

# **Care Staffing Domiciliary Care**

Please ensure that you complete the application form in full as we cannot accept CVs. Please complete with black ink and block capitals. This form will be kept in confidence. Please note that no applicant will be unfairly discriminated against. This includes discrimination on account of age, cultural, religious, political beliefs, disability, ethnicity, gender, race, relationship status, sexual orientation, and / or Trade Union membership or stewardship.

If you have any special requirements to support you to complete this form (e.g. the need for large print or additional time), please contact the Registered Manager.

Positio	n Applie	ed For:						L	ocation:					
Work F	Preferen	ce:		Full Time Bank Hours Requested:										
	stand thi		•	de: Shift work, Unsociable Hours, Lone working involved.  elow)  Yes					No					
Мог	nday	Tues	sday	Wedn	esday	Thur	sday	F	riday	Satu	Saturday		Sunday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	
Eve	ening	Eve	ning	Eve	ning	Eve	ning	Εν	vening	Eve	ning	Eve	ning	

			Persona	al Details			
First Names:				Address:			
Surname:							
Maiden Name:							
Previous Names:							
Marital Status:							
Gender:				Postcode:			
Place of Birth:				Nationality:			
Telephone Number:				NI Number:			
Mobile Number:				Email Address:			
Are you a Driver:	Ye	es	No	Own Transport	Yes	No	N/A
How long have you had licence?	da			Any Endorsements:	Yes	No	N/A
Are you a United Kingdonational	om (UK),	Europear	Community (EC)	), European Economic Ard	ea (EEA)	Yes	No*
*If no, please detail you	*If no, please detail your current immigration status and the relevant visa currently held (including Visa number)						
Are you related to any	of our cu	rrent men	nbers of staff or S	Service Users?		Yes	No
that has a "substantial"	and "long	j-term adv	erse effect" on yo	ion of disability is if you ha our ability to carry out norr at: www.gov.uk/definition	nal day-to-d	ay activities.	Further
For the purposes of this application and interview stage only, is there anything you would like us to be aware of so that we can make reasonable adjustments during the process?  Prefer not to say						ot to say	

Education *(All qualifications will be subject to a satisfactory check).					
School / College / University	Date From:	Date To:	Examinations, Qualifications*		

Training Courses attended or completing (evidence of attending courses is required)					
Subject	Location	Date	Details		

Pr	ofessional Membe	rships / Registratio	ons
Name of Organisation	Registration Number	Renewal Date	Details

#### **Employment History**

Please record below the details of your **full employment history** beginning with your current or most recent first. Any gaps must be explained. Use a separate attached sheet if required; please sign the sheet(s)

Current / Most recent employer							
Start Date:	te: End Date:			Salary:			
Job Role:			Employer Na	ame:			
Reason for Leaving	g:		Contact Nar	me:			
Duties:			Address:				
			Postcode:				
			Telephone:	Telephone:			
			Email:				
		Emplo	yment History				
			yment mstory				
Start Date:		End Date:		Salary:			
Job Role:			Employer Na	ame:			
Reason for Leaving	g:		Contact Nar	ne:			
			Address:				
Duties:			Postcode:				
			Telephone:				
			Email:	Email:			

Employment History Continued (Copy this page if required)								
Start Date:		End Date:	Salary:					
Job Role:			Employer Name	e:				
Reason for Leavin	g:		Contact Name:					
			Address:					
Duties:			Postcode:	Postcode:				
			Telephone:					
			Email:					
Start Date:		End Date:		Salary:				
Job Role:			Employer Name					
Reason for Leavin	g:		Contact Name:					
Duties:			Address:	·				
			Postcode:					
			Telephone:					
			Email:	Email:				

Employment History Continued (Copy this page if required)							
Start Date:			End Date:		Salary:		
Job Role:				Employer Name	<b>e</b> :		
Reason for Leavin	g:			Contact Name:			
				Address:			
Duties:				Postcode:			
				Telephone:			
				Email:			
Start Date:			End Date:		Salary:		
Job Role:				Employer Name:			
Reason for Leavin	g:			Contact Name:			
				Address:			
Duties:				Postcode:			
				Telephone:			
	Email:						
	Explanat	ion of Ga	ı <b>ps</b> Use this section	on to detail any gap	os in employme	nt an	nd why

**References:** Please provide names, addresses and telephone numbers for referees below who we may approach for a reference.

You must provide references from your two most recent employers. In line with CQC requirements, we require references covering your last five years employment. If you have not had more than one employer in the last five years, we require a further reference. Please provide two character references if you are unable to obtain two professional references, e.g. in the case of an applicant who has been raising children for ten years. All will be contacted, therefore, please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

'		
	Referee One	Referee Two
Contact Name:		
Business Name:		
Address:		
Postcode:		
Telephone:		
Email:		
Capacity in which known		
	Referee Three	Referee Four
Contact Name:		
Business Name:		
Address:		
Postcode:		
Telephone:		
Email:		
Capacity in which known		
	Additional Referee	Additional Referee
Contact Name:		
Address:		
Postcode:		
Telephone:		
Email:		
Professional / Character:		
Capacity in which known		
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**Safeguarding / Ex-Offenders Declaration:** Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest confidence.

The Rehabilitation of Offenders Act 1974 aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. Care Staffing Ltd undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

Answering 'yes' to the question below will not necessarily prevent your employment. This will depend on the relevance of the information you provide in respect of the nature of the position and the particular circumstances.

Are you currently bound over or do you have any current <b>UNSPENT</b> convictions that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?	Yes*	No
Do you have any current <b>UNSPENT</b> police cautions, reprimands or final warnings in the United Kingdom or in any other country?	Yes*	No

#### **Privacy Statement**

We will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this application form, you consent to holding the information contained within this application form. If successfully shortlisted, data will also include shortlisting scoring and interview records. We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you). When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles.

We have privacy policies that you can request for further information. Please be assured that your data will be securely stored by the Registered Manager and only used for the purposes of recruiting for this vacant post.

You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time, please contact the Registered Manager to discuss.

Declaration					
The information in this application form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed. Where applicable, I consent that can seek clarification regarding professional registration details.					
Print Full Name:					
Signature:		Date:			

Supporting Statement
Please add here your reasons for applying. You should refer to the job description and person specification to guide you. It would also be of value to describe particular strengths and talents that set you apart from others as well as including skills gained from work, home and other activities.

### **Values Based Screening Questions**

This should be completed before attending any interview. It will be discussed as part of the interview process.	
If I was a Service User, I would like:	
I believe that the Service User's family	and Relatives would like the following:
,	
The Proof that have a consent a Co. A. T. T. Language	
I believe that I can support a Service User because:	
As a member of the team, I would feel valued when:	
I believe that a good relationship between me and the Couries Tiper depends upon	
I believe that a good relationship between me and the Service User depends upon:	
I believe that I learn best when:	I believe that a good working team is made by:
I believe that my role in relation to the Service User is:	
. Went to making role in rolation to the betrace ober loc	
My other beliefs and values relevant to my job role are:	