

If yes, do you have any endorsements or penalty points?

Pre-Employment Fitness Questionnaire

The purpose of this questionnaire is to satisfy the obligation we share with you, which is to try to ensure that the work you are applying for will not be detrimental to the house and that you, intern, are not likely to be a health risk to residents or other colleagues. The questionnaire seeks certain personal sensitive data regarding your physical / mental health. This information will not be used to select individuals for employment but may be used in order to verify the safety of proceedings with either an application or a job offer.

You are therefore requested to complete this form and sign it. This will indicate your explicit consent to the collection and processing of such data in accordance with the principles of the Data Protection Act.

Thank you for your cooperation.

Have you ever been registered as disabled?

Have you ever claimed industrial injury / disease compensation?

Have you ever left or had to modify a job role due to illness or injury?

**Have you had any of the following Infectious Diseases? If yes, please include date.**

Chicken Pox

Tuberculosis

Hepatitis B or C

HIV – Healthcare Workers who are infected with HIV must remain under medical and occupational health supervision.

**Have you had any of the following immunisations?**

TB (BCG)

TB (skin test, Heaf/Mantoux)

Rubella

Rubella Blood Test

Tetanus

Pollio

Hepatitis B

Measles (MMR x 2)

COVID-19 Vaccine

If yes, how many doses have you received?

Name:

Signed:

Date:

Applicants for jobs involving exposure prone procedures must supply satisfactory evidence of immunity or freedom from infection with respect to Hepatitis in the form of a laboratory blood test results, or a letter from your doctor confirming immunity or freedom from infection. Failures to do so will cause delays.

Medical Conditions

Please advise below if you have / have had any of the following. If yes, please give more information in the box provided.

Fits, blackouts, epilepsy, fainting attacks, severe head injuries, frequent or severe migraine or headaches:

Chest problems including asthma, bronchitis, emphysema, pleurisy, persistent cough or breathlessness:

Heart or circulation problems – EG raised blood pressure, angina, stroke or chest pain:

Eye disease or severe vision defects:

Defective colour vision:

Mental Health conditions EG schizophrenia, depression, anxiety, phobias, eating disorders or self-harm (including overdoses)

Addiction to alcohol or any other substance:

Neck, back or other joint problems including arthritis, slipped disc, sciatica, recurrent backache:

Skin conditions EG eczema, psoriasis, dermatitis:

Gastrointestinal conditions including ulcers, irritable bowel syndrome, typhoid or persistent diarrhoea:

Diabetes, thyroid disease or any other glandular conditions:

Liver, kidney or bladder disease:

Hernia or rupture:

Operations (other than minor operations)

Allergies to any substances:

Any other medical condition or disability?

Other Medical Information

Do you smoke?

Height:

Weight:

Average alcohol consumption per week in units (1 unit equals ½ pint of beer / larger or one glass of wine or one measure of spirits)

Supporting Statement

The purpose of this supporting statement is to provide you with the opportunity to state your specific and relevant experience and achievements to date in support or your application and to show how you meet the person specification.

Please use the box below to type your supporting statement.

Disqualification Regulations

Disqualification from caring for children or adult regulations.

Failure to disclose to Starlight Transitional Care that you are disqualified from working in a children or adults care home disciplinary proceedings, including the likelihood of dismissal in which case, depending on the circumstances, a referral may be made to the appropriate authorities.

1. No child of whom I am a parent has been made the subject of a care order or supervision requirement, removing him/her from my care.
2. I have not had my rights and powers in relation to a child of mine given to local authority in England.
3. No child of whom I am a parent has been made subject of an order preventing him/her from living with me.
4. I have not carried on being concerned in the management of or had any financial interest in a private or voluntary children’s home that has been refused registration or had registration cancelled.
5. I have not been concerned in the management of or had any financial interest in the children’s home where the owner or manager has had his/her registration cancelled.
6. I have not been refused registration nor had registration cancelled as a proprietor or manager of an adults or children’s home.
7. I have not been prohibited from being a private foster carer.
8. I have not been refused registration nor had registration cancelled in relation to nurseries, day care or child minding.
9. Please give any circumstances (with dates and the names applicable) of the registration authority or local authority involved.

I certify that the information given in this declaration is to the best of my knowledge and belief correct and complete.

Please confirm if you are currently, or have ever been, subject to an investigation or inquiry into abuse or any other inappropriate behaviour:

Have you ever been subject to any Disciplinary action at work?

Name:

Signed:

Date:

Disclosure of Criminal Convictions / Cautions

The post for which you have requested details falls within one of the above categories and therefore is covered by the corresponding regulations accordingly. If you are offered a position, you will be required to authorise a check to be made of the disclosure and barring service (DBS). Any information received from the DBS will be treated with the strictest confidentiality and will only be used in connection with your application for this post. You should be aware that any spent convictions will also be disclosed.

Please note that refusal to give us the authority will prevent further consideration of your application.

You should be aware that the post for which you are applying for is exempt on the Rehabilitation of Offenders Act 1974 and as such details of all convictions whether committed as a juvenile, must be detailed on this form.

If you fail to disclose and criminal convictions, you are liable to be disqualified from appointment or, if appointed, subject to immediate dismissal without notice.

Do you have any prosecutions pending?

Have you ever been convicted at a court?

Have you ever been cautioned by the police?

Have you ever been subject of a bind over order for any?

Statement of Declaration

Have you previously applied to Starlight Transitional Care before any position?

Are you acquainted with or related to any current or past member of Starlight Transitional Care staff? (if yes, please state the name of the person and your relationship)

Print Full Name:

Date:

Signature: